Northern Treatment Advisory Group

Minutes of meeting held on the 22nd February 2022, 9-11am

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)
- Claire Sands (CS) Assistant Head of Finance, Newcastle Gateshead CCG.
- Robert Lapham (RL) Formulary Pharmacist, South Tyneside & Sunderland NHS Foundation Trust.
- Jim Welch (JW) Patient/Lay Representative.
- Helena Gregory (EL) Medicines Optimisation Pharmacist and Clinical Quality Team Lead North Cumbria CCG
- Hayder Quershi (HQ) Senior Medicines Optimisation Pharmacist, Sunderland CCG.
- Toks Sangowawa (TS) Clinical Advisor/Locum Consultant in Public Health, South Tyneside MBC (for items 7 and 9)
- Siobhan Brown (SB), Chief Operating Officer, Northumberland CCG.
- Matthew Lowery (ML) Formulary Pharmacist, Newcastle upon Tyne NHS Foundation Trust.
- Tracy Percival (TP) Formulary Pharmacist, South Tees Hospitals NHS Foundation Trust (from 9.30am)

In Attendance:
Nil

Apologies were received from: Joe Corrigan, Andy Lloyd, Sarrah Seldon, Tim Donaldson, Simon Thomas

It was noted that this would have been Simon Thomas last meeting prior to his retirement. NTAG members wished to record their thanks for his expert clinical input since the inception of NTAG and wished him all the best in his retirement. A new medical representative is currently being sought from Newcastle upon Tyne NHS Foundation Trust as a replacement

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 to be made none were declared.

1) Draft Minutes September 2021 Meeting

The group approved the September 2021 minutes with no changes.

ACTION: Secretary to publish September 2021 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 – still awaiting RMOC statement on Pitolisant before progressing as may change place in therapy and costings now generic Sodium oxybate available. Chased up with RMOC Secretariat in January 2022.
- Review of NTAG recommendations relating to the eye – still awaiting feedback from NE Retina Group as to which recommendations require review.

3) Appraisal: Biosimilar Insulin Aspart (Truapi®)

The agenda item was introduced by the secretary. It was agreed at September 2021 NTAG to add Biosimilar Insulin Aspart (Trurapi®) to NTAG workplan. This was because it is the first biosimilar of insulin aspart (Novorapid®) and NTAG considered the first biosimilars of insulin glargine when they came along.

However, since then a formulary application for Biosimilar Insulin Aspart (Trurapi®) approved by County Durham & Tees Valley Area Prescribing Committee (APC) in January 2022 as November 2021 NTAG meeting was cancelled. No formulary application yet received by North of Tyne APC or South Tyneside & Sunderland APC. All other new insulins appear to be going to APCs rather than NTAG currently.

NTAG discussed and agreed to issue a recommendation regarding Biosimilar Insulin Aspart (Truapi®) but to leave the decision on adding to local formularies to the individual local APCs. Instead NTAG agreed it would be more useful for NTAG to issue a recommendation supporting the use of biosimilar in general (including biologics and insulin) rather than considering each individual biosimilar insulin as they are marketed.

ACTION: Secretary to draft an NTAG recommendation on biosimilars in general to come to the June 2022 NTAG meeting for consideration.

4) Review of Current NTAG Recommendation for Ulipristal (Ellaone® for Post-Coital (up to 120 hours) contraception

NTAG reviewed the current NTAG recommendation from September 2014 for Ulipristal (Ellaone® for Post-Coital (up to 120 hours) contraception

NTAG discussed and agreed that the recommendation be updated to simply read: Ulipristal (EllaOne®) is recommended as a treatment option as per the current Faculty of Sexual & Reproductive Healthcare (FSRH) Emergency Contraception Guidelines.

This was because FSRH guideline goes into lots of detail on choosing between UPA-EC and LNG-EC and contains Decision-making Algorithms for Emergency Contraception plus a Decision-making Algorithm for Oral Emergency Contraception (EC): Levonorgestrel EC (LNG-EC) vs Ulipristal acetate EC (UPA-EC).

ACTION: Secretary to update recommendation as above.

5) Review of Current NTAG Recommendation for Actipatch® for the Management of Localised Musculokeletal Pain

NTAG reviewed the current NTAG recommendation from November 2018 for Actipatch® for the Management of Localised Musculoskeletal Pain.

A literature search for published evidence since NTAG last reviewed in November 2018 found three new trials (see summary attached). They are all have a clinician in common and two are only published as conference abstracts. Numbers of patients are small (n=154, n=174, n=46), but the longest trial duration is 4 weeks. The comparator was Etoricoxib, which is not a widely prescribed analgesic in the NENC.

NTAG agreed to add a statement to the current recommendation to say that it has reviewed the evidence base in February 2022 and found no high quality fully published evidence to support changing the current recommendation.

ACTION: Secretary to update recommendation as above.

6) Review of Current NTAG Recommendation for Alfapump® Device for the Treatment of Ascites Due to Liver Cirrhosis

NTAG reviewed the current NTAG recommendation from June 2019 for the Alfapump® device for ascites due to liver cirrhosis. No new evidence or guidance has been found to change the current NTAG recommendation. It was noted that NICE IPG631 has not yet been reviewed.

NTAG agreed it be would useful to ask relevant clinicians at Freeman for data on use the device to day and the results any audit data they have collected. This could provide some reassurance that the current NTAG recommendation and NICE IPG631 is being followed, and the number of patients receiving the device is as expected.

NTAG agreed to add a statement to current recommendation to say reviewed evidence based in February 2022 and found no evidence to support changing the current recommendation.

ACTION: Secretary to update recommendation as above.

7) Review of Current NTAG Recommendation for i-Port Advance® for Use in Children and Adults with Type 1 Diabetes

NTAG reviewed the current NTAG recommendation from February 2019 for i-Port Advance® for use in children and adults with Type 1 diabetes and considered a request to look at including use in Type 2 diabetes patients.

The i-Port Advance® device is currently not recommended by NTAG for the treatment of people with type 2 diabetes mellitus. This recommendation was made because the available published clinical evidence is limited and appeared to be mainly in the type 1 diabetes population. The was a study of 74 patients that included both type 1 and type 2 patients but the three other studies available that were reviewed by NTAG appeared to be only in the type 1 diabetes population.

It was noted, that the NENC Value Based Commissioning Policy Oct 2021 reflects the current NTAG recommendation.

IFR panels within the NENC have received a number of IFR requests for i-Port device for type 2 diabetes patients on multiple daily dose insulin (MDI) therapy. The patients meet all the criteria as per the NTAG recommendation, including being on multiple daily dose insulin regimens, except being type 2 and not type 1 diabetics. It is looking like there may be a cohort of type 2 diabetes patients, out there, on MDI regimes who may then fit the arguments as for type 1 diabetes on MDI. Clinicians only requested use in type 1 diabetes originally as type 2 patients usually not multiple daily dose insulin (MDI).

The original NTAG appraisal included a review of four clinical studies. Three of the studies included the original NTAG appraisal were only in the type 1 diabetes population.

A Literature search by the RDTC has found no new published clinical evidence with regards to the use of i-PORT in type 2 diabetes patients. There have been three new papers published since the NTAG report in February 2019 which all discuss its use in type 1 diabetes patients.

It was noted that no NICE guidance or appraisal of the i-PORT® device is currently available.

NTAG agreed to add a statement to current recommendation to say NTAG reviewed the evidence base in February 2022 and found no evidence to support changing the current recommendation at present.

It was also agreed to approach the NENC Diabetes Network to ask if they wish for the current recommendation to be reviewed and if they had any supporting evidence to consider the inclusion of type 2 diabetes patients within the recommendation. NTAG was also keen to understand what the impact on patients in terms of outcomes and treatment options is because the use of i-PORT is not currently supported in type 2 diabetes patients.

ACTION: Secretary to update recommendation as above.

ACTION: Secretary to contact NENC Diabetes Network to ask if they wish for the current recommendation to be reviewed and if they had any supporting evidence to consider the inclusion of type 2 diabetes patients

8) Review of Current NTAG Recommendation for Solriamfetol for Narcolepsy

NTAG noted that its Solriamfetol for Narcolepsy recommendation from December 2020 will now be archived as now superseded by NICE TA approving use in January 2022.

NTAG also agreed to update its current recommendation on Pitolisant to note that NICE TA for solrimafetol has superceded previous NTAG recommendation on solriamfetol and that NICE only recommend solriamfetol as an option. There is no NICE TA for Pitolisant in narcolepsy and none planned. Therefore, current NTAG recommendation on Pitolisant is still valid and it is an option alongside Solriamfetol at the same point in the treatment pathway.

ACTION: Secretary to archive NTAG recommendation on solriamfetol as superseded by NICE TA.

ACTION: Secretary to update NTAG recommendation on pitolisant as above.

9) Flash Glucose Monitoring – Updated NICE Guidance Expected March 2022

NTAG to discussed if the current NTAG recommendation on Flash Glucose Monitoring will require updating when updated NICE guidance on glucose monitoring is published in March 2022.

Three NICE guidelines are expected in March 2022, covering glucose monitoring in:

- o Adults with Type 1 diabetes
- o Adults with Type 2 diabetes
- o Children and young people with Type 1 or Type 2 diabetes

These guidelines will update existing guidance on glucose monitoring contained in the individual main guidelines (e.g. NG28) and will incorporate the use of intermittently scanned continuous glucose monitoring (""flash"" monitoring). Whilst these are not technology appraisals, there will be significant patient and public interest in these guidelines, which, based on the drafts, are likely to widen the patient cohorts eligible for flash monitoring. This will likely include recommending use in Type 2 diabetes patients, who are not currently included in the NTAG recommendation. If NICE supports wider use in the final guidelines and this increases current spend by 30%, the cost impact could be approximately £47K per 100,000 population per year. Associated decreases in blood glucose testing strips would offset some of this cost as would potential longer term savings from reduced complications/hospitalisations.

NTAG noted that any recommendations from NICE will not come with a deadline for implementation as the will be in Clinical Guidance format rather than NICE Technology Appraisal format. The difference being that TAs come with statutory duty on commissioners (e.g. CCGs) to implement within a specified time frame (e.g. 30 or 90 days).

It was also noted that updated NICE guidance will come with a review of all the evidence and tools to assess the potential cost impact.

It was agreed that NTAG would work with the NENC Diabetes Network to review and update the current NTAG recommendation on Flash Glucose Monitoring when updated NICE guidance on glucose monitoring is published. The updated NTAG recommendation would then be shared with the NENC Value Based Commissioning Group to consider updating the NENC VBC policy.

ACTION: Secretary to contact NENC Diabetes Network to review and update the current NTAG recommendation on Flash Glucose Monitoring when updated NICE guidance on glucose monitoring is published.

ACTION: Secretary to inform VBC group of NTAG plans to review its current recommendation on Flash Glucose Monitoring when updated NICE guidance is published.

10) Review of Current NTAG Recommendation for Subcutaneous Infliximab

In June 2021 NTAG reviewed this recommendation and agreed to make no changes to current NTAG recommendation as still in Covid-19 pandemic but review again in six months' time. Infliximab subcutaneous injection would continue to remain an option due to the ongoing Covid-19 pandemic.

The following points were noted by NTAG:

- The current NTAG recommendation does not make a recommendation about commissioning or funding of Subcutaneous Infliximab post COVID pandemic.
- No request has been received from Trusts to review the current recommendation.
- Individual Trusts within NENC appear to considering their own business cases for use of subcutaneous infliximab if they wish to do so.
- There remain issues with homecare capacity and current block contract finance arrangements for high cost drugs which are a barrier to use of subcutaneous infliximab.
- Current block current for high cost drugs makes this an issue for Trusts but not the commissioner (CCGs). This may change from April 2022 as new Tariff appears not to include Gastro/Rheumatology use of biologics in fixed element of block contract but return to recharge on per patient basis. However, some ICS's may wish to keep in block contact as a local arrangement to maintain financial stability.
- The introduction of a subcutaneous version of Infliximab is unlikely to dramatically change the initial choice of anti-TNF.
- Within rheumatology there are many subcutaneous biologic options which are used before infliximab.
- The costs compared to other biologics options were discussed.
- To best of NTAG members' knowledge, there are no regionally agreed local pathways for use of biologics in gastroenterology and rheumatology.

NTAG agreed to make no changes to current NTAG recommendation at this time but to revisit the recommendation when the ICS becomes more established and NHS Tariff/Commissioning issues may be clearer.

ACTION: Secretary to update recommendation as above.

11) NENC ICS Impact of National DOAC Procurement

NTAG discussed the NENC ICS Impact of National DOAC Procurement. This was because the view of County Durham & Tees APC, North of Tyne APC and South Tyneside & Sunderland APC is that it requires a regional approach in implementation, and a regional approach to agreeing the position of each DOAC local formularies/pathways.

The commissioning recommendation from NHSE/I contained in communications to CCGs, dated 19th January 2022, is that: For patients commencing treatment for AF: subject to the criteria specified in the relevant NICE technology appraisal guidance, clinicians should use edoxaban where this is clinically appropriate. If edoxaban is contraindicated or not clinically appropriate for the specific patient then, subject to the criteria specified in the relevant NICE technology appraisal guidance, clinicians should then consider rivaroxaban first, then apixaban or dabigatran.

It goes further to suggest that patients prescribed apixaban, rivaroxaban or dabigatran could be switched subject to local commissioning policy to review prescribing.

The above recommendations are as a result of edoxaban providing the best value treatment choice under the procurement framework and national rebate scheme. The manufacturer of

edoxaban, Daiichi Sankyo, have also committed to providing funding under the “Detect, protect and Perfect” initiatives to support case finding and treatment optimisation.

It was noted that the National procurement appears to only cover use of DOACs for atrial fibrillation**.**

Whilst AF case finding and prescribing in CNE may be in line with national trends, the use of edoxaban is low, meaning that without a significant change in prescribing habits the region stands to benefit less than the national average from the national procurement deal. The most frequently prescribed DOACs in all CCGs within the CNE ICS are apixaban and rivaroxaban, respectively, and also crucially that all areas within CNE use significantly less edoxaban (CNE mean; 4.0%) as a percentage of all oral anticoagulants per AF patient than the England average (17.2%).

The following points were raised in discussions:

- Differing views across the region on which DOAC (apixiban or edoxaban) should be used in preference.
- Concerns have been expressed about the costs associated with any switching process and how that could be undertaken in a true and open shared decision-making way if there was any clinician doubt that this was the best approach for their individual patient(s).
- Some question that it may not be legal to switch to a drug with rebate.
- Whilst the procurement deal makes edoxaban the best value option to use some concern has been expressed regionally that NICE have not undertaken a review of the various cost-effectiveness analyses which have been published. Many cardiology clinicians across our region have a preference, albeit marginal, for apixaban as their first line choice of DOAC with an acknowledgement that there are situations that the alternatives may be better suited to some patients and that outcome data for all are good.
- Why preference in NENC for apixiban? Is there any clinical differences which affect choice?
- RDTC already looking at safety and efficacy data to choose between DOACs for Greater Manchester so could bring this to next meeting of NTAG. Also looking into whether any clinical and safety data to support putting edoxaban first line.
- In terms of NICE all the DOACs have Technology Apprasials which approve them all as options and do not put one DOAC ahead of any other.
- There is concern that when the patent for apixaban expires (Nov 2026) any savings achieved now from following the recommendations outlined nationally would be eroded.

NTAG agreed that it was within its remit to look at the issue and will seek the views of clinicians across the NENC to inform the discussion at the June 2022 NTAG meeting, taking into account any declarations of interest.

ACTION: Secretary to seek the views of clinicians across the NENC to inform the discussion at the June 2022 NTAG meeting

12) Regional Medicines Optimisation Committee

A verbal update on the Regional Medicines Optimisation Committee was given.

13) Work Plan

The group discussed the work plan.

It agreed to add the following topics:

- Inhaled levodopa for Parkinson's disease – still awaiting confirmation that product will be launched in the UK.
- Budesonide of maintenance of eosinophilic oesophagitis - has NICE TA for remission but not for maintenance treatment for which it is also licensed. RDTC Evaluation Report in progress.
- Empagliflozin for acute heart failure (not yet licensed in UK) - no NICE TA planned. Not yet licensed or marketed for this indication. Expected 2022.
- Sublingual apomorphine for Parkinson's disease (not yet launched/licensed in UK) - new oral formulation for PD. No NICE TA planned as yet. Still in phase III trials in UK. Expected 2023.
- Linzagolix for uterine fibroids - no NICE TA planned as yet. Just been approved in EU.
- Regional Adoption/Implementation of Updated NICE Guidelines for Type 2 Diabetes (Feb 2022).
- Impact of National DOAC Procurement on DOAC choice for Atrial Fibrillation in NENC
- Flash Glucose Monitoring – to review current NTAG recommendation when updated NICE guidance on glucose monitoring published (expected March 2022).
- NTAG Position Statement on Biosimilars.

It was felt that NTAG looking at regional adoption of national RMOC Shared Care Guidelines once they are published was outside of its current remit. But NTAG would have a role to play in co-ordinating the alignment of formularies across the region with regard to the formulary/RAG status of shared care drugs.

It was also discussed that NTAG may have a future role to play in the Deprescribing agenda across the ICS and in supporting the ICS Green Workplan.

14) Impact on Primary Care Prescribing Data of NTAG Recommendations

Data on number of items/spend in each stakeholder CCG on NTAG recommendations from 2017 to date having an impact on primary care prescribing was presented to the group for information. This shows that NTAG recommendations are largely being adhered to in primary care.

ACTION: Secretary to share primary care data with stakeholder CCG Medicines Optimisation Teams.

15) Review of Current NTAG Terms of Reference and Membership

A verbal update was given.

The NTAG Terms of Reference were last updated in November 2018, and although due for review the group had previously decided to wait until the proposed ICS structures were more fully developed.

NTAG is still awaiting confirmation of ICS structures before we can move forward with updating NTAG Terms of reference, membership and remit. But as a first step NTAG agreed to co-opting all the current NENC APC chairs on to NTAG from the next NTAG meeting in June 2022.

Also agreement reached that NTAG should pick up some of the things that could benefit from being done once across region – starting with DOACs choice and Type 2 diabetes guidance.

NTAG noted that there is a national model Terms of Reference for an ICS Integrated Medicines Optimisation Committee due out soon, which will be helpful as well.

There is also a need to confirm a new GP representative from Tees Valley CCG.

ACTION: Secretary to confirm new GP representative from Tees Valley CCG.

16) AOB

Retirement of Chair of NTAG

NTAG noted Ian Davidson is due to retire as Medical Director of County Durham CCG from the end of June 2022 and as such will step down as Chair of NTAG at the same time. It assumed a new Chair of NTAG would be appointed by the ICS or via the Northern Joint CCG Committee.

ACTION: Secretary to confirm arrangements for appointing a new Chair of NTAG.

No other business was raised and the meeting concluded.

The date of the next meeting was agreed to be 7th June 2022 and will be held virtually via Microsoft Teams.

Minutes produced by G Mankin, Professional Secretary to NTAG, 22nd February 2022