

Norfolk and Waveney Therapeutics Advisory Group (TAG)

Report of Activities - April 2024 to March 2025

The role of the Therapeutics Advisory Group (TAG) is to provide informed, professional advice across Norfolk and Waveney on the clinical use of medicines, dressings and other prescribable items that are commissioned by the ICB. This includes:

- advice on the managed introduction and implementation of new medicines and indications into practice – including on the most appropriate method of introducing medicines recommended by NICE
- advice on the prescribing responsibility across the primary / secondary care interface
- advice on non-medical prescribing issues and PGDs, where appropriate
- to take note of commissioning decisions made by other commissioners, for example NHS England and neighbouring ICBs

The TAG is an **Advisory committee**. All clinically appropriate recommendations must be discussed further and then ratified by the Medicines Optimisation Programme Board. This replaced the Planned Care and Medicines Management Working Group in April 2024 (**Appendix 1 – Ratification Process**).

TAG recommendations, prescribing guidelines and formularies are published on two interactive websites – [Knowledge NoW](#) and [Netformulary](#)

Information published on these websites is regularly updated and is used to support our primary and secondary care clinicians and their patients when making prescribing decisions.

Key Achievements from April 2024 to March 2025

1. TAG meetings

TAG meetings are held monthly via Microsoft Teams, usually on the first Wednesday of the month. Dates and times of meetings are set on an annual basis, but are under continued review. A small number of TAG meetings have been cancelled over this period due to additional work pressures.

From April 2024 to March 2025 there were 8 meetings.

TAG members represent the following organisations:

- East Coast Community Healthcare CIC
- James Paget University Hospital NHS Foundation Trust
- Local Medical Committee
- Local Pharmaceutical Committee
- Norfolk and Norwich University Hospital NHS Foundation Trust
- Norfolk and Suffolk NHS Foundation Trust
- Norfolk and Waveney ICB
- Norfolk and Waveney Local Medical Committee
- Norfolk Community Health and Care NHS Trust
- Public Health England (Norfolk County Council)
- Queen Elizabeth Hospital, King's Lynn NHS Foundation Trust

2. TAG Recommendations

- 2024-25 – 374 recommendations ratified by the Medicines Optimisation Programme Board

	Formulary applications, pathways, commissioning reviews and prescribing guidance	NICE Guidance and Technology Appraisals	Interface issues, Shared Care Agreements, Prescribing Formulary Group updates, local PGDs, community trusts	Local and national guidance reviews – PAC, SPS, MHRA, NHSE etc.
Total	115	118	86	55

Recommendations have been recorded and published in the TAG section on [Knowledge NoW](#)

3. TAG Update Newsletters and Medicines Optimisation Updates

- [TAG Update newsletter](#) was developed in 2020 and 34 editions have now been published. KNoW only displays newsletters from the last year, but previous editions can be requested. The newsletter lists the recommendations and commissioning decisions that have been ratified that month by the Medicines Optimisation Programme Board following the TAG meeting.
- In addition to being published on [Knowledge NoW](#), these newsletters are widely circulated to prescribers and healthcare practitioners in primary and secondary care across the local health economy.
- Updates from the Medicines Optimisation team in areas covering prescribing, care homes and medicine safety are published:
 - in the news feed section of [Netformulary](#), the online formulary platform for Norfolk and Waveney
 - on the [Knowledge NoW](#) website
 - on the [Connect NoW](#) website – the new digital intranet platform aimed at primary care staff across Norfolk and Waveney ICS that recently launched

4. Additional achievements

- Update and maintenance of all Medicines Optimisation documents published on the [Knowledge NoW](#) website
- Continued review and update of [Netformulary](#) to support and guide local prescribing
- Development of a process to transfer historical TAG discussions from the old database to [KNoW](#) (work ongoing)
- Development and maintenance of the Medicines Optimisation pages on the new [Connect NoW](#) website
 - Team information page
 - News and guidance updates
 - Training and events
- Ongoing review and update of traffic light classifications ([Appendix 2](#))
- Development of new documents and routine updates to existing shared care agreements and prescribing guidance documents ([Appendix 3](#))
- Support to Antimicrobial Stewardship Group by ensuring our antimicrobial guidelines are frequently reviewed and updated in line with national guidance and local resistance patterns.
- Support to Quality, Innovation, Productivity and Prevention (QIPP) agenda by:
 - Maintaining the Norfolk and Waveney formulary to ensure an accessible resource for prescribers

- Undertaking horizon scanning activities to guide prescribers on new medicines / licensed indications (see separate [Horizon Scanning report on KNoW](#))
- Continued adherence to the ICB financial mandate thresholds.
- Keeping up to date with the work of local and national committees such as the East of England Priorities Advisory Committee ([PAC](#) – may need an account to access) and adapting our local guidance to reflect their advice where appropriate.

Future Priorities

The health community has come together into a formal Integrated Care Board (ICB). The committee has adapted and reflected on membership, commissioning and reporting. The New Medicines Policy and TAG [Terms of Reference](#) have been updated to reflect these changes and are published on KNoW. The TAG will continue to prioritise workload to ensure engagement is still maintained from members who may be required to support additional roles. During this time, the TAG will continue to utilise Microsoft Teams and remote working.

We will also:

- Encourage and support patient and public Involvement in reviewing new medicines, revising treatment pathways and creating local formularies
- Continue to monitor the work of PAC
- Assess the needs of the Integrated Care Board (ICB) and Primary Care Networks (PCNs) locally and adapt accordingly
- Maintain good membership
- Maintain a current and user-friendly formulary, and continue to promote its content
- Continue to maintain relevant and up-to-date medicines guidance for use across Norfolk and Waveney

Summary

The Norfolk and Waveney Therapeutics Advisory Group (TAG) continues to function through challenging circumstances to provide robust recommendations on the safe, clinical and cost-effective use of medicines to the Norfolk and Waveney ICB for the benefit of the local population.

TAG meetings have generally been well attended across the membership.

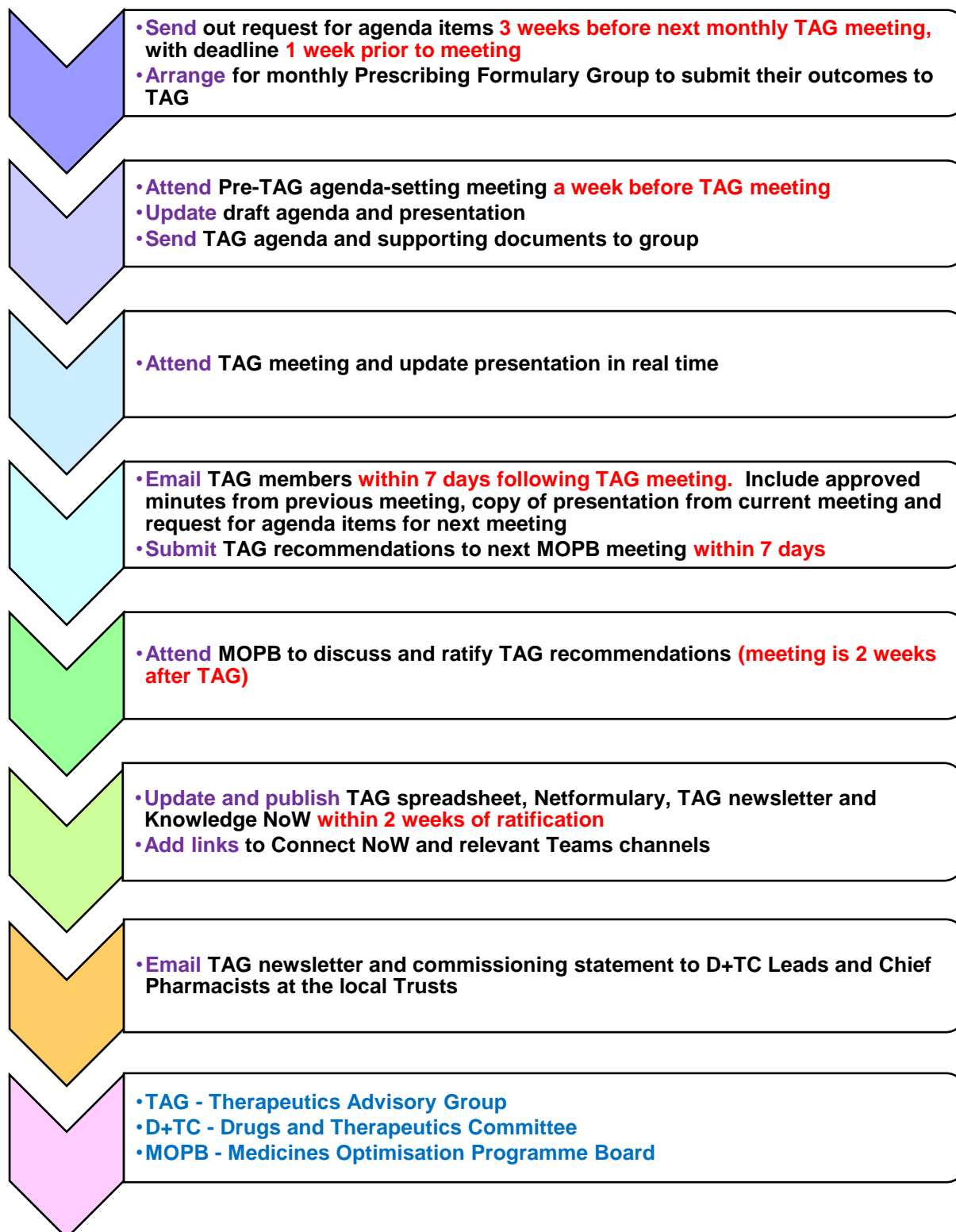
The meetings of the TAG will continue to provide an important local forum for interactions that help to facilitate and maintain good working relations across several healthcare sectors.

It is hoped that this report is helpful to all interested parties.

Any comments on this document are welcomed by the Medicines Optimisation Senior Technician – Interface and Formulary. Contact details are below:

Email: nwib.medsqueries@nhs.net with **TAG report** in the subject line

Appendix 1 - TAG process for ratification of formulary applications and guidance (April 2024-March 2025)



Appendix 2 – Updated Traffic Light Classifications

BLACK	Not commissioned. Not suitable for NHS prescribing in primary or secondary care This covers medication and devices that are not commissioned for use in Norfolk and Waveney. It also includes NICE TAs where the treatment has not been recommended.
NICE approved	NWICB are committed to fund positive NICE TAs. Awaiting clarification of place in pathway and commissioning arrangements. Further guidance to be issued when available. This is a holding position which acknowledges NICE-approved TAs with ICB-commissioned responsibility which have not yet been allocated a traffic light classification.
BLUE	Formulary application and discussion required prior to addition to formulary. This includes new products on the Horizon Scanning list and those medications and devices in primary and secondary care which don't have a NICE TA or have not yet been considered for addition to formulary.
Double Red	Not recommended for routine use. To be used only as a last resort in exceptional circumstances. Seek advice from Medicines Optimisation Team where appropriate Includes situations such as transfer of care, patient moving from out of area, or where other treatment or pathway options have been exhausted. Some items may require formal approval via the IFR process.
RED	Restricted Use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care Includes acute and mental health trusts and other specialist commissioning services. Classification does not automatically signify that a drug will be available within secondary care.
FULL SCA	Shared Care Agreement These are drugs covered by a formal shared care agreement within the current LCS. Level will be highlighted in each individual document and in the Netformulary entry. Specialist will send a request to provider when it is deemed suitable to transfer prescribing to primary care. Agreement will be assumed unless the primary care provider states otherwise.
AI	Amber Initiate - Specialist initiation. Prescribing will switch to primary care as per commissioning agreement or when clinically appropriate. Specialist requirements will be noted in the drug's Netformulary entry and guidance document. Treatments listed under this classification are not included in the formal shared care LCS and there will be no additional payment for prescribing.
ADVICE	Advice – Primary care initiation following specialist recommendation Primary care initiation following receipt of verbal or written recommendation from primary or secondary care specialist clinician with relevant expertise.
Guidance documents will be developed to support prescribing of drugs within the AI and the ADVICE categories to support clinicians who may not have experience of prescribing or monitoring these drugs	
GREEN	Formulary – Can be initiated and prescribed in primary or secondary care within licensed indications This covers most drugs on the primary care formulary
SWITCH	Not recommended for prescribing. Switch to cost-effective alternative This category will act as a reminder of the cost-effective switches and will be reviewed monthly
OTC	Available to buy over the counter. Consider self-care Drugs in this category will be available to buy over the counter.
DM	Discontinued Medicines This category will be under constant review and updated regularly

Appendix 3 – Current Shared Care Agreements for use across Norfolk and Waveney

Shared Care Agreements – see full list on Knowledge NoW
ADHD treatment for adults
ADHD Atomoxetine in children and adolescents
ADHD Stimulants for children and adolescents
Amiodarone – use in adult services
Anagrelide for Thrombocythaemia
Azathioprine for use in autoimmune diseases
Azathioprine for ulcerative colitis and crohns
Ciclosporin in treatment of rheumatic and dermatological diseases
Cinacalcet for primary hyperparathyroidism
Colistin (nebulised) for bronchiectasis (non c-f)
Darbepoetin - treatment of anaemia in chronic kidney disease AND unable to attend specialist centre
Dementia drugs for treatment of alzheimers and dementia with lewy body diseases
Denosumab for treatment of osteoporosis in post-menopausal women at increased risk of fractures
Dexamfetamine for excessive sleepiness associated with narcolepsy
Dronedarone for non-permanent AF
Guanfacine - adult services
Hydroxycarbamide
Leflunomide in treatment of rheumatoid or psoriatic arthritis
LHRH Agonist treatment in gynaecology
Low molecular weight heparin – currently unavailable as under review
Melatonin for Sleep Disorders in Children
Mercaptopurine in ulcerative colitis and crohns
MTX - oral and s/c - for treatment of rheumatoid arthritis, psoriasis and IBD
Methylphenidate for excessive sleepiness associated with narcolepsy (Off-label use)
Modafinil for excessive sleepiness associated with narcolepsy and cataplexy
Mycophenolate for solid organ transplant patients
Mycophenolate mofetil for use as an immunosuppressive agent in treatment of connective tissue disease and other autoimmune conditions
Naltrexone for abstinence in alcohol use disorder
Riluzole for treatment of amyotrophic lateral sclerosis form of MND
Sacubitril valsartan for treating symptomatic chronic heart failure with reduced ejection fraction
Sirolimus for solid organ transplant patients
Sulfasalazine for inflammatory arthritis and IBD
Tacrolimus for solid organ transplant patients
Tacrolimus for ulcerative colitis
Testosterone Therapy for Boys in Infancy and Adolescence
Triptolerin for treatment of precocious puberty, menorrhagia and dysmenorrhoea in children