

Minutes of meeting held on the 6th September 2022, 9-11am

Virtual Online Meeting via Microsoft Teams

Present:

- Ewan Maule – Interim Lead Pharmacist NENC ICB & Chair of NTAG.
- Gavin Mankin - Principal Pharmacist Medicines Management, RDTG (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.
- Sarrah Seldon - Senior Medicines Optimisation Pharmacist, Sunderland.
- Tim Donaldson – Chief Pharmacist, CNTW.
- Neil Middleton – GP, County Durham.
- Jo Linton – Public Health Pharmacy Advisor, Stockton & Hartlepool.
- Helen Seymour – NENC AHSN Medicines Optimisation Workstream Lead.
- Robin Mitchell – Medical Director, NENC Clinical Network.
- Rachel McMahan – GP, NENC Regional LMC representative.
- Jill McGrath - Deputy Chief Finance Officer in Gateshead, NENC ICB.
- Tracy Percival – Pharmacist, South Tees Hospitals NHS Foundation Trust.
- Susan Turner – Professional Secretary, North of Tyne, Gateshead & North Cumbria APC.

In Attendance:

- Dan Newsome (DN) Principal Pharmacist – Medicines Management, RDTG
- Barry Hogan – RDTG Admin Team – sharing papers on the screen.

The meeting was quorate.

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

1) Apologies for Absence

Apologies were received from: Toks Sangowawa, Colin Bradshaw, David Campbell, Andy Lloyd, Claire Sands, Helena Gregory, James Carlton

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 July 2022 Meeting

The group approved the minutes of the 19th July 2022 NTAG meeting with no changes.

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

5) Action Log

NTAG Interim Terms of Reference

Completed and on NTAG website.

NTAG Guidance – What Treatments will NTAG Consider?

Completed and on NTAG website.

NTAG Checklist for Appraisal of Clinical Evidence

Completed and on NTAG website

New NOGG Guideline for the Management of Osteoporosis

First draft of regional guideline in progress and will come back to a future NTAG meeting for approval.

Biosimilar Ranibizumab

Robert Lapham still to take the SPS documents on biosimilar ranibizumab to South Tyneside & Sunderland Trust to discussion introducing local adoption.

6) Appeals Against Previous NTAG Decisions

Nil received since last meeting.

7) NTAG Interim Terms of Reference

As agreed at the July 2022 NTAG meeting the interim terms of reference were presented to NTAG for check if any updates are required as ICB governance processes start to become clear. No updates were required at this stage but noted more will be known about governance processes/delegated authority by the next NTAG meeting in November 2022

The membership of NTAG is currently in a state of flux in this interim period. A replacement from commissioning will be considered once more is known about ICB structures and as part of the ongoing review of the interim NTAG terms of reference. Finance membership in the future may also need to include a representative from “place”, as well as from the corporate ICB side.

NTAG discussed and confirmed who is its voting and non-voting members are. All members have a vote except for the professional secretary and APC representatives. This is because the future role/need for APCs is currently unclear and they are on NTAG membership currently as a link to the APCs.

ACTION: Secretary to add to November 2022 NTAG agenda for ongoing review/update as ICB structures develop.

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.

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 (Alshaiikh 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.

NTAG discussed issues around equity of access and that by not following RMOC guidance on use in treatment naïve adults this creates a disparity which may be difficult to justify.

It was also noted that sodium oxybate is an ICB commissioned tariff excluded drug and the issue that might be brought if approved for treatment naïve adults with the current block contract was raised. It appears since generics became available the cost of sodium oxybate has fallen by half.

After discussion it was agreed that further information on potential patient numbers and confirmation of place in therapy compared to other treatment options before a decision could be made by NTAG. But in principle NTAG supported changing its current recommendation to approve use in treatment naïve adults.

ACTION: Secretary to confirm potential patient numbers and confirmation of place in therapy compared to other treatment options for treatment naïve adults to come back to the November 2022 NTAG meeting.

9) Anticoagulation for non-valvular atrial fibrillation (NVAf) following NHSE DOAC commissioning recommendations – guidance from Primary Care Cardiovascular Society

At the start of August 2022 Primary Care Cardiovascular Society, Primary Care Pharmacy Association, and UK Clinical Pharmacy Association published a guideline on DOACs in AF following the NHSE commissioning recommendations at the start of 2022.

NTAG approved at its June 2022 meeting a NENC Decision Aid for DOACs in AF produced in collaboration with the NENC Cardiovascular Clinical Network.

The NENC decision aid that was approved does not advocate a wholesale switch to edoxaban for those already on a DOAC, though some PCNs may be choosing to do this. The PCCS guideline appears to advocate switching in all patients.

The major difference to the NENC decision aid is that the NENC decision aid gives advice on some specific clinical circumstances when you would choose another DOAC over edoxaban. This guideline from the Primary Care Cardiovascular Society does not, it just states “It is for the prescribing clinician to determine which DOAC(s) are clinically appropriate for an individual patient based upon the relevant NICE technology appraisal guidance.” and this not stated on the flowchart on page 1. It is for this reason that the NENC Cardiac Network would be unlikely to support, that and the fact that many of them strongly prefer apixaban over edoxaban.

In the working group in the NENC the local consensus was not encourage a strategy of switching DOAC therapy for patients established on non-Edoxaban DOAC therapy to Edoxaban, other than for clinical indications (as stated on the NENC document).

The PCCS guideline give guidance on things that the NENC Decision Aid was not designed to do. Such as:

- Monitoring of DOACs
- Switching from warfarin to DOACs
- Switching from another DOAC to edoxaban
- Counselling checklist for DOACs
- Process for switching

The NENC Decision Aid was felt to be the best that could be achieved, even then that is/was touch and go. The ask was for guidance from cardiologists was when you might use a specific DOAC or when edoxaban might not be suitable, and that is what we tried to achieve.

NTAG discussed and agreed that no change to the NENC Decision Aid was required as this would be difficult to do and achieve a regional consensus. It was felt that the NENC Decision Aid and the PCCS guidance may complement each other. Some preferred the NENC document as easier to read and gives clear guidance on when you might choose not to use edoxaban. It was also noted some the PCCS document is already in use by some PCNs.

The potential impact of generic apixaban becoming available possibly sooner than expected was discussed but timescales on this are still unclear.

NTAG therefore acknowledged the existence of the PCCS document and noted it was there for those GPs/PCNs who wished to use it.

10) Commissioning recommendations following the national procurement for medical retinal vascular medicines

NTAG received the national commissioning recommendations following the national procurement for medical retinal vascular medicines for information.

Following launch of generic ranibizumab NHS England have now produced commissioning recommendations following the national procurement for medical retinal vascular medicines. This was published in Aug 2022. The new commissioning recommendations place ranibizumab biosimilar first choice for all therapeutic indications. This may have implications for providers as whilst ranibizumab biosimilar drug costs may be cheaper it may require more frequent dose administration than other options and so impacts on clinic capacity. Therefore, biosimilar ranibizumab may not be the first line treatment option for all indications.

These drugs are all ICS commissioned high-cost drugs. A national cost template is available and current patient numbers and costs can be entered to calculate the local cost impact.

ACTION: NTAG members to bring to the attention of Trusts/Commissioners this national commissioning guidance.

11) Regional Medicines Optimisation Committee

Nil this month.

12) RDTC Monthly Formulary Amendments – NICE TA/MHRA Drug Safety Updates – July and August 2022

Received for information. The purpose of bringing the document to NTAG is to support consistent decision making by APCs.

NTAG supported Icosapent ethyl being added to formularies as GREEN drug with updates to the NE Lipid guidelines.

13) Workplan

The group discussed the work plan.

It agreed to add the following topics:

- Dexcom ONE – for Nov 2022 meeting
- Intravaginal devices for female stress urinary incontinence – review of current NTAG recommendation – for Nov 2022 meeting.
- Shared Care – noted regional working group formed to look at regional adoption of national SCG templates and this group will report back to NTAG.
- Regional Guideline for potassium binders for chronic hyperkalaemia based on Sunderland guideline

It was agreed to remove the following:

- Empagliflozin for Acute Heart Failure – manufacturer no longer pursuing license application for this indication.

- Pitolisant – review of NTAG recommendation based on RMOG guidance – RMOG guidance shows no sign of being published, was expected in 2021.

14) County Durham & Tees APC Minutes – July 2022

Circulated for information.

15) South Tyneside & Sunderland APC Minutes – August 2022

Circulated for information.

16) North of Tyne, Gateshead & North Cumbria APC Minutes

Not meet since last NTAG meeting.

AOB

Northern England Evaluation and Lipid Intensification guideline

The reviewed and updated Northern England Evaluation and Lipid Intensification guideline in line with the latest NHSE and NICE lipid guidelines was presented to and approved by NTAG. This guidance has been produced by the regional NEELI Clinical Guidelines Steering group which has represented from both primary and secondary care from across the NENC. It has been approved by the Northern England Lipids Network.

It was noted that further update would require to include Icosapent ethyl.

ACTION: Secretary to contact Peter Carey re update to NEELI guidelines to include Icosapent ethyl.

ACTION: Secretary to published approved NEELI guidelines on NTAG website and send to APCs for implementation.

Inclisiran

The low uptake of inclisiran within the NENC was raised partly due to GP funding issue to administer the injection. It was noted that this has already been raised by Ewan Maule with the ICB.

Hosting/Approval of Guidelines

It was confirmed that going forward regional guidelines involving medicines should come to NTAG for approval once across the ICS rather than going to individual APCs.

Discussion took place in where approved guidelines should be hosted to ensure document control and the process of adding to GP systems e.g. GPTeamNet. As interim any NTAG approved guidelines will be hosted on the NTAG website to ensure version control.

ACTION: Ewan Maule to discuss with Mark Dornan how NTAG links into the addition of approved guidelines to GP systems e.g. GPTeamNet.

No other business was raised, and the meeting concluded.

The date of the next meeting was agreed to be 15th November 2022 and will be held virtually via Microsoft Teams.

Minutes produced by G Mankin, Professional Secretary to NTAG, 6th September 2022