Chair: Susan McKernan, MHCC
Vice Chair: Paul Buckley, Stockport FT
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HIGH COST DRUGS SUBGROUP

Wednesday 28th August 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** AM asked that his DOI relating to adalimumab be removed from the register as it was now past the 12 month mark. CA had updated RDTC with details of his DOI, namely that he no longer participates in the pharmacy consultancy work stated; this will remain on the register for 12 months as per DOI policy, although the register will be updated as above.
1.3	**Minutes from the previous meeting** July minutes approved pending correction of typos **Action:** Publish to GMMMG website
1.4	**Actions and Matters arising** CCG MO leads had identified someone to take up the vacant CCG seat, details are to follow. DS and AMarr continued to seek specialist representation on a rotational basis from dermatology and gastroenterology. It was noted that patient reps had been in attendance at the regional meeting and may be willing to link in with HCD work as required. The group were updated on the progress of approval for the InductOs commissioning statement, and there was some discussion around the handling of applications prior to the agreement to commission GM wide. It was accepted that process needed to be followed, but that SmcK and MM would support conversations with the EUR team in the interim if necessary. Insulin pumps – The group were informed that NHSE/I is undertaking a procurement exercise in conjuction with NHS Supply Chain for these devices which is due to be completed by April 2020. The group asked that DN inform the local leads about this national piece of work. Myobloc application – This is currently on hold whilst HCDStG are consulted on the appropriate route for approval. There is currently disruption in the supply chain for

	Neurobloc meaning SRFT are having to use Myobloc and absorb the associated costs.
Governance	
2	**Workplan** The group received the high cost drugs sub-group workplan, it was noted that the headache pathway requires a review but a discussion amongst the GM chairs regarding the priority of this work is needed.
3	**NICE/MHRA/Horizon scanning** The group considered the RDTC monthly horizon scanning document. NICE have published two draft recommendations for the use of cannabidiol to treat Dravet syndrome and Lennox-Gastaut syndrome, which are open for consultation. It was noted that these are not recommended but are currently red on the GM formulary, and support may be required for the formulary subgroup to consider amendments to the RAG status. Due to split commissioning arrangements for children and adults joint working with specialised commissioning teams may be required. **Action; SMcK to contact NHSE team regarding cannabidiol** Ustekinumab – The group raised the issue of dose escalation for Crohn's disease. **Action: DN agreed to complete the evidence review for the use of ustekinumab 90mg every 4 weeks for CD along with a draft commissioning statement for the September meeting.** Brolucizumab – there was discussion around the expected arrival of this product and the advantage it may deliver in terms of reduced dosing frequency. It was agreed that an evaluation of the agent was not required until a launch date was known, and that GH be contacted for information. Fluocinolone intravitreal implant: Uveitis pathway update required to include this. Galcanezumab: This will need to be included in the review of the headache pathway which is scheduled for 2019-20. As previously discussed the HCDStG will need to consider the priority of this piece of work. There is also a free-of-charge scheme available for the product. **Action: MM was asked to update the workplan as per the comments made.**
Managed entry of HCDs	
4	**Draft Liothyronine injection commissioning statement** The group considered a draft commissioning statement plus accompanying information regarding the financial implications. It was noted that the statement covers the licensed indication of the drug but that CCGs are the responsible commissioner for all indications and the majority of use is probably "off-label" so this needs to be included in the statement.

	Action: DN to liaise with specialists to confirm that the statement reflects the anticipated GM usage. The amended document does not need to come back to HCDOG but should receive Chairs approval before opening for consultation.
5	**Andexanet alfa commissioning statement** The group considered the draft commissioning statement. It was noted that this is the first group to review the document and that no clinician input has yet been sought. The group considered the available evidence for safety and efficacy of this agent and noted that it was of poor quality. Practical concerns regarding stocking of the drug were raised which may need to be addressed before organisations can expect to use the product. **Action: DS and AMarr to approach local haematologists to assess the appetite for GM usage, then open for GM-wide consultation.**
HCD Pathways and Guidance	
6	**Botulinum toxin – changes to the format of existing GMMMG document** A revised botulinum toxin guideline was considered by the group. This was previously approved by HCDSG as policy but had not received DoCs approval so could not remain in its current format. The HCDOG agreed to approve as guidance and ask that HCDStG consider the inconsistencies of applying commissioning statements to PbRe drugs. **Action: AP to update with the comments made at the meeting and RDTC to publish on website.** **Action: AP to bring data on usage and IFRs for the drug back to HCDOG in order to review the need for a policy.**
7	**Psoriasis Pathway update** HCDOG were presented with the latest draft of the GM psoriasis pathway. There were a number of commissioning questions which the authors wished the group to consider. The group requested sight of activity data showing number of patients at each stage in the pathway to enable commissioning decisions to be made on where patients receive treatment. **Action: RDTC to work with commissioners and Trusts to gather relevant information to support the development of the pathway.**
Monitoring and assurance	
8	**Monitoring and Assurance log** The group noted the HCD sub-group monitoring and assurance log
9	**GM biosimilar uptake assurance report – August 2019 (updated)** The group received the updated biosimilar uptake report

10	**Blueteq forms – psoriasis** Due to time pressures these were not discussed fully but the group asked to note that the forms presented reflect the current pathway and NICE TAs, and are fit for use as have been awaited for some time. It is accepted that these forms may require amendment when the revised pathway is published. **Action: HCDOG to agree psoriasis Blueteq forms by email**

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: 25th September 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	✓	A									
Darren Staniforth HCD Pharmacist, MFT	✓	✓									
Andrea Marrosu HCD pharmacist, SRFT	A	✓									
Chris Astbury HCD Pharmacist, Pennine Acute Trust	✓	A									
Vacant seat Head of MO, CCG											
Susan McKernan 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									
Andrew Martin Strategic MO Pharmacist, MO Hub	✓	✓									
Anna Pracz MO pharmacist, MO Hub	A	✓									
Monica Mason Head of Prescribing Support, RDTC	✓	✓									
Carol Dolderson Lead Pharmacist, RDTC		✓									
Dan Newsome Principal Pharmacist RDTC		✓									