Northern Treatment Advisory Group

Northern Treatment Advisory Group: 3rd Annual Report, June 2017

Chairman's foreword

NTAG has continued to meet regularly as a forum of experts to ensure that consistent and considered recommendations are made to Clinical Commissioning Groups on the adoption of new treatment pathways for patients in the North East and Cumbria.

The group has continued to make recommendations to ensure clinically effective treatments are adopted locally and ensuring the best use of NHS resources for the delivery of patient care.

The importance of the role of NTAG and similar regional bodies has been acknowledged recently with the proposal by the Chief Pharmacist for England to establish 4 Regional Medicine Optimisation Committees. The role of NTAG may need to be reassessed when these committees are more established however currently there is no overlap in workplan.

I would like to thank the members of NTAG and the expert advisors who contribute to the detailed treatment appraisals for the work they have done on this important and complex agenda.

Dr Ian Davidson,
Director of Quality and Safety
NHS North Durham Clinical Commissioning Group

Appraisal and Recommendations

During the financial year 2016/17 the group produced 13 new recommendations and re-reviewed 2 previous NETAG recommendations. As per the groups terms of reference the group has concentrated on non-NICE high cost specialist drugs or treatments. The group is also increasingly being asked to issue recommendations on prescribable devices. These are often more complex there is no clear evidence of benefit for patients, as the clinical data available does not have to be as rigorous as licensed medicines. See table for further details. There have also been more referrals directly from the IFR panels, this link is key in establishing a good process for review of drugs or treatments that are being requested frequently (>5) across the region. Often the drugs and treatments for which requests are made are unlicensed and there are no national guidelines or recommendations available to guide use. Where the evidence is not clear criteria have been developed to aid IFR panels in their decisions.

The group has also highlighted areas where further review may be required such as a review of treatment of hyperhidrosis with

iontophoresis by dermatology departments.

The group is also keep to develop a good relationship with specialists and hopes to add to the data available for some treatments by encouraging audit and review of less commonly used treatments. This year the group has facilitated the development of treatment protocols/criteria for use for Qutenza®, the alfapump® device and continuing treatment with Sodium Oxybate.

All recommendations are based upon proven clinical outcomes, value for money and affordability.

Title	Recommendation
Etanercept Biosimilar (Benepali®)	Recommended for new and existing patients
Eluxadoline (Truberizi®) for the treatment of diarrhoea dominant irritable bowel syndrome (IBS-D).	Not Recommended
FreeStyle Libre Flash Glucose Monitoring System.	Recommended for restricted use.
Ferric Maltol (Feracrru®) for the treatment of iron deficiency anaemia (IDA) in adults with inflammatory bowel disease (IBD).	Recommends the use of oral as an alternative option in patients with mild to moderate IDA with IBD who have tried at least two oral ferrous salts and have a reported intolerance to oral ferrous salts due to adverse effects after an adequate trial
Qutenza®(capsaicin) cutaneous patch for neuropathic pain (Updated)	Recommended as per treatment pathway and as a fourth line treatment option.
Alfapump® device for ascites due to liver cirrhosis	Recommended for refractory ascites caused by advanced liver disease as recommended by specialists for patients that fulfil the following criteria.
e-Voke® (Nicovations Ltd) electronic inhaler	Not recommended as a stop smoking aid on the NHS.
Transanal irrigation (TAI) systems (Peristeen®, Aquaflush®, Irypump® S and QuFora®) for neurogenic bowel dysfunction, chronic constipation and chronic faecal incontinence	Recommended when all other treatment options have failed or proved ineffective and if initiated and monitored by a specialist.
Dimethyl Fumarate for moderate	Recommended for those patients

to severe chronic plaque psoriasis	who are not suitable for a biologic and in whom conventional first and second line treatment options have failed and who would otherwise have been given Fumaderm
Non-invasive transcutaneous vagus nerve stimulation (nVNS) for treatment of cluster headache and migraine	Not Recommended.
Lycra Garments for the management of cerebral palsy and other neurological or musculoskeletal conditions	Not recommended however criteria developed for IFR panels.
Home Iontophoresis for Hyperhidrosis via a portable device.	Not recommended. Iontophoresis was referred to the to the Value Based Clinical Commissioning Policies Group (VBCCP) for further evaluation as the group was unsure of whether this was a good use of scarce NHS resources as evidence supporting its use is sparse.
Rituximab Biosimilars for Rheumatoid Arthritis	Recommended as an option for use in adults where the originator product (MabThera®) would normally be prescribed for new and existing patients.
Sodium Oxybate for narcolepsy with or without cataplexy in adults (updated)	Recommended in adult patients who have received and benefited from treatment with sodium oxybate as commissioned by NHS England. i.e. continuing treatment for those >19 years old
Pitolisant (Wakix®) for the treatment of narcolepsy with or without cataplexy in adults	Not recommended.

All of the above recommendations and their associated appraisal documents can be accessed via the NTAG website.

Membership

The group is now well established and. Representation has been drawn from throughout NHS North East & Cumbria, both geographically and strategically (i.e. primary and specialist care, providers and commissioners.)

Patient representation has been difficult to achieve due to the specialist nature of drugs or treatments reviewed by NTAG however other avenues for patient input will be explored if necessary.

Work plan

The majority of appraisals have been conducted following a referral or request to the group by APCs or IFR panels, with a minority identified prospectively through horizon scanning processes. The current work plan is available on the website and is updated following each meeting should any changes be made. The group also continues to receive requests to re-review old NETAG recommendations that are now out of date.

Further information

This is the 3rd annual report for NTAG and covers the period of April 2016 to April 2017.

The group will review its remit following the establishment of Regional Medicines Optimisation Committees (RMOCs) however currently the RMOCs have a slightly different remit to NTAG with NTAG concentrating on the review of high cost drugs and treatments.

The NTAG website serves as the primary source of information for NTAG. However further details can be provided by the professional secretary:

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