



Northern Treatment  
Advisory Group

## Northern Treatment Advisory Group: 7<sup>th</sup> Annual Report, June 2021

### 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 treatments for patients in the North East, North Cumbria and parts of North Yorkshire.

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. Members of NTAG have contributed to the development of the North Regional Medicine Optimisation Committee (RMOC). NTAG has also been included in the sub-regional pathway to consider the adoption of RMOC guidance for its member CCGs.

NTAG has also continued to meet during the COVID-19 pandemic.

Going forward NTAG will be reviewing and updating its remit plus terms of reference as it seeks to establish itself as key part of the local ICS structures and processes around medicines optimisation at an ICS level.

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,**  
**Medical Director**  
**NHS County Durham Clinical Commissioning Group**

### Appraisal and Recommendations

During the financial year 2020/21 the group produced 10 new recommendations (this included a review of infliximab SC in support of providing alternative treatment options during the COVID-19 pandemic) and re-reviewed 8 previous NTAG recommendations. Eight recommendations were also archived as now superseded by NICE TA or NHSE guidance. 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 continue to be

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 is also keen 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.

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

Title	Recommendation
Doxylamine/Pyridoxine (Xonvea®) for nausea & vomiting in pregnancy	Reviewed and no changes made that not currently recommended pending further national guidance.
Teriparatide for atypical bisphosphonate induced fractures	Reviewed and no changes made that not recommended.
Solriamfetol for obstructive sleep apnoea in adults	Not recommended for use ahead of NICE TA.
Solriamfetol for narcolepsy in adults	Recommended as per the regionally agreed guidance as an alternative to Pitolisant in those who would have otherwise received Pitolisant.
Teriparatide Biosimilar	Recommend for the treatment of osteoporosis in postmenopausal women as per NICE TA161
Dupilumab and Omalizumab for chronic rhinosinusitis with nasal polyps	Not recommended for use ahead of NICE TA.
Flash Glucose Monitoring	Updated to replace NHSE criteria as NHSE funding came to end on the 31.3.2021. Updated to include Learning Disability on insulin and use in Type 2 patients on insulin who are pregnant as additional criteria.  Also includes the use of Freestyle Libre 2.

Stand-alone minimally invasive surgical bipolar radiofrequency ablation for atrial fibrillation	Reviewed and no changes made. Recommended for atrial fibrillation where catheter ablation is not suitable due to clinical, technical or anatomical reasons
Daily vs on-demand PDE-5 inhibitors for management of erectile dysfunction following treatment for prostate cancer	Reviewed and no changes made. Recommend on-demand dosing using the PDE5 inhibitor with the lowest acquisition cost.
Brolucizumab for wAMD	Not recommended but subsequently superseded by NICE TA Feb 2021.
Liposuction for Lymphoedema and Lipoedema	Recommended for chronic lymphoedema only.
Semaglutide (oral) for type 2 diabetes	Recommended as an option for intensification of treatment, if use of GLP1RA is clinically appropriate, and if an oral option is preferred.
Transanal Irrigation Systems (TAIs) for neurogenic bowel dysfunction, chronic constipation, and chronic faecal incontinence	Reviewed and no changes made. Recommended as an option for treatment when all other treatment options have failed or proved ineffective and if initiated and monitored by a specialist.
Airsonett® laminar flow device for treatment of uncontrolled allergic asthma	Reviewed and no changes made. Not recommended for the treatment of uncontrolled allergic asthma in adults.
Infliximab Subcutaneous (Remsima®)	Recommended as an option during Covid-19 Pandemic. To be reviewed in 12 months.
Vaginal devices for female urinary stress incontinence	Not recommended.
Purewick® female external urinary catheter	Not recommended.
Verteporfin (Visudyne®) with photo-dynamic therapy for chronic central serous chorioretinopathy	Now recommended for use outside of its product license for the treatment of chronic CSCR for patients who fulfil the agreed criteria.

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.)

## Work plan

The majority of appraisals have been identified prospectively

through horizon scanning processes with a minority identified following a referral or request to the group by APCs or IFR panels. The current work plan is available on the website and is updated following each meeting should any changes be made.

## Impact of NTAG Recommendations on Prescribing Data

During 2020/21 NTAG reviewed the impact of its recommendations since 2017 of prescribing data in both primary and secondary care on a six monthly basis. The purpose of this was to monitor the update and compliance with NTAG recommendations across the region. Where prescribing appeared differ to the NTAG recommendation in primary care this was fed back to the appropriate CCG Medicines Optimisation Team for further investigation.

## Further information

This is the 7<sup>th</sup> annual report for NTAG and covers the period of April 2020 to March 2021.

The group will continue to 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.

NTAG will continue to review its accountability arrangements and remit as NHS structures change within the region as ICS level commissioning establishes itself.

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

### Contact:

Gavin Mankin  
Professional Secretary - NTAG  
Principal Pharmacist – Medicines Management  
Regional Drug and Therapeutics Centre  
(hosted by the Newcastle upon Tyne Hospitals NHS Foundation Trust)  
16-17 Framlington Place  
Newcastle upon Tyne  
NE2 4AB  
Phone: 0191 2137855  
Email: gavin.mankin@nhs.net