

Norfolk and Waveney Therapeutics Advisory Group (TAG)

Report of Activities - April 2025 to March 2026

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 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 recommendations made by TAG must be ratified by the Medicines Optimisation Programme Board before addition to formulary. ([Appendix 1](#)).

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 used to support our primary and secondary care clinicians, and their patients, when making prescribing decisions.

Key Achievements from April 2025 to March 2026

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 2025 to March 2026 there were 8 meetings.

TAG members represent the following organisations:

Community Pharmacy Norfolk & Suffolk	Norfolk and Waveney ICB
East Coast Community Healthcare CIC	Norfolk and Waveney Local Medical Committee
James Paget University Hospital NHS Foundation Trust	Norfolk Community Health and Care NHS Trust
Norfolk and Norwich University Hospital NHS Foundation Trust	Public Health England (Norfolk County Council)
Norfolk and Suffolk NHS Foundation Trust	Queen Elizabeth Hospital NHS Foundation Trust

2. TAG Recommendations – 2025-26

384 recommendations were ratified by the Medicines Optimisation Programme Board

Formulary applications, pathways, commissioning reviews and prescribing guidance	119
NICE Guidance and Technology Appraisals	136
Interface issues, Governance, Shared Care Agreements, Prescribing Formulary Group updates, local PGDs, community trusts	80
Local and national guidance reviews – PAC, SPS, MHRA, NHSE etc.	49

3. TAG Update Newsletters and Medicines Optimisation Updates

- [TAG Update newsletter](#) was developed in 2020 and 40 editions have now been published. KNoW only displays newsletters from the last year, but previous editions are available on request. 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 professionals across the primary and secondary care interface.
- 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

4. Additional achievements

- Ongoing 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 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 shared care agreements and routine updates to existing agreements ([Appendix 3](#))
- Supporting Antimicrobial Stewardship Group by ensuring our antimicrobial guidelines are frequently reviewed and updated in line with national guidance and local resistance patterns.
- Supporting Quality, Innovation, Productivity and Prevention (QIPP) agenda by:
 - Maintaining the Norfolk and Waveney formulary to ensure it remains 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.
- Remaining up to date with the work of local and national committees such as the East of England Priorities Advisory Committee and adapting our local guidance to reflect their advice where appropriate.

Future Priorities

The TAG is constantly adapting and reflecting on the governance processes relating to membership, commissioning and reporting. The [New Medicines Policy](#) and TAG [Terms of Reference](#) are published on KNoW and have been updated to reflect recent updates.

Norfolk and Waveney ICB will merge with Suffolk ICB in April 2026. Work is currently underway within the Medicines Optimisation teams to align our prescribing guidance documents.

As a result of the ICB merger, the TAG will join Suffolk counterparts to form a larger Area Prescribing Committee. The new committee will continue to prioritise workload and will ensure engagement is still maintained from all members. The new committee will continue to utilise Microsoft Teams and remote working.

We will:

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

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.

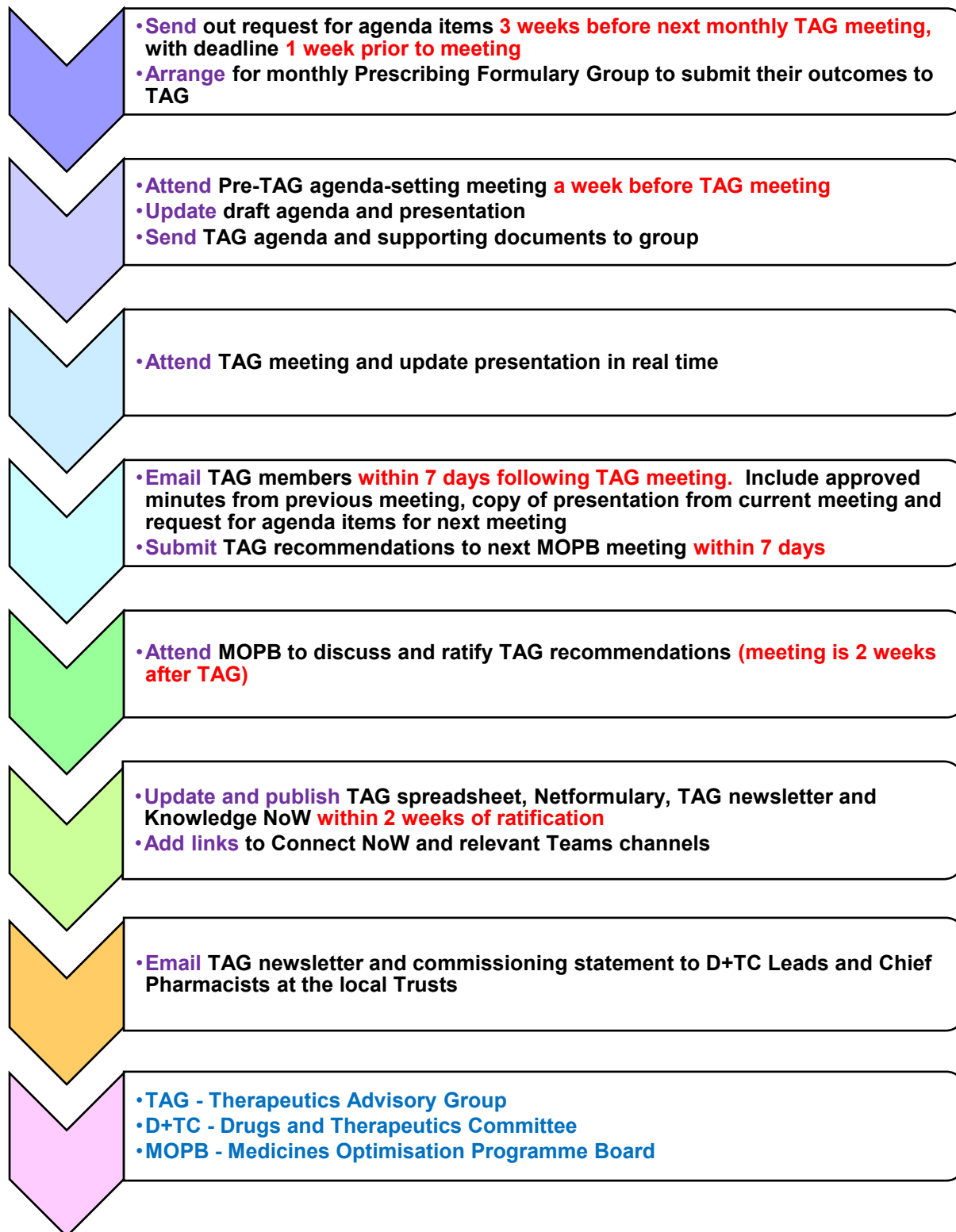
TAG meetings will continue in their new format to provide an important local forum for interactions that help to facilitate and maintain good working relations across several healthcare sectors.

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

Appendix 1 - TAG process for ratification of formulary applications and guidance
(April 2025-March 2026)



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. Also includes NICE TAs where the treatment has not been recommended or appraisal has been terminated.
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. 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 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. Covers requirement for specialist knowledge, long-term monitoring requirements or restrictions which mean medicine supplies are only available to hospitals. Classification does not automatically signify that a drug will be available within secondary care.
FULL SCA	Shared Care Agreement 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 following initiation and titration, when it is deemed suitable to transfer prescribing to primary care. Agreement is assumed unless the primary care provider states otherwise.
AI	Amber Initiate - Specialist initiation. Prescribing will switch to regular prescriber in primary care as per commissioning agreement or when clinically appropriate. Specialist requirements will be noted in the drug's Netformulary entry. Treatments listed under this classification are not included in the formal shared care LCS.
ADVICE	Advice – Primary care initiation following specialist recommendation Primary care initiation following receipt of verbal or written recommendation from primary or secondary care specialist with relevant expertise.
<p>Guidance documents will be developed for drugs within the AI and the ADVICE categories for clinicians who may not have prescribing or monitoring experience with these.</p> <p>Prescribers must recognise and work within the limits of their competence and must maintain and develop knowledge and skills relevant to their role and practice, including prescribing and managing medicines. If a primary care clinician is uncertain about their competence to take responsibility for continuing care, we would encourage them to seek further information or advice from the clinician who initiated or recommended the medication, or from another experienced colleague.</p>	
GREEN	Formulary – Can be initiated and prescribed in any care setting, within licensed indications Prescribers must recognise and work within the limits of their competence and must maintain and develop knowledge and skills relevant to their role and practice. Green status does not mean that a treatment must be initiated by a prescriber if they consider it is not within the limits of their competence and they do not have the current clinical knowledge and skills.

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
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
Lithium for use within adult services
Low molecular weight heparin
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