Chair: Susan McKernan, MHCC
Vice Chair: Paul Buckley, Stockport FT
Enquiries: Monica Mason, Head of Prescribing Support, RDTC
(tel : 0191 213 7855, email: rdtc.rxsupp@nuth.nhs.uk)

HIGH COST DRUGS SUBGROUP

Wednesday 24th July 2019, 10a.m. – 12 noon, St James's House, Pendleton Way, Salford. M6 5FW

Minutes

1. General Business	
1.1	Welcome and apologies (See register in appendix 1)
1.2	**Declaration of Interest** Nil declared
1.3	**Minutes from the previous meeting** June minutes approved. **Action:** Publish to GMMMG website
1.4	**Actions and Matters arising** Nil – all items were on agenda or transferred to work plan
Governance	
2	**Approved ToR** It was noted that CSB had now approved the terms of reference for the HCDOG and HCDStG Paul Buckley was nominated to and accepted the position of vice chair of the HCDOG Membership vacancies were discussed and it was agreed that MM would contact CCG MO leads to request nominations for the two vacant seats for CCG HOMMs. The value of specialists on this group was recognised and it was agreed that MM would contact the dermatology and gastroenterology networks to invite representation on a rotational basis as per the current arrangement with rheumatology It was agreed that MM would check the availability with the group by email for the August meeting

3	**Work plan (v6) and horizon scanning** The group considered the workplan presented and the RDTC monthly horizon scanning document. Headache pathway: it was agreed that GM Chairs should be contacted as to the priority that should be assigned to this work, check capacity with PaGDSG, but recognise that one group with reps as appropriate will need to lead this piece of work with neurology. It was acknowledged that as a joint primary and secondary care guideline there should be GP representation on the GM neurology group, if this was the group to be involved in this work. Dupilumab license extension for 12+ : this license extension was noted, it was agreed that the appetite for use in children at MFT should be checked and this information returned to the group with a view to expanding the current statement/**B**lueteq Mexilitine: Cost increase noted for group, and possible inappropriate primary care prescribing. Agreed that highlighting of this issue through CCG MO leads would be appropriate, and that the data highlighting spend should be provided to aid discussion. MM was asked to update the workplan as per the comments made.
Managed entry of HCDs	
4	**Dibotermin alfa (InductOs) for acute tibial fractures: final draft for CSB submission** The group considered the final draft commissioning statement plus accompanying information regarding the financial and commissioning implications as considered and agreed by HCDStG yesterday. HCDOG asked for one further amendment prior to CSB submission; the removal of the “lack of evidence” statement from spinal fusion line of statement, and that MFT-ORC and SRFT were specified within the statement as the GM trauma centres. It was acknowledged that whilst the financial impact of this statement was less than that of the threshold for CS submission, the use of this agent was outside of the licensed indication and therefore CSB, then DoCs approval should be sought. **Action: MM to amend and submit to CSB**
5	**GMMMG draft recommendation: insulin pumps** The group considered the draft commissioning statement prepared on the basis of the available information, but felt that GM diabetologist opinion should be sought prior to opening for consultation. The group also asked that GM organisations provide MM with data on current usage to decide whether this statement should be taken forward, or if it be reshaped to specify/limit those pumps which will be commissioned across GM. **Action: SMcK to provide usage data to MM**

6	**GMMMG draft recommendation: fidaxomicin** The group considered the draft commissioning statement prepared on the basis of the available information, and recognised the possible issues with the green plus status already afforded to this agent. It was agreed that the statement be opened for GM wide consultation. Monitoring pf this agent will not be via Blueteq monitoring (amend statement), but the group will monitor spend.
7	**GMMMG draft recommendation: Bezlotoxumab** The group considered the draft commissioning statement and asked that “routine” be removed from the recommendation after which it could be opened for GM wide consultation. Comments will provide appetite for use and help to place in therapy. If no appetite then this recommendation should be submitted to DoCs as a request not to commission.
8	**Myobloc application** The group discussed whether this should be taken forward and assessed as per a formulary application, or whether some form of statement be required. It was acknowledged that there was a need not to cause unnecessary work, but that if a GM wide decision was being made a process would need to be followed (evidence review/consultation as a minimum). It was suggested that it may be appropriate that these types of decisions are granted lead commissioner approval, and HCDOG are notified of these. It was agreed that HCDStG be consulted as to the appropriate route, and in the meantime AMarr be contacted to explain the situation and to check on the timeframe needed for this decision.
9	**Development of Blueteq forms** An options paper was considered by the group who agreed that option 1 - all Blueteq forms to be prepared in time for the statement/pathway to be submitted to CSB. There was a request that a screenshot of the forms be made available for consultation, although it is not known if this is possible. Discussion to be taken back to MO Hub to action.
HCD Pathways	
10	**Update on review of HCD pathways** RDTC confirmed that they were now in receipt of the four HCD pathways to be reviewed and updated group on the order of review and the progress of the psoriasis pathway, including recent discussions with Professor Warren. A September consultation was planned for the psoriasis pathway with any outstanding issues to be discussed at the August HCDOG meeting.
Monitoring and assurance	

11	Monitoring and assurance log: this was noted by the HCDOG
12	**GM biosimilar uptake assurance report – June 2019 (updated)** **Adalimumab RMOC briefing 6** Comments were received from the group around possible factors which may have led to slow uptake; these will be reflected in the "lessons learned paper". The group asked that this paper also reflect any improvement in GM uptake of biosimilars, and that the paper be highly visible.
Communication from Subgroups and Associated Committees	
11	Updates were received as available from the GM HCD optimisation network, MO CRG, HiM, GM Chief Pharmacists and MO leads and RMOC.
Date of next meeting: 28th August 2019, 10-12 noon at St James House, Salford (Broughton suite).	

Appendix 1 – attendance register

Attendee	J	A	S	O	N	D	J	F	M	A	
Steve Simpson Chief Pharmacist, Bolton Trust	✓										
Paul Buckley Chief Pharmacist, Stockport Trust	✓										
Darren Staniforth HCD Pharmacist, MFT	✓										
Andrea Marrosu HCD pharmacist, SRFT	A										
Chris Astbury HCD Pharmacist, Pennine Acute Trust	✓										
Claire Vaughan Head of MO, Salford CCG	✓										
Vacant seat Head of MO, CCG											
Susan McKernan Senior MO Adviser, MHCC	✓										
Jole Hannan CCG Interface Pharmacist, Bolton CCG	✓										
Consultant rheumatologist (Therese Brammah, Sahena Haque, Louise Mercer, Surabhi Wig, Audrey Lowe or Charlie Filer)	✓ LM										
Andrew Martin Strategic MO Pharmacist, MO Hub	✓										
Anna Pracz MO pharmacist, MO Hub	A										
Monica Mason Head of Prescribing Support, RDTC	✓										