Northern Treatment Advisory Group

Minutes of meeting held on the 15th November 2022, 9-11am

Virtual Online Meeting via Microsoft Teams

Present:

- Claire Bradford – Medical Director NENC ICB & Chair of NTAG.
- Gavin Mankin - Principal Pharmacist Medicines Management, RDTC (professional secretary)
- Robert Lapham - Formulary Pharmacist, South Tyneside & Sunderland NHS Foundation Trust.
- Jim Welch - Patient/Lay Representative.
- Matthew Lowery - Formulary Pharmacist, Newcastle upon Tyne NHS Foundation Trust.
- Matthew Grove - Consultant Rheumatologist, Northumbria Healthcare NHS Foundation Trust.
- Andy Lloyd – Consultant Anaesthetist and Chair of D&T, South Tees Hospitals NHS Foundation Trust.
- Chris Williams – Chief Pharmacist, TEWV.
- Peter Foster – GP, County Durham.
- Helen Gregory - Medicines Optimisation Pharmacist and Clinical Quality Team Lead North Cumbria
- Toks Sangowawa _ Clinical Advisor/Locum Consultant in Public Health, South Tyneside MBC
- Jo Linton – Public Heath Pharmacy Advisor, Stockton & Hartlepool.
- Helen Seymour – NENC AHSN Medicines Optimisation Workstream Lead.
- Rachel McMahon – GP, NENC Regional LMC representative.
- Claire Sands – Assistant Finance Officer in Newcastle Gateshead, NENC ICB.
- Susan Turner – Professional Secretary, North of Tyne, Gateshead & North Cumbria APC.

In Attendance:

- Dan Newsome (DN) Principal Pharmacist – Medicines Management, RDTC

The meeting was quorate.

Claire Bradford was introduced as the new chair of NTAG.

Members were welcomed to the meeting, and a round of introductions were made.

1) Apologies for Absence

Apologies were received from: Colin Bradshaw, David Campbell, James Carlton, Robin Mitchell, Tim Donaldson

2) Declarations of Interest

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.

3) Draft Minutes September 2022 Meeting

The group approved the minutes of the 6th September 2022 NTAG meeting with no changes.

ACTION: Secretary to publish September 2022 minutes on the NTAG website.

4) Matters Arising

- Review of NTAG recommendations relating to the eye – still awaiting feedback from NE Retina Group as to which recommendations require review. Have approached NuTH for their input as no formal ophthalmology clinical network exists, and response awaited.

5) Action Log

Review of NTAG recommendation on Sodium oxybate (Xyrem®) in the management of narcolepsy with cataplexy in adult patients in light of RMOC position statement
On today's agenda.

Commissioning recommendations following the national procurement for medical retinal vascular medicines
Action Completed. ITEM NOW CLOSED.

Northern England Evaluation and Lipid Intensification guideline
Actions completed and confirmed NEELI guidelines made reference to icosapent ethyl in the Secondary Prevention beyond Stain therapy flow chart. Guideline published on been published on NTAG website. ITEM NOW CLOSED.

Hosting/Approval of Guidelines
Ewan Maule still to discuss with Mark Dornan how NTAG links into the addition of approved guidelines to GP systems e.g. GPTeamNet.

New NOGG Guideline for the Management of Osteoporosis
Second draft of regional guideline in progress and will come back to a future NTAG meeting for approval.

Biosimilar Ranibizumab
Paper went to October 2022 meeting of ST&S APC. ITEM NOW CLOSED.

6) Appeals Against Previous NTAG Decisions

Nil received since last meeting.

7) NTAG Interim Terms of Reference

The NTAG Interim Terms of Reference approved at NENC Medicines Committee on the 20th September 2022.

The following new amendments were presented to and approved by NTAG:

- Section 2 – add approval of ICB commissioned NICE TA drugs once across the NENC
- Section 3 – Accountability – add NTAG is accountable to the NENC Medicines Committee and makes a recommendation to NENC Medicines Committee for approval until such time that NTAG receives delegated authority of its own.
- Section 5 – Membership – add AHSN representative and update finance representative
- Page 3 – clarify that NTAG will consider NICE Clinical Guidelines which have a significant impact on prescribing in addition to NICE TAs where they will have a significant financial or commissioning impact across the ICS.
- Page 11 13.3. Rarity – to reword or remove this section as covered elsewhere under what treatments NTAG will prioritise for review.

ACTION: Secretary to send to NENC Medicines Committee for approval.

8) Review of NTAG recommendation on sodium oxybate (Xyrem®) in the management of narcolepsy with cataplexy in adult patients in light of RMOC position statement

NTAG discussed revising its current recommendation on the use of sodium oxybate (Xyrem®) in the management of narcolepsy with cataplexy in treatment naïve adult patients in light of national guidance from RMOC published in October 2019. The change request is for NTAG to consider approving use in adults who have not received it as child as per the treatment criteria suggested by RMOC.

At the February 2020 NTAG meeting NTAG agreed to make no change to its current recommendation but to review if and when further information is available on the availability of generic sodium oxybate, particularly in relation to cost effectiveness compared to other treatment options. NTAG had also been awaiting RMOC guidance on Pitolisant expected 12-18 months ago but this has not been forthcoming.

Current NTAG recommendation from June 2017 only recommends the use of sodium oxybate 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. The use of sodium oxybate in new treatment naïve adult patients is not recommended.

The RMOC Advisory Statement - Sodium Oxybate - Commissioning in adult patients with narcolepsy with cataplexy does not stipulate that sodium oxybate must be commissioned but aims to assist this decision-making process and improve consistency. RMOC has suggested some criteria for potentially eligible patients for CCGs to consider funding and commissioning use in this group of patients.

The main source of evidence considered by both RMOC and NTAG previously is a meta-analysis and systematic review published in 2012 (Alshaikh MK, et al). The RMOC statement 2019 has referenced 5 additional studies for the use of sodium oxybate in narcolepsy with cataplexy that were not included in the 2017 review, however none of which are randomised controlled trials (RCTs), and all provided results consistent with the already established evidence base. Three of these are only available as conference abstracts and cannot be fully appraised. None of the additional evidence adds to the cost-effectiveness evidence base for sodium oxybate.

The cost of sodium oxybate still appears to have not changed much based on list price now generics are available but lower prices are available to secondary care.

NTAG discussed the commissioning position of sodium oxybate elsewhere in England. The NENC continues to be an outlier in England with regard to the commissioning of sodium oxybate have not implemented the RMOC position statement.

The view of NENC Clinical Specialists is that:

- Wish to make sodium oxybate available to adult patient who have not had it as a child.
- It would bring NENC into line with other areas and avoid occasional complaints.
- Would use as a 4th or 5th line option.
  Given the way oxybate works (mostly improving sleep quality and cataplexy), the majority of patients will also be on wake-promoting therapy and do not see why this should not be pitolisant/solriamfetol, especially if already established. Patients often require daytime stimulant and oxybate, there is no contra-indication and it makes clinical sense in a minority. So would therefore wish to have option of prescribing in combination with a stimulant if needed.Often aim to have them on only one or two agents and start oxybate with the aim of stepping down other drugs - by definition they will be on at least 2 drugs before consider oxybate.Number of patients likely to be small. Estimate 3/4 in STHFT and 3 in NuTH.
- Other treatment options such as pitolisant and solriamfetol become available since NTAG considered sodium oxybate in June 2017.

Specialists in NENC also requested that the formulary RAG classification of sodium oxybate also be reviewed. Currently classified as a RED drug in this region - limiting prescribing of continuation supply to hospital only. This means having to transport this controlled drug out repeatedly for all our patients, some who live as far as Cumbria from the treatment centres at NuTH and STHFT. Other trusts have it as shared care e.g. Papworth, SE London. But confirmed that is a tariff excluded drug is therefore best managed as a RED drug, and also sodium oxybate is a Schedule 2 controlled drug. Schedule 2 Controlled Drugs are subject to the full Controlled Drug requirements relating to prescriptions, safe custody, and the need to keep a Controlled Drug register.

NTAG agreed that sodium oxybate be approved for use in adults who have not received it as a child as per the RMOC criteria, noting that may sometimes be used in combination with other agents.

The following criteria for use to be approved:

- **Patients presenting with narcolepsy with cataplexy according to International Classification of sleep disorders 3 (ICSD) criteria for Narcolepsy Type 1 AND**
- **Patients ≥ 19 years old AND**
- **Where patients have co-morbidities, which are also affecting sleep, these should be managed and adequately treated (for example moderate to severe obstructive sleep apnoea or restless legs syndrome) AND**
- **Failure to respond to non-pharmacological treatments consisting of behavioural and environmental adaptations, for example planned naps AND**
- **Inadequate response (within 3 months) to, or intolerable adverse effects from, or contra-indicated use of, more than one stimulant for narcolepsy, and more than one anticataplectic agent AND**
- **Assessed as being able to benefit from sodium oxybate via a specialist sleep centre.**

- **Sodium oxybate is generally considered as a final treatment option for patients.**

To remain as RED drug (i.e hospital only) as it an ICS commissioned tariff excluded drug.

Patients to be reviewed to check for continued benefit as per the criteria and timescales suggested by RMOC.

NTAG also requested an audit of use in 12 months to time to check compliance with the updated NTAG recommendation.

ACTION: Secretary to draft recommendation as above and circulate to NTAG members for comments prior to publication on NTAG website once approved by NENC Medicines Committee.

ACTION: Secretary to request audit from NuTH and STHFT in 12 months' time and present this to NTAG.

9) Dexcom ONE Formulary Application

The formulary requested received for Dexcom ONE was presented to NTAG. This was initially submitted to the North of Tyne APC but due to the regional interest and the benefits of having a single North East and North Cumbria ICS position on the use of this device, it was agreed that would be considered once by NTAG.

Dexcom ONE is marketed as a real-time continuous glucose monitoring (rtCGM) device, which may be prescribed in primary care for the measurement of blood glucose levels by patients with type 1 or type 2 diabetes. Its functionality is very similar to the flash or intermittently scanned CGM (isCGM) e.g. FreeStyle Libre (FSL) 2, and clinical experts consider both devices should be equally positioned as treatment options.

There is evidence of Dexcom ONE's efficacy at reducing HbA1c and hospital attendances associated with hypoglycaemia and diabetic ketoacidosis. Dexcom suggest that it may be more effective at doing so than FSL2, however the lack of data and a direct comparison using Dexcom One make this claim difficult to assess. The MedTech Innovation Briefing (MIB233) of Dexcom G6 published by NICE in November 2020 addresses the evidence behind the technology. This is relevant because the Dexcom One device utilises the same technology for its sensor and transmitter as the G6. To create Dexcom One the manufacturer has removed much of the G6's extra functionality to reduce cost and to directly compete with FSL.

The main difference between Dexcom ONE and FSL2 is the active transmission of interstitial glucose levels, using a Bluetooth transmitter, to the receiving device. Thus removing the need for patients to "scan" the sensor for readings, this happens automatically every 5 minutes when using Dexcom ONE. Receiving devices are Android and Apple operating system compatible smart phones or the manufacturer's receiver. Specialists suggest that the functionality which makes a device a "true" real-time CGM is the ability to predict high and low glucose readings. Neither FSL nor Dexcom ONE devices can do this.

NTAG approved the use of isCGM in line with NICE guidance (NG17/NG28/NG18 & NG3 at their June 2022 meeting and the change is currently being facilitated by the Value Based Clinical Commissioning Team through the updating of their flash glucose monitoring and CGM policies.

Correspondence with the North East diabetes network confirms their support for Dexcom ONE to be an option for patients who meet the NICE criteria. The requested positioning of the device amongst existing products was alongside; and the most suitable of the two options is a decision to be taken between the patient and clinician.

Dexcom have put in place significant resources to support initiation in primary care by providing training and education to clinicians and patients. This is not dissimilar to the offer and resources available from manufacturers of alternative products.

Two other rtCGM devices exist and are available in the drug tariff but are not currently being considered for use in NENC: It should be noted neither device have RCT data published to show accuracy or outcomes.

- GlucoRx Aidex: The cheapest CGM device available in the Drug tariff but is not currently licensed for use to replace BGTS for insulin dosing and therefore does not represent a realistic alternative to FSL. Patients are currently required to finger-prick to confirm glucose levels prior to insulin dosing despite the device having similar features to other is/rtCGM devices.
- Glucomen Day CGM: This device is similar to Dexcom One in that it uses a Bluetooth enabled sensor to transmit interstitial glucose readings to a receiving device. It is priced competitively at £67 per 2 sensors (28 days). It has similar functionality to other available products but requires daily calibration and has a high MARD = low accuracy compared to other recommended devices.

Dexcom ONE costs £25 per sensor per 10 days. This is equivalent to £925 per year (37 sensors). FSL2 costs are £35 per sensor per 14 days or £910 per year (26 sensors). Therefore when calculated as a daily cost per sensor, both devices are identically priced at £2.50 per day. Given use of Dexcom ONE is proposed to be in line with NICE guidance as an alternative to FSL and therefore the same eligible population, and is priced exactly the same, it is reasonable to use the financial impact assessment that NTAG considered at their June 2022 meeting which is derived from the NICE template.

NTAG discussed the advantages and disadvantages of Dexcom ONE compared to FSL2. This include the availability of the transmitter from community pharmacies. Dexcom ONE may be beneficial in those who forget to scan with FSL2 as continuous transmitter to app/receiver.

Issues were raised around inequality and digital exclusion. It was noted that work is underway nationally to address this, and some patients may require more training than others or use a devices that may better might their needs.

The issues of clinical waste disposal/collection from patients in the community was raised as not all local authorities commissioned this. It was agreed to pick this issue up with the ICB outside of the meeting.

NTAG approved the adoption of Dexcom ONE as an alternative to Freestyle Libre 2, for patients in whom the use of isCGM or rtCGM is appropriate and in line with relevant NICE guidance.

ACTION: Secretary to draft recommendation as above and circulate to NTAG members for comments prior to publication on NTAG website once approved by NENC Medicines Committee.

ACTION: Secretary to raise clinical waste disposal/collection from patients in the community issue with ICB Director of Medicines and Pharmacy.

10) Review of NTAG recommendation for vaginal devices for stress urinary incontinence

Following a request from North Cumbria Integrated Care NHS FT NTAG discussed updating its current recommendation on Vaginal devices for female urinary stress incontinence to change from not recommended to approved for use as per NICE guidance.

In June 2020 NTAG did not recommend the use of vaginal devices (e.g. Diveen®, Contiform® and Efemia®) for the management of female urinary stress incontinence on the NHS. The was because the group was concerned that there is a lack of quality evidence currently to support the efficacy of these devices and their use is not currently recommended in NICE guidelines. Should patients wish to use these devices they can be purchased over the counter for occasional use, for example during exercise

Devices for stress urinary incontinence are not recommended by NICE in NG123: “Intravaginal devices should not be used for the routine management of urinary incontinence in women. These devices should not be considered other than for occasional use when necessary to prevent leakage, for example during physical exercise. This is because of limited evidence for these devices and adverse effects are common, these include urinary tract infections, vaginal irritation and voiding difficulties”

It was also noted in June 2020 by NTAG that they are included in the current PrescQIPP DROP List.

NTAG asked to review its current recommendation on the basis that NG123 recommendation regarding these devices has not been updated/reviewed by NICE since 2006. There has also been another piece of NICE guidance NG210 published in December 2021 which does recommend their use for pelvic floor dysfunction. NTAG last looked at this topic in June 2020.

Prescribing data suggests in NENC Contiform is most commonly prescribed followed by Diveen. Efemia only prescribed in Northumberland. Contiform appears to be the cheapest.

Contiform has previously been the main device requested, but Efemia is relatively new and much easier to use from a patient perspective. If find Efemia is just as effective (initial feedback is positive), may is this instead of Contiform. Physios in North Cumbria did a trial of Diveen, having been supplied with samples and found it is generally less effective but works well for the occasional person. So not expected to be requested very often, especially as it is more expensive.

NTAG approve use of vaginal devices as recommended by a specialist pelvic health physiotherapist as per NICE NG 210 for pelvic floor dysfunction noting the rationale behind how NTAG reached their recommendation.

ACTION: Secretary to draft recommendation as above and circulate to NTAG members for comments prior to publication on NTAG website once approved by NENC Medicines Committee.

11) Generic sitagliptin

At the end of September 2022 the patent protection for sitagliptin and vildagliptin expired in the UK and generic products were launched and there are 4 and 3 products listed on DM&D for sitagliptin and vildagliptin respectively.
It is anticipated that the availability of generic products will cause a reduction in the Drug Tariff price for these medicines, which as of November 2022 is still based on Cat C prices of the branded products which is £33.25 for sitagliptin and £33.35 for vildagliptin.
When the prices of the generic products are published they are anticipated to be between 40-80% less than the branded versions which will release a significant amount of savings for the NENC ICS. The NENC ICS stands to make incidental savings of between £1.5m – £2.9m based on the eventual price of sitagliptin. Further opportunities for re-investment in diabetes treatment may be made at a locality level if there is switching to sitagliptin from other DPP-4 inhibitors. NTAG recommended that any switching should take into account the wider type 2 diabetes pathway and the potential for deprescribing and/or progression to alternative agents as appropriate.

NTAG agreed to recommend sitagliptin is positioned as the first choice DPP-4 inhibitor in NENC ICS. A switch from other DPP-4 inhibitors may be considered where appropriate at a locality level.

Noted that the RDTC are developing a “top tips” document in the style of those published to support safe and effective prescribing of SGLT2 inhibitors. This should be ready for the January 2023 meeting

12) Review of NTAG recommendation for transanal irrigation

Following a request North of Tyne APC to remove Iry Pump by BBraun from the current NTAG transanal irrigation recommendation as it has recently been discontinued, NTAG reviewed and approved an updated recommendation.
No financial impact of this change is expected as NTAG recommendation is to use taking into account any patient factors it would seem reasonable to use the system with the lowest acquisition cost first. Other transanal irrigation devices remain available in the Drug Tariff which have are similar in cost.

ACTION: Secretary to draft recommendation as above and circulate to NTAG members for comments prior to publication on NTAG website once approved by NENC Medicines Committee.

13) NENC ICS recurrent UTI prophylaxis guideline

A recurrent UTI ICS guideline has been developed by the AMS workstream and approved by the ICS AMR board.

It has been to APCs for consultation in Sep/Oct 2022 and following comments raised with response from working group in italics:

- APCs not clear on why this guideline was needed given that NICE guidance is good. *This was agreed within the regional AMS work stream group as an area that needed practical guidance due to the high volume long term prophylactic use of antibiotics*.
- Concern that it includes rescue packs, which is not in line with AMR agendas - *Rescue packs could be used as a key strategy to reduce overall long term antibiotic consumption. This has been reviewed by AMS leads across the region.*
- The guidance is for women but talks about men later on - *Did leave men in as an exclusion criteria just in case a user had not read the title properly. (This has now been removed)*
- Monitoring for nitrofurantoin (FBC) causing eosinophilia - *Routine monitoring of eosinophils would not be required. You would check eosinophils if a patient developed any respiratory problems.*
- Methenamine recommendations - *Original draft had a reduced recommendation for use. Single biggest comment for reviewers was new evidence published this year on using methenamine.*
- Does document need some monitoring frequency information for nitrofurantoin? *Renal and hepatic function monitoring is discussed but is not specific unlike the section on trimethoprim.*

A number of additional amendments and clarifications were suggested by NTAG members before NTAG is in a position to consider approval. These include:

- Nitrofurantoin monitoring requirements
- Vaginal oestrogen advice needs extra detail
- Rescue packs – needs extra detail on what is recent tests, and frequency of review
- General comments around modifying some the language used

ACTION: Secretary to feed these comments from NTAG back to authors.

14) Potassium binders for chronic hyperkalaemia – regional guideline

A regional guideline for potassium binders (patiromer and Sodium zirconium cyclosilicate) for chronic hyperkalaemia was presented to NTAG for approval.

Patiromer and sodium zirconium cyclosilicate for chronic hyperkalaemia are classed as GREEN+ drugs on the NENC formularies as per the relevant NICE Technology Appraisals (TAs). The Renal Team in South Tyneside & Sunderland Trust have produced a guideline to support use which has been approved by South Tyneside & Sunderland APC. Suggestion is that this is approved as a regional guideline, and this has the support of the Renal Network.

NTAG felt that supporting information in the form of this guideline for the GPs was useful especially when it changed to a Green+ drug as some GPs feel that it is still quite specialist.

NTAG agreed that Green+ status was appropriate as patients stabilised on dose before GP asked to take on prescribing and monitoring is no different to what you do normally in primary care for these patients.

NTAG requested the following changes before it would consider approval:

- Remove specific references to South Tyneside & Sunderland if this is be a regional guideline.
- Clarify if sick day rules apply to these drugs.
- Ensure all Trusts with renal teams supportive of this guideline.
- Ensure heart failure teams are supportive of this guideline across the NENC.
- Request a patient information leaflet to sit alongside the guideline.

ACTION: Secretary to feed these comments from NTAG back to authors.

15) Regional Medicines Optimisation Committee

Nil this month.

16) RDTC monthly formulary amendments – NICE TA/MHRA Drug Safety Updates – August, September, and October 2022

The RDTC Monthly Formulary Amendments – NICE TA/MHRA Drug Safety Updates – August, September and October 2022 were presented to NTAG for NTAG to make a recommendation to the NENC Medicines Committee on the formulary status and approval of medicines with a NICE TA issued in August, September and October 2022.

It was agreed at the October 2022 NENC Medicines Committee that NTAG should begin to manage NICE technology appraisals entry for the NENC system from its November 2022 meeting. This would mean that the local APCs would no longer need to undertake this function, however they would continue to assess their own formulary applications at this stage, with any decisions being communicated to NTAG.

The NENC ICB Director of Medicines and Pharmacy has delegated financial authority of £250,000 for decision making. There is no delegated financial authority yet for the NENC Medicines Committee or NTAG.

The July and August 2022 NICE TAs came to September 2022 NTAG for information. In September 2022 the NENC Medicines Committee reviewed all NICE TAs published in July and August 2022. To date the following NICE TAs have been referred to the ICB Executive for a decision as above the £250,000 threshold of the NENC ICB Director of Medicines and Pharmacy:

- Icosapent ethyl with statin therapy for reducing the risk of cardiovascular events in people with raised triglycerides – Technology appraisal guidance [TA805] Published: 13 July 2022
- Roxadustat for treating symptomatic anaemia in chronic kidney disease - Technology appraisal guidance [TA807] Published: 13 July 2022
- Romosozumab for treating severe osteoporosis - Technology appraisal guidance [TA791] Published: 25 May 2022

All ICB commissioned NICE TAs published in August, September and October 2022 are not expected to have a significant cost impact and expected to fall below the £250,000 threshold.

A proposed timetable for consideration of NICE TAs in the NENC in future and process for a NENC formulary/commissioning decision on ICB Commissioned drugs with a NICE TA was presented to and approved by NTAG.

ACTION: Secretary to send recommendations to December 2022 meeting of NENC Medicines Committee for final sign-off.

17) Meeting Dates 2023

NTAG discussed and agreed to meeting on the second/third Tuesday of alternate months from 9am to 11.30am starting from January 2023.

18) Workplan

The group discussed the work plan.

It agreed to add the following topics:

- Olguo® - for January 2023 meeting
- Gabapentinoids for intractable itch with severe burns – for January 2023 meeting
- Teriparatide use outside of NICE guidance as per NOGG

19) County Durham & Tees APC Minutes – September 2022

Circulated for information.

20) South Tyneside & Sunderland APC Minutes – October 2022

Circulated for information.

21) North of Tyne, Gateshead & North Cumbria APC Minutes – October 2022

Circulated for information.

AOB

Nil

No other business was raised, and the meeting concluded.

The date of the next meeting was agreed to be 17th January 2023 and will be held virtually via Microsoft Teams.

Minutes produced by G Mankin, Professional Secretary to NTAG, 15th November 2022