Chair: Susan McKernan, MHCC
Vice Chair: Paul Buckley, Stockport FT
Enquiries: Daniel Newsome, Principal Pharmacist, RDTC
(tel : 0191 213 7859, email: rdtc.rxsupp@nuth.nhs.uk)

HIGH COST DRUGS SUBGROUP

Wednesday 25th September 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) The group welcomed Jacqueline Coleman (Specialist Interface Pharmacist Stockport CCG) to the meeting. Apologies received from Andrea Marrosu
1.2	**Declaration of Interest** None declared
1.3	**Minutes from the previous meeting** August minutes approved pending the addition of a statement as part of item 5 andexanet alfa to state that the group noted the lack of evidence for the safety and efficacy **Action:** Amend as above and publish to GMMMG website
1.4	**Actions and Matters arising** The group discussed inviting Glenn Harley to the October meeting to help with horizon scanning and the introduction of biosimilar teriparatide which is believed to be on the NW procurement framework. In preparation it would be useful to have some information on the size of the opportunity and the practicalities of introducing the biosimilar. **Action:** AP and DS to bring some savings information on teriparatide biosimilar to the October meeting. When It was mentioned that the adalimumab biosimilar uptake lessons learned paper was discussed at HCDStG it was raised that there appears to be no formal feedback to the HCDOG from that group. The group agreed this is necessary to ensure consistent

	decision making when there is a short gap between meetings.
Governance	
2	**Workplan** The group received the high cost drugs sub-group workplan, it was noted that the headache pathway requires a review which has now been given a high priority by HCDStG. The erenumab data from current usage has now been received but needs some analysis before it can be brought to the group. **Action:** RDTC to link with authors and working group for current GM/North West pathway to request an update. AM to bring data back to October meeting when the TA FAD should be available It was mentioned that the workplan has "TBC" against a number of pieces of work some of which are due to start in October. Could these be reviewed and an indicative timeframe be provided? DN explained that this is a working document and will be reviewed after HCDStG and this meeting. With regard to the wet AMD work AP informed the group that Bury CCG are named as a consultee on the NICE TA on brolucizumab (date TBC). Is Bury CCG aware and can the HCD sub-groups contribute to the process. **Action:** SMcK to link with Margaret O'Dwyer via HCDStG regarding the Brolucizumab TA.
3	**NICE/MHRA/Horizon scanning** The group received the report and noted the release of rizankizumab TA which has been included in the psoriasis pathway. Nil else of note.
Managed entry of HCDs	
4	**Fidaxomicin commissioning statement – post consultation** The group received the commissioning statement following the 6 week consultation period and the comments made. The concerns about access to the drug in primary care were discussed and that this is highlighted on the updated c diff clinical guideline. The reference to data collection via Blueteq was asked to be removed as this is not feasible, the feedback route should be from trust antimicrobial stewardship teams who should be auditing the use of this agent due to the need for antimicrobial consultant approval. The statement was approved for GM with the amendments above. **Action:** DN to remove reference to Blueteq and because there is no significant cost or commissioning impact the decision will be communicated to CSB.

5	**Bezlotoxumab commissioning statement- post consultation** The group considered and approved the bezlotoxumab commissioning statement and any comments from the 6 week consultation period. **Action:** DN to finalise statement, because there is no significant cost or commissioning impact the decision will be communicated to CSB.
HCD Pathways and Guidance	
6	**Psoriasis Pathway update** HCDOG were presented with the latest draft of the GM psoriasis pathway and the updates made. There was significant discussion about ensuring there is appropriate engagement with the relevant providers and clinicians but that at present RDTC don't know who these are in GM. The level and detail of dermatology provision in localities across GM is currently not understood. It was raised that an unintended consequence of the pathway is that there could be a large increase in prescribing of non-biologic high cost drugs as these are not considered as a step in the pathway i.e. dimethyl fumarate and apremilast and that they should be included as a recognised step. It was explained that this had already been considered but if there was strong opinion through consultation then it could be revisited. The group discussed the benefits of a commissioned vs. clinical pathway, and the need as recognised by HCDStG that further information was required around currently contracted services prior to GM wide consultation. The group asked that the pathway be renamed the "high cost drugs pathway for psoriasis" **Action:** RDTC to work with commissioners and Trusts to gather relevant information as detailed above.
7	**Ustekinumab 4 weekly for Crohn's Disease commissioning statement: pre-consultation** The group received the evidence review for this dose and indication and noted the paucity of evidence to support efficacy and safety. The JCT representatives explained that the IFRs received to date were not uniform and 5 of the nine submitted had not been treated with vedolizumab and could be described as a different cohort to that outlined in the commissioning statement option 2 (those who have exhausted the IBD pathway). It was agreed that the available published evidence was not of sufficient quality to recommend the off-label use of ustekinumab 90mg q4w for patients at the end of the commissioned pathway. It was agreed that any requests for ustekinumab for Crohn's disease at frequency outside of marketing authorisation will need to be submitted as IFRs. However it would not be unreasonable to request outcome information for those patients that have received IFR approval and use this to guide the IBD pathway review scheduled for later in the financial year. **Action:** As per GMMMG process the statement not recommending use will be opened for GM wide consultation. Further discussion is required regarding outcome data which using current processes is not available.

Monitoring and assurance	
8	**Botulinum toxin data** The group noted the data is variable due to inconsistent provision of brand name, but were reassured that there is no growth in prescribing of these agents over the last 3-4 years. Potential opportunities for cost-improvement plans were discussed but have been looked at in the past with little success, but to enable identification of these the data quality needs to improve. The group agreed that at this time there was insufficient need to replace the current guidance with GM policy and that the monitoring of trends should continue on GM level.
9	**Erenumab assurance report** Data not supplied to JCT prior to the meeting – therefore this item was deferred to the October meeting.
10	**GM biosimilar uptake assurance report – September 2019 (updated)** The HCDOG noted the contents of the report which show an overall 60% uptake of adalimumab in GM. Bolton FT not yet started to switch Stockport FT's gastroenterology plan to begin in November. It is understood that gastroenterology and dermatology at WWLFT have not yet started switching. It was highlighted that GM lag behind other English regions but that the lost opportunity is decreasing on a monthly basis. The national procurement framework for adalimumab has been extended until the end of March 2020. The national contract stipulates the reference price until end of current financial year, but it is not clear if the reference price will continue. Members stated that this is a key piece of information and may affect some trusts decisions to switch if they are not going to see a return on investment in the service(s). The group were happy with the format and content of the report as it is currently. It was stated that the etanercept % uptake for GM has decreased to below 80% which it was suggested is due to switches back to the originator. The group felt that this needed to be monitored and feedback on reasons for this from the GM rheumatology group would be helpful. The group wished to have sight of the lessons learned paper on adalimumab uptake so that learning can be shared with colleagues. **Action:** AP to feedback on decreased biosimilar etanercept uptake via the monthly reports.
10	**Blueteq form – Inductos** The group identified that there is little incentive for clinicians to complete the Blueteq outcomes form as this may be over 12 months following the intervention, however data collection is required as detailed on the commissioning statement and it may be that active follow-up is required to ensure clinicians record outcome data at an appropriate date.

	Action: ER to liaise with AMarr to finalise Bluteq form and seek chair's action for approval
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.
AOB	
	Front sheet information Could the front sheet for meeting papers detail the name(s) and roles of the individuals who have developed the document for reasons of transparency **Consultation Process** Could this be reviewed and possibly improved by having a function on the GMMMG website to enable interested clinicians to register and receive updates on active consultations in their clinical area. This may increase the response rate from clinicians and also build a mailing list of clinical experts to advise on documents. It was pointed out that organisations and clinical leads have a responsibility to engage with the consultation process and that there are difficulties associated with maintaining an up to date mailing list. **Action:** RDTC to review consultation process and front sheet completion.

Date of next meeting: 23rd October 2019, 10-12 noon at St James House, Salford (Swinton suite).

Appendix 1 – attendance register

Attendee	J	A	S	O	N	D	J	F	M	A	
Steve Simpson Chief Pharmacist, Bolton Trust	✓	✓	A								
Paul Buckley Chief Pharmacist, Stockport Trust	✓	A	✓								
Darren Staniforth HCD Pharmacist, MFT	✓	✓	✓								
Andrea Marrosu HCD pharmacist, SRFT	A	✓	A								
Chris Astbury HCD Pharmacist, Pennine Acute Trust	✓	A	✓								
Jacqueline Coleman Specialist Interface Pharmacist, Stockport CCG			✓								
Susan McKernan (Chair) Senior MO Adviser, MHCC	✓	✓	✓								
Jole Hannan CCG Interface Pharmacist, Bolton CCG	✓	A	✓								
Consultant rheumatologist (Therese Brammah, Sahena Haque, Louise Mercer, Surabhi Wig, Audrey Lowe or Charlie Filer)	✓ LM	✓ AL	✓ SH								
Andrew Martin Strategic MO Pharmacist, GM JCT	✓	✓	✓								
Anna Pracz Senior MO pharmacist, GM JCT	A	✓	✓								
Monica Mason Head of Prescribing Support, RDTC	✓	✓	A								
Carol Dolderson Lead Pharmacist, RDTC		✓									
Dan Newsome Principal Pharmacist RDTC		✓	✓								