Northern Treatment Advisory Group

Minutes of meeting held on the 23rd February 2021, 9-10.15am

Virtual Online Meeting via Microsoft Teams

Present:

- Ian Davidson (ID) Medical Director, County Durham CCG & Chair of NTAG.
- Gavin Mankin (PGM) Principal Pharmacist – Medicines Management, RDTC (professional secretary)
- Matthew Grove (MG) Consultant Rheumatologist, Northumbria Healthcare NHS Foundation Trust.
- Siobhan Brown (SB), Chief Operating Officer, Northumberland CCG.
- Claire Sands (CS) Assistant Head of Finance, Newcastle Gateshead CCG.
- Ewan Maule (EM) Head of Medicines Optimisation, Sunderland CCG.
- Helena Gregory (EL) Medicines Optimisation Pharmacist and Clinical Quality Team Lead North Cumbria CCG
- Nick Timlin (NT) General Medical Practitioner, Tees Valley CCG
- Mike Milner (MM) General Medical Practitioner, Tees Valley CCG
- Simon Thomas (ST) Consultant Physician, Newcastle upon Tyne NHS Foundation Trust
- Robert Lapham (RL) Formulary Pharmacist, South Tyneside & Sunderland NHS Foundation Trust.
- Nik Hitiris (NH) Consultant Neurologist, South Tees Hospitals NHS Foundation Trust
- Jim Welch (JW) Patient/Lay Representative.

In Attendance:
Monica Mason, Head of Prescribing Support, RDTC

Apologies were received from: Tim Donaldson, Toks Sangowawa, Andy Lloyd

The meeting was quorate.

No declarations were received prior to the meeting on receipt of the agenda and when the Chair invited any declarations of interest none were made.

1) Draft Minutes December 2020 Meeting

The group approved the December 2020 minutes.

ACTION: Secretary to publish December 2020 minutes on the NTAG website.

2) Matters Arising

- Review of NTAG recommendation on Sodium oxybate (Xyrem®) in the management of narcolepsy with cataplexy in adult patients in light of RMOC position statement - awaiting RMOC statement on Pitolisant before progressing as may change place in therapy and costings now generic Sodium oxybate available.
- Review of NTAG recommendations relating to the eye – awaiting feedback from NE Retina Group as to which recommendations require review.

- Cost Modelling of Type 2 Diabetes Medicines (e.g. SGLT2, GLP-1s) in ASCVD, Heart Failure and CKD – joint letter sent with GMMMG to NICE asking them to expedite their guidance review. NICE responded to say will be updating their workplan but still no date as yet – possibly delayed until 2022. The regional CCG Medicines Optimisation Leads are also current drafting an options paper to go to CCG Chief Finance Officers via the Northern Prescribing Forum.

3) Review of Current NTAG Teriparatide for Atypical Bisphosphonate Induced Fractures Recommendation

NTAG reviewed the current NTAG recommendation from June 2015 for Teriparatide for atypical bisphosphonate induced fractures.

New Evidence since NTAG last look at:

- One randomised trial was identified. (ref 12) This was a small pilot study which recruited 13 women with acute atypical femoral fracture.
- A prospective study recruited patients by referrals and by advertising in regional press. (ref15) Participants (n=14) were all white women with a mean age of 68, AFF in the previous 12 months, and a history of treatment with oral or IV bisphosphonates (mean duration 8.8 months). Only two patients had osteoporosis by WHO the definition (T-score of -2.5 or lower), but eight had prior fractures which were thought to be osteoporotic. All received teriparatide 20 micrograms daily for up to two years, plus calcium 1000 mg and vitamin D3 800 IU daily. There was no comparison arm.
- Two retrospective studies were identified

The evidence base for teriparatide in atypical fracture is still very limited. While some prospective studies of up to 24 months duration are available, their very small sample sizes limit the conclusions that can be drawn. Only one such study was randomised, and some had no comparison group. Not all studies found any difference in outcomes with teriparatide, but their small size means they may have lacked statistical power. Atypical bisphosphonate induced fractures are a rare event, and as such it may be challenging to enrol sufficient patients for larger randomised trials.

NTAG agreed no significant new evidence or guidelines found that may change the recommendation so no change is required.

ACTION: Secretary to update recommendation as above.

4) Review of Current NTAG Recommendation for Doxylamine/Pyridoxine (Xoneva®) for Nausea & Vomiting in Pregnancy

NTAG reviewed the current NTAG recommendation from February 2019 for Doxylamine/Pyridoxine (Xoneva®) for Nausea & Vomiting in Pregnancy.

In September 2029 NTAG reviewed this recommendation in light of published NICE and SMC reviews. NTAG agreed that no change to its current recommendation was needed as RCOG guidelines had not been updated yet, and a full NICE TA had not been issued. It also noted that the SMC decision supported the current NTAG position not to recommend. The NTAG recommendation will be reviewed in light of publication of updated clinical guidelines from the Royal College of Obstetricians and Gynaecologists.

As of February 2021 RCOG guidelines for the management of nausea and vomiting in pregnancy are still to be reviewed.

NTAG agreed no significant new evidence or guidelines found that may change the recommendation so no change is required. It awaits updated RCG guidelines.

ACTION: Secretary to update recommendation as above.

5) Erenumab and Galcanezumab for Prophylaxis of Migraine

NTAG noted will be its recommendation for Erenumab and Galcanezumab for Prophylaxis of Migraine from November 2018 will now archived as now superseded by NICE TA approving use (N.B. final erenumab TA still to be published but expected any day). Previously these drugs were not recommended by NTAG in November 2018.

ACTION: Secretary to archive current NTAG recommendation.

6) Brolucizumab for treating wet age-related macular degeneration - archive as NICE TA available Feb 2021

NTAG noted that its Brolucizumab for treating wet age-related macular degeneration recommendation from September 2020 will now be archived as now superseded by NICE TA approving use. Previously not recommended by NTAG in September 2020.

ACTION: Secretary to archive current NTAG recommendation.

7) Further updates to NTAG Flash Glucose Monitoring Recommendation

NTAG has been asked to review the current NTAG recommendation on Flash Glucose Monitoring in light of the following:

- NHSE Reimbursement Funding for Flash Glucose Monitoring coming to an end on the 31st March 2021.
- Request from regional diabetes consultants to add extra clarification to some of the critiera
- Request to add use in pregnancy in those with Type 2 diabetes on insulins as additional new criteria.

It was noted that the NE&NC are the first area to be reviewing criteria for use post NHSE funding ending from April 2021.

An updated draft NTAG recommendation based largely on the current NHSE Criteria for Flash Glucose Monitoring was presented by the professional secretary. This has been prepared with input from regional diabetes consultants. This was discussed alongside the latest ABCD audit demonstrating the proven outcome benefits that have been shown by the audit.

NTAG approved the updated draft of the NTAG recommendation on Flash Glucose Monitoring which included the following key changes:

- Under Criteria 1 – use in those with Type 1 diabetes – expanded to emphasize not for all Type 1 diabetes patients but specifically targeted at those who will benefit most based on

the latest results from the ABCD audit, that is in those with recurrent severe hypoglycemia or impaired awareness of hypoglycaemia.
The extra detail added included the following from the previous RMOC recommendation:
    - Those who meet the current NICE criteria for insulin pump therapy (HbA1c 69.4mmol/mol (>8.5%) or disabling hypoglycaemia as described in NICE TA151) where a successful trial of Freestyle Libre may avoid the need for pump therapy
    - 2 or more admissions with diabetic ketoacidosis or 2 or more episodes of hypoglycaemia requiring third party assistance (per year).
- Under Criteria 4 NTAG also recommends use in type 1 patients actively trying to conceive and pregnant patients with type 2 diabetes on a basal bolus insulin regime. (Patients developing gestational diabetes are excluded from this recommendation unless they meet other criteria within this recommendation.)
- Use of Flash Glucose Monitoring devices in Type 2 diabetes (other than within criteria 1, 2,4 and 8 in this document) is not recommended. There is currently no evidence or support from regional specialists for wider use in Type 2 diabetes as yet.
- Existing patients started on Flash Glucose Monitoring under previous RMOC or NHS England criteria remain eligible provided they continue to meet the agreed criteria for continuation.
- Under other requirements point 2: changed need to scan glucose levels to no less than 3 times per day from current 8 times day based on ABCD audit, and that the mininium requirement to capture/store all the data from the FSL sensor is every 8 hours hence 3 times a day.
- NTAG also to approved updating recommendation to include Freestyle Libre 2 (plus associated switch to FSL2) – no cost implications to switch and should occur at next routine appointment with specialist.

To support these changes a budget impact model form the manufacturer was presented to NTAG. This suggests that on average Freestyle libre SL costs £51 per patient per year more than SMBG (factoring in costs avoided due to HbA1c complications and costs incurred due to hypoglycaemia and DKA. But -£1055 saving vs CGM. Also big savings against insulin pumps.

NTAG noted been approximately 35% update in NE&NC among type 1 diabetes patients to date. RDTC analysis in October 2020: 20-36% of type 1 patients in NENC prescribed FSL (England average 28%). In 2019/20 only North Cumbria and North Tyneside went over limit of NHSE reimbursement.

NTAG discussed the cost impact of the changes and agreed that further information on regional costings was need for CCG Finance Teams to demonstrate the clinical benefits and cost effectiveness of device in line with the changes to the NTAG recommendation proposed.

NTAG also discussed the ongoing waste disposal issue with Freestyle Libre as continues to be issues in some areas across the region. This is due to differences in services provided by different local authorities for clinical waste collection from patient's homes. It was discussed that is not really a primary care issue to resolve but a local authority issue. It was noted that solving this issue is outside remit of NTAG, and agreed to pick up the issue via Prescribing Forum plus local APCs.

NTAG agreed to update its current Flash Glucose Monitoring recommendation from December 2020 as above subject to a summary of regional costings for CCG Finance Teams to show potential changes in costs and to demonstrate the clinical benefits/cost-

effectiveness. The costings will be circulated to NTAG members prior to final sign-off of the updated NTAG recommendation via Chair's action.

ACTION: Secretary to update recommendation as above.

ACTION: RDTC to prepare summary of regional costings and potential changes in costs for NTAG members and CCG Finance Teams.

8) Regional Medicines Optimisation Committee

Their work plan and agendas can be found on the Specialist Pharmacy Services website. RMOC North not being meeting due to COVID-19 but working around shared care has been proceeding and hope to publish a policy soon.

9) Work Plan

The group discussed the work plan.

- Buprenorphine long acting injection (Buvidal®) – has been referred to RMOC South and so advised to wait to see what further guidance is issued nationally by them plus timescales for this. Guidance was expected in May 2020 but delayed due to COVID-19.
- Andexanet alfa – review current NTAG recommendation if clinicians submit regional pathway/criteria for use but noted NICE TA in progress which will supersede current NTAG recommendation.
- Perampanel (Fycompa®) for Partial-onset (focal) epilepsy - review of current recommendation from Nov 2012 to reflect latest license extension.
- Melatonin - Review of evidence of base for each indication. Plus guidance on need for review when transitioning from adolescence to adulthood. It was noted that a NICE evidence summary on melatonin is currently being scoped so this topic is on hold unti known if NICE we look at to avoid duplication of effort.
- Biosimilar insulin aspart – agreed to add to workplan was first biosimilar of insulin aspart and NTAG looked at first biosimilars of insulin glargine.
- Lyumjev insulin – agreed not add to NTAG workplan as does not meet criteria for NTAG review as not high cost or high impact.

10) Review of Current NTAG Terms of Reference and Membership

The group reviewed the NTAG Terms of Reference which were last updated in November 2018 and agreed to continue defer the review until more is known about the changes to primary care management/commissioning structures from April 2022.

11) Horizon Scanning for 2021

A summary new drugs falling into potentially into NTAG remit in next 12-18th months circulated for information. This is based on the national Prescribing Outlook publication.

12) AOB

No other business was raised and the meeting concluded.

The date of the next meeting was agreed to be 8th June 2021 and will be held virtually via MicrosoftTeams.

Minutes produced by G Mankin, Professional Secretary to NTAG, 23rd February 2021