Chair: Charlotte Skitterall, MFT
Vice Chair: Susan McKernan, MHCC
Enquiries: Daniel Newsome, Principal Pharmacist, RDTC
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HIGH COST DRUGS SUBGROUP

Joint meeting of the Strategic and Operational Groups

Wednesday 24th June 2020, 10 a.m. – 12 noon, Virtual Meeting

Minutes

1. General Business	
1.1	Welcome and apologies (See register in appendix 1).
1.2	**Declarations of interest** None declared
1.3	**Minutes from the previous meeting** Minutes from the previous HCDOG February meeting were approved
1.4	**Actions and matters arising** See updated action log
Governance	
2	**Workplan** The group received the current HCD workplan. GMMMG need to agree principles. To be reviewed and updated after key priorities have been set by GMMMG
3	**NICE/MHRA/Horizon Scanning** Not discussed due to time constraints
4	**HCDs Recovery Work** The group were asked to raise any HCDs work undertaken during COVID-19 to enable sharing of best practice and support where appropriate from GMMMG. Discussions were held SC infliximab for which the cost impact of any switches from IV to SC needs to be captured. It was expressed that now most patient consultations were being held virtually this impacted on Blueteq forms where scores are not able to

	be obtained and therefore reported as assurance. The lack of disease activity scores as well as extensions to the review periods requires more manual forms to be filled in by JCT which is time consuming. This is likely to have an impact going forward and should be fed into the GMMMG discussions taking place around priorities as part of the outpatient work. MM confirmed she had a meeting on Monday and asked for all comments on this issue to be emailed to her ASAP.
Managed entry of HCDs	
5	**Review of Brolucizumab for wAMD** There was discussion about clinical requests and arguments regarding the drug's therapeutic advantages over existing treatments. It was noted that the evidence is not robust enough to fully support the claims made by pharma and some clinicians in terms of clinical efficacy and reduced injection frequency. It was suggested that engagement with Ophthalmology to develop a pathway for treatment of wAMD is a high priority, and is preferable to developing a GM commissioning statement advocating waiting for the NICE TA. NICE had been contacted for guidance on when the TA was to be produced and it was estimated by November 2020. **Action: Pathway work to be restarted in conjunction with ophthalmologists to define a place in therapy.**
6	**Vedolizumab SC** A conflict of interest was declared by CA following the meeting but it was agreed by the chair that no action is required. HCDSG discussed a FOC scheme for this product, the details of which are considered commercial in confidence. It was suggested that similar schemes should be highlighted to HCD group to discuss and either to support or decline the arrangement at a GM level. It was agreed that the FOC scheme is not in line with GM policy but that the use of SC vedolizumab supports the current priorities of keeping patients out of hospital, even if the impact is limited by low availability. **Action**: It was recommended that GM providers use subcutaneous vedolizumab as appropriate but that the FOC did not meet policy requirements and should be avoided.
HCD Pathways and Guidance	
7	**Sequential use of biologics and HCDs** RMOC has produced recommendations to state that CCGs should not be limiting use of HCDs based on the number of prior treatments. The group discussed how best to manage current HCD use within commissioned pathways and adhere to the RMOC recommendations. It was suggested that GM should focus on commissioning for outcomes and that data collection on this should be used to inform future commissioning decisions. The group agreed that a local MDT could be implemented in place of IFR requests

	where patients reach the end of the commissioned pathways; this would be in line with the commissioned GMMMG pathways, within which the MDT representatives and reporting requirements would be detailed. It was noted that provider contracts all have a lead commissioner who should be responsible for implementing the proposed changes with associated commissioners having the same contract terms unless there was good reason not to do so. The quality of Blueteq data and compliance with the requirements was stated to be key to making this work. **Action: Local MDT process to be included within each HCD pathway to provide assurance to commissioners.**
8	**Draft ankylosing and spondylitis and psoriatic arthritis HCD pathways** This had been discussed with the working group who are happy with the clinical aspects of the pathway. The sequential use question remained outstanding which has now been resolved in the previous agenda item with the use of a MDT process. As a result an outcomes and monitoring framework will be required alongside the pathways for consultation. It was raised that commissioning finance are unlikely to approve any new schemes that are not cost neutral or cost- saving unless directly COVID-related, therefore at the very least commissioners will need to see some modelling of the financial impact **Action: Pathways approved for consultation. Monitoring and outcomes framework documentation need to be circulated for comments from working group and included with consultation papers. Financial implications information is needed prior to consultation.**
Monitoring and assurance	
9	**Blueteq monitoring and adoption of RMOC principles** Blueteq forms were discussed and it was suggested that they should be simplified to minimise requests for information similar to the NHSE forms. However there is a responsibility from commissioners to collect useable data and a longer term aim should be to reshape Blueteq to collect the required data to inform commissioning decisions. GMMMG work is ongoing to set priorities for the current financial year and this item is closely aligned to a potential work stream on outpatient management. This may provide an opportunity to have a fresh start with Blueteq forms but is dependent on the GMMMG priorities, and also resource availability. JCT estimate that it would require one WTE and a working group to do this. It was noted again that virtual clinics etc have no scores available meaning there will be gaps in the data for this year. **Action: Take forward via GMMMG priorities group**
10	**GM Biosimilar uptake assurance report** This paper was discussed and agreed that GM were making good progress. Chair

	thanked the author for their work on this
11	**PSCK9 inhibitor assurance report** There was a brief run through of this paper and the availability of the data. It was noted that a lot of time had gone into the data analysis and report drafting and agreed that there was a need to share the data with clinicians before further GM recommendations on the use of these drugs could be made. Chair offered thanks to the author for their work on this. **Action: AMart to discuss results with clinician group to establish next steps**
12	**PbR tariff-excluded high cost drugs list – June 2020 (updated)** The draft national tariff was paused in March due to COVID-19. It was reported that the funding contracts will be published in 2-3 weeks. This document keeps track of tariff-excluded drugs and devices, which whilst it may not be active at present due to block contract arrangements and pending changes to the tariff, it was agreed that monitoring of these arrangements is still necessary and this document should be published to the GMMMG website.
Communication from Subgroups and Associated Committees	
13	- **GM HCD Optimisation Network** - **Medicines Optimisation Clinical Reference Group** - **Health Innovation Manchester** - **GM Chief Pharmacists** - **Regional Medicines Optimisation Group (RMOC)** Due to time constraints this section was not discussed
AOB	
13	None raised

Date of next meeting:

Wednesday 22nd July, 10.00 – 12.00.
This will again be a virtual meeting, details to follow

Appendix 1 – attendance register

Attendee
Steve Simpson Chief Pharmacist, Bolton Trust
Paul Buckley Chief Pharmacist, Stockport Trust
Darren Staniforth HCD Pharmacist, MFT
Andrea Marrosu HCD Pharmacist, SRFT
Chris Astbury HCD Pharmacist, Pennine Acute FT
Audrey Low Consultant Rheumatologist, SRFT
Susan McKernan (Chair) Senior MO Adviser, MHCC
Jole Hannan CCG Interface Pharmacist, Bolton CCG
Charlotte Skitterall (Chair) Chief Pharmacist, MFT
Claire Vaughan Head of MO, Salford CCG
Andrew Martin Strategic MO Pharmacist, GM JCT
Anna Pracz Senior MO pharmacist, GM JCT
David Dolman Deputy Chief Finance Officer, Stockport CCG
Louise Mercer Consultant Rheumatologist, Stockport FT
Glenn Harley Regional Pharmacy Procurement Specialist
Margaret O'Dwyer Director of Commissioning, Bury CCG
Elaine Radcliffe Senior MO Pharmacist, GM JCT
Louise Brown MFT
Jacqueline Coleman Interface Pharmacist, Stockport CCG
Monica Mason Head of Prescribing Support, RDTC
Dan Newsome Principal Pharmacist, RDTC