Chair: Charlotte Skitterall, Chief Pharmacist, MFT
Vice Chair: Claire Vaughan, Head of Medicines Optimisation, Salford CCG
Enquiries: Monica Mason, Head of Prescribing Support, RDTC
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HIGH COST DRUGS SUBGROUP

Wednesday 31th October 2018, 10am until 12 noon.
Pharmacy Meeting Room at MFT-ORC

Minutes

1. General Business	
1.1	Welcome and apologies (See register in appendix 1) Apologies as per register were noted.
1.2	**Conflicts of Interest** SJ declared attendance at a certolizumab advisory board. It was agreed that although the pathway doesn't currently contain certolizumab it would be inappropriate for SJ to be involved in this work going forward, and she would leave the meeting for item 2.3 (biologic pathway for psoriasis).
1.3	**1. Minutes** The draft minutes from the September meeting were agreed as accurate **Action: Publish on GMMMG website following CSB**
1.4	**Actions and Matters arising** The group noted the actions from the previous meeting, many of the items were noted as being on this agenda for discussion, however with regards the *"Commissioner requirements for format of high cost drug recharging information"*, it was agreed that CV would liaise with CCG MO Leads to identify gaps in the data sets and improving this.
2. Medicines Optimisation	

2.1	**High Cost Drugs Dashboard** GMSS presented the high cost drugs dashboard to the group, the group were happy with the progress demonstrated and thanked those involved (BG, SmcK, JH). Spend per capita was displayed, and the group were reminded that the data displayed is dependent on the detail submitted. It was acknowledged that further interrogation of the data was required before it could be used for assurance purposes. The use of the dashboard to support the optimisation of high cost drugs against GM standards and pathways was discussed. It was recognised that the weighting of drug spend by indication would be useful, and there was query as to whether this was possible. The ability for Trusts to benchmark against each other was deemed valuable, again weighting of the data would provide greater clarity around prescribing patterns, and there was discussion around the utilisation of Blueteq data to further enhance high cost drug reporting within this dashboard. It was agreed that the data working group would review the data available to support the proposal of performance measures for the pathways under development e.g. the number of patients being treated outside of currently commissioned pathways. DS agreed to join the data group to support this work. **Action:** data working group to further analyse the data available and return possible performance measures to the group for the monitoring of HCD pathways
2.2	**Dupilumab Assurance Report (month 1)** AM presented the first assurance report demonstrating the prescribing of dupilumab for dermatitis against the agreed criteria. The data presented showed the number of patients receiving treatment, the average DLQI and EASI scores of this cohort and the improvement seen. Whilst it was recognised that it was too early to provide any robust assurance to commissioners on the prescribing of dupilumab, it was noted that the data presented reflected appropriate prescribing. The group discussed how this real world data may be used going forward to assess the effectiveness of this agent against that proposed in the trial data, and the value that may be gained from this. It was agreed that further data in the form of an assurance report would return to HCDSG in three months. **Action:** GMSS to return this assurance report to HCDSG in January 2019
2.3	**GMMMG biologics pathway for psoriasis: scoping** As explained above SJ left the room for this item. CV gave an update on discussions which had taken place regarding this item outside of HCDSG. The group considered the scoping document presented and the declarations of interest of the membership proposed. It was agreed that this work should be taken forward, but with a revised membership and that RDTC would ensure the pathway was developed in accordance with the GMMMG approved process.

	Action: RDTC to receive this pathway in for future development in line with GMMMG approved process
2.4	**Biosimilar assurance Report** The group considered the October 2018 biosimilar uptake assurance report. Whilst it was noted that data was still missing from one organisation, and the group asked for an amendment to the style of the report format, the group applauded the progress made in the uptake of biosimilars across GM. It was agreed that the reporting of this data to GM organisations, and the supporting work delivered by the HCDSG was likely to have driven the improved uptake of biosimilars across GM and hence improvements in the quality and equity of care across GM, and that this should be communicated to CSB. **Action:** GMSS to draft a summary paper to highlight these improvements and submit to the HCDSG Chairs for pre-approval prior to CSB submission in December
2.5	**Adalimumab biosimilar implementation plan: update** This discussion was postponed until the November meeting where a full discussion would be had following the outcome of the tender process. However the group reiterated that it was their intention that they work collaboratively to support the delivery of savings to the GM system, and this would be communicated by the HCDSG chairs to their colleagues within provider and commissioner organisations.
2.6	**Managed Entry of Monoclonal Antibodies for migraine across GM** In view of the delayed assessment by NICE of calcitonin gene-related peptide (CGRP) receptor binding antibodies for the prophylaxis of migraine, the HCDSG had agreed that a holding position should be issued to manage the entry of these agents across GM. It was acknowledged that a free of charge scheme for erenumab had been offered through SRFT as the specialist centre, and in line with the GMMMG/ RMOC free of charge policy this had been accepted, as this was a novel agent. An RDTC review of the evidence for erenumab and galcanezumab for the prophylaxis of migraine was presented, and there was brief discussion around the positioning of this agent within current treatment options, where the group were updated on discussions held with the neurology specialists. It was proposed and agreed that until NICE publishes its position that erenumab via the FOC scheme offered should be offered as an option for the prevention of migraine when all other treatment options currently commissioned have failed. There was query regarding the commissioning of botox for migraine across GM, and it was agreed that this situation be clarified further prior to the commissioning statement for erenumab being submitted to CSB for approval. **Action:** AM/MM/CV to draft commissioning position and produce a holding statement for submission to the December CSB meeting.

2.7	**wAMD (Avastin): Next steps following judicial review outcome** Following CSB direction that the wAMD T&F group should move to sit under HCDSG a timeline for this work was raised for discussion at this meeting. It was recognised that the judicial review may be subject to appeal and that this may affect the progress of any GM work, but that a working group could start to undertake some foundation work. HCDSG membership asked that the CCGs identify a lead for this work, and liaise with HCDSG to propose a membership and timeframe to undertake the initial stages of this work stream. **Action:** HCDSG CCG leads to raise for discussion at the next suitable GM MO leads meeting.
3. Horizon scanning and work planning	
3.1	**Annual horizon scanning and planning** This item was postponed until the November meeting
3.2	**RDTC MHSD (includes MHRA DSU links) (Oct 2018) and work plan**
4. Communication from other groups	
	• GM HCD optimisation network • Medicines Optimisation Clinical Reference Group • HIM • Chief Pharmacists • RMOC Output from these groups was shared as appropriate throughout meeting discusison
5. AOB	
	Nil
Date of next meeting: Wednesday 28th November 2018, Community Room 1, Pendleton Gateway	

Attendee	~~F~~	M	A	M	J	J	A	S	O	N	J
Charlotte Skitterall Chief Pharmacist, MFT		✓	✓	✓	✓		✓	✓	✓		
Danielle Timoney Lead Pharmacist, Med Man, FT		A	✓	✓	✓		✓	A	A		
Steve Simpson Chief Pharmacist, Bolton Trust		✓	✓	A	✓		✓	A	✓		
Paul Buckley Chief Pharmacist, Stockport Trust		A	A	A	✓		✓	A	A		
Darren Staniforth HCD Pharmacist, MFT		A	✓	✓	✓		✓	✓	✓		
Selwa Elrouby or Andrea Marrosu HCD pharmacist or MI pharmacist, SRFT		✓ SE	✓ AM	✓ AM	✓ AM		A	✓ AM	✓ AM		
Robert Elsey Specialist Pharmacist, PAT		✓	✓	✓	✓		✓	✓	✓		
Claire Vaughan Head of MO, Salford CCG		✓	✓	✓	✓		✓	✓	✓		
Jeanette Tilstone Head of MO, Bury CCG		A	✓	✓	✓		✓	A	✓		
Susan McKernan Senior MO Adviser, North Manchester CCG		A ✓ KL	✓	✓	✓		✓	✓	A		
Jole Hannan CCG Interface Pharmacist, Bolton CCG		A	A	✓	A		✓	A	A		
David Dolman Deputy Chief Finance Officer, Stockport CCG		A	A	A	✓		A	✓	A		
Glenn Harley NW Procurement lead		✓	A	✓	✓		A	✓	A		
Connie Chen GP, MHCC		A	✓	A	A		✓	A	✓		
Consultant rheumatologist (Therese Brammah, Sahena Haque, Louise Mercer, Surabhi Wig (Bolton)or Charlie Filer)		✓ SH	✓ SW	✓ CF	✓ CF		A				
Sarah Jacobs Head of MO, GM Shared Service		✓	✓	✓	✓		✓	✓	✓		
Andrew Martin Strategic MO Pharmacist, GM Shared Service		✓	✓	✓	✓		✓	✓	✓		
Anna Pracz MO pharmacist, GM Shared Service		✓	✓	✓	✓		✓	✓	✓		
Brian Galea Systems Administrator, GM Shared Service		A	A	A	A		✓	A	✓		
Monica Mason Head of Prescribing Support, RDTC		✓	✓	✓	✓		✓	✓	✓		