NHS
North East and North Cumbria

Recommendations from November 2022 NTAG and December 2022 Medicines Committee

Summary of decisions made regarding new product requests and formulary amendments approved at a meeting of the ICB Executive Committee on Tuesday 10th January 2023

Recommendations with significant financial/commissioning impact

NICE Technology Appraisal/Guidance/Drug	Date published	Current formulary status or pathway/ guidance relevance	Decison
Dexcom ONE continuous glucose monitoring system (CGM) as an option in line with NICE guidance for patients with Type 1 and Type 2 diabetes. 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. 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.	Nov 2022	Not currently approved	Approved the adoption of Dexcom One as an equivalent first-line alternative to Freestyle Libre 2, for patients in whom the use of isCGM or rtCGM is appropriate and in line with relevant NICE guidance. NTAG CGM position statement -

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Review of NTAG recommendation on Transanal Irrigation	Nov 2022	Approve as per current NTAG recommendation.	Approved removal of Iry Pump by BBraun from the current NTAG transanal irrigation recommendation as it has recently been discontinued. NTAG Decision Summary Transanal
Review of NTAG recommendation on Vaginal devices for female urinary stress incontinence	Nov 2022	Not approved as per previous NTAG recommendation.	Approved for use only as per NICE NG210: Pelvic floor dysfunction: prevention and non-surgical management: • For women who are unable to perform an effective pelvic floor muscle contraction, consider supplementing pelvic floor muscle training with biofeedback techniques, electrical stimulation or vaginal cones. • Consider a trial of intravaginal devices for women with urinary incontinence, only if other non-surgical options have been unsuccessful. The product should only be initiated by a specialist pelvic health physiotherapist and only continue if evidence of continued benefit. Audit of prescribing data to check update to carried out in 12 months time. The Northern (NHS) Treatment Advisory Group does not recommend the use of Vaginal devices (e.g. Diveen®, Contiform® and Efemia®) for the routine management of female urinary stress incontinence on the NHS as per NICE NG123 NTAG Decision Summary - Vaginal c

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Review of NTAG recommendation on Sodium oxybate (Xyrem®) in the management of narcolepsy with cataplexy in adult patients who have not received it as child.	Nov 2022	RED drug for use as a child and in adults who have had it as a child. NOT APPROVED in adults who have not received it as a child.	Approved as per RMOC criteria for use in adults who have not received sodium oxybate as a child. 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.  NTAG Decision Summary - Sodium C

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NICE Technology Appraisal/Guidance/Drug	Date published	Current formulary status or pathway/ guidance relevance	Decision
<u>TA814: Abrocitinib, tralokinumab or upadacitinib for treating moderate to severe atopic dermatitis</u> **Commissioning: ICS (adults) and NHSE (young people), tariff-excluded** Abrocitinib and upadacitinib are recommended as options for treating moderate to severe atopic dermatitis that is suitable for systemic treatment in adults and young people 12 years and over, only if: • the disease has not responded to at least 1 systemic immunosuppressant, or these are not suitable • the companies provide abrocitinib and upadacitinib according to the commercial arrangement. Tralokinumab is recommended as an option for treating moderate to severe atopic dermatitis that is suitable for systemic treatment in adults, only if: • the disease has not responded to at least 1 systemic immunosuppressant, or these are not suitable • the company provides tralokinumab according to the commercial arrangement. Stop abrocitinib, upadacitinib or tralokinumab at 16 weeks if the atopic dermatitis has not responded adequately.	3rd August 2022	Listed as RED drugs for other indications.	Add abrocitinib, tralokinumab and upadacitinib to formulary as RED drugs, with links to TA814.

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TA815: Guselkumab for treating active psoriatic arthritis after inadequate response to DMARDs **Commissioning: ICS, tariff-excluded** Guselkumab, alone or with methotrexate, is recommended as an option for treating active psoriatic arthritis in adults whose disease has not responded well enough to disease-modifying antirheumatic drugs (DMARDs) or who cannot tolerate them. It is recommended only if they have had 2 conventional DMARDs and: • have had at least 1 biological DMARD, or • tumour necrosis factor (TNF)-alpha inhibitors are contraindicated but would otherwise be considered (as described in NICE's technology appraisal guidance on etanercept, infliximab and adalimumab for the treatment of psoriatic arthritis). Guselkumab is recommended only if the company provides it according to the commercial arrangement. Active psoriatic arthritis is defined as peripheral arthritis with 3 or more tender joints and 3 or more swollen joints. This guidance updates and replaces NICE TA711 on guselkumab for active psoriatic arthritis after inadequate response to DMARDs.	10th August 2022	Listed as RED drug for other indication.	Review formulary to review links to TA711 and replace with links to TA815. Ensure guselkumab is on formulary in the musculoskeletal chapter.

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TA820: Brolucizumab for treating diabetic macular oedema **Commissioning: ICS, tariff-excluded** Brolucizumab is recommended as an option for treating visual impairment due to diabetic macular oedema in adults, only if: • the eye has a central retinal thickness of 400 micrometres or more at the start of treatment • the company provides brolucizumab according to the commercial arrangement.	31st August 2022	Listed as RED drug for wAMD.	Add brolucizumab to formulary as a RED drug, if not already present. Add link to TA820.
TA824: Dexamethasone intravitreal implant for treating diabetic macular oedema **Commissioning: ICS** Dexamethasone intravitreal implant is recommended as an option for treating visual impairment caused by diabetic macular oedema in adults only if their condition has not responded well enough to, or if they cannot have non-corticosteroid therapy. This guidance updates and replaces TA349 (July 2015), which recommended use in people who have a pseudophakic (intraocular) lens.	14th September 2022	Listed as RED drug for other indications.	Add dexamethasone intravitreal implant to formulary as a RED drug in this indication, with link to TA824. Remove any links to TA349.
TA826: Vedolizumab for treating chronic refractory pouchitis after surgery for ulcerative colitis (terminated appraisal) **Commissioning: ICS** NICE is unable to make a recommendation about the use in the NHS of vedolizumab for treating chronic refractory pouchitis after surgery for ulcerative colitis. This is because Takeda did not provide an evidence submission. Takeda has confirmed that the technology will not be launched in the UK for this indication.	21st September 2022	Listed as RED drug for other indications.	For information.

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TA829: Upadacitinib for treating active ankylosing spondylitis **Commissioning: ICS** Upadacitinib is recommended as an option for treating active ankylosing spondylitis that is not controlled well enough with conventional therapy in adults, only if: • tumour necrosis factor (TNF)-alpha inhibitors are not suitable or do not control the condition well enough and • the company provides upadacitinib according to the commercial arrangement. If patients and their clinicians consider upadacitinib to be one of a range of suitable treatments (including secukinumab and ixekizumab), choose the least expensive treatment, taking into account administration costs, dosage, price per dose and commercial arrangements. Assess response to upadacitinib after 16 weeks of treatment. Continue treatment only if there is clear evidence of response, defined as: • a reduction in the BASDAI score to 50% of the pre-treatment value or by 2 or more units and • a reduction in the spinal pain visual analogue scale (VAS) by 2 cm or more.	30th September 2022	Listed as RED drug for other indications.	Add upadacitinib to formulary as a RED drug in this indication, with link to TA829.

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TA828: Ozanimod for treating moderately to severely active ulcerative colitis **Commissioning: ICS** Ozanimod is recommended as an option for treating moderately to severely active ulcerative colitis in adults, only if: • conventional treatment cannot be tolerated or is not working well enough and infliximab is not suitable, or • biological treatment cannot be tolerated or is not working well enough, and • the company provides it according to the commercial arrangement.	5th October 2022	NOT APPROVED drug as per NICE TA706: Ozanimod for treating relapsing–remitting multiple sclerosis	Add ozanimod to formulary as a RED drug in this indication, with links to TA828.
TA832: Relugolix–estradiol–norethisterone acetate for treating moderate to severe symptoms of uterine fibroids **Commissioning: ICS** Relugolix–estradiol–norethisterone acetate is recommended, within its marketing authorisation, as an option for treating moderate to severe symptoms of uterine fibroids in adults of reproductive age.	19th October 2022	Not listed	Add to formulary as a specialist recommendation / initiation drug in this indication, with links to TA832. (i.e. Green+)
TA834: SQ HDM SLIT for treating allergic rhinitis and allergic asthma caused by house dust mites (terminated appraisal) **Commissioning: ICS** NICE is unable to make a recommendation about the use in the NHS of SQ HDM SLIT (Acarizax) for treating allergic rhinitis and allergic asthma caused by house dust mites. This is because ALK-Abello has confirmed that it does not intend to provide an evidence submission. ALK-Abello considers that, at this time, there is not enough evidence to provide a submission for this appraisal.	12th October 2022	Listed as RED drug in North of Tyne formulary	For information.

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TA835: Fostamatinib for treating refractory chronic immune thrombocytopenia Commissioning: ICS, tariff excluded Fostamatinib is recommended as an option for treating refractory chronic immune thrombocytopenia (ITP) in adults, only if: • they have previously had a thrombopoietin receptor agonist (TPO RA), or a TPO RA is unsuitable • the company provides fostamatinib according to the commercial arrangement.	19th October 2022	Not listed	Add to formulary as a RED drug in this indication, with links to TA835.

Recommendations from the NENC Area Prescribing Committees approved at January 2023 meeting of the North East & North Cumbria ICB Executive Committee.

	Recommendations from the APC
North of Tyne APC	PDF Y.2 NoTGNC APC-Decision-Summa
Sunderland and South Tyneside APC	PDF Y.3 STS APC recommendation sum
County Durham and Tees APC	PDF Y.4 CD&Tees Valley APC Decision Summa

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For information

NTAG work plan	12.1 NTAG work plan November 2022.pdf

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