SUMMARY OF SUBGROUP DECISIONS FOR GMMMG APPROVAL – 12th August 2021

SUBGROUP DECISIONS WITH SIGNIFICANT FINANCIAL OR COMMISSIONING IMPACT

CRG DECISIONS April 2021

Product and indication	Status Assigned	Include in formulary	Notes on Decision	Cost impact	Commissioning/ Service implications	GMMMG decision
TA659: Galcanezumab for preventing migraine	**RED**	Added to chapter 4.	To be considered for inclusion in GMMMG headache HCD pathway planned for 2021. CCG, PbRe.	Based on the NICE resource impact template, using the list price, **costs in GM (drug cost only) will be between £421k in year 1 rising to £2.68m per year in year 5.** A confidential commercial access agreement is in place;	A GM pathway is in development and is expected to be consulted on in Autumn 2021.	**Approved** **GMMMG noted the increase in homecare activity associated with these NICE TAs**
TA682: Erenumab for preventing migraine	**RED**	Added to chapter 4.	To be considered for inclusion in GMMMG headache HCD pathway planned for 2021. CCG, PbRe.	No significant resource impact is anticipated (less than £9,000 per 100,000 population) because the technology is a further treatment option and the overall cost of treatment will be similar. A confidential commercial access agreement is in place.	As for galcanezumab above.	**Approved** **As above**
TA623: Patiromer for treating hyperkalaemia	**RED**	Added to chapter 9.	A RAG status review to AMBER is pending. CRG decision to assign a RED RAG status in the interim.	Based on the NICE resource impact template using the list price, cost impact in GM is £13k in the first year rising to **£230k per year by 2023/24**.	Secondary care services will need to provide repeat prescriptions and required monitoring whilst a RED RAG status is in place.	**RAG Approved** **GMMMG noted the ongoing discussions regarding supply**
TA664: Liraglutide for managing overweight and obesity	**RED**	Added to chapter 4.	Must be prescribed in secondary care by a specialist multidisciplinary tier 3 weight management service.	Based on the NICE resource impact template, using the list price, cost impact in GM will **exceed £200K per year by year 2**. A confidential commercial access agreement is in place; this price is unknown.	Access to Tier 3 weight management services is variable. The availability of liraglutide for this indication may lead to increased demand for these services. Many Tier 3 services are not run by NHS providers and prescribing may need to be outsourced, however discussions are ongoing	**RAG Approved** **GMMMG noted the ongoing discussions regarding supply and commissioning**

					regarding possibly of commissioning internet pharmacy providers. NICE recommends a 2 year patient pathway but current services are only commissioned to provide 1 year. Therefore contract variations are required	
TA672: Brolucizumab for wet age-related macular degeneration	**RED**	Added to chapter 11.	CCG commissioned PbRe. Within scope of planned GMMMG wet AMD pathway.	Based on the NICE resource impact template, using the list price, **cost saving in GM will exceed £200K per year by year 2**. A confidential commercial access agreement is in place; this price is unknown.	NICE expects that treatment with brolucizumab requires fewer intravitreal injections per year and fewer monitoring appointments per year when compared with aflibercept and ranibizumab. This means fewer hospital attendances for people receiving treatment and increased capacity for providers. A pathway is in development led by the elective care reform group	**RAG Approved** **GMMMG noted the potential savings and the work being done by elective care reform group on this pathway**
TA676: Filgotinib for moderate to severe rheumatoid arthritis	**RED**	Add to chapter 10.1.3	CCG commissioned PbRe. Within scope of GMMMG Rheumatoid Arthritis pathway, currently being updated.	Based on the NICE resource impact template, using the list price, **cost impact in GM will exceed £200K per year by year 3**. A confidential commercial access agreement is in place; this price is unknown. Cost impact mainly arises from use in moderate disease. Filgotinib is the first advanced therapy option for this stage of disease.	A moderate RA pathway is in development which will address many of the issues such as place in therapy.	**RAG Approved** **GMMMG noted the potential cost impact and the ongoing work to produce a moderate RA pathway**
TA679: Dapagliflozin for chronic heart failure with reduced ejection fraction	**GREEN specialist advice**	Added to chapter 2.	Treatment should be started on the advice of a heart failure specialist. Monitoring should be done by the most appropriate healthcare professional.	Based on the NICE resource impact template, there will be a net cost **saving** in GM in year 1 of £173,000, rising to a net **cost** of £92,000 in year 2 and **increasing to £277,000 by year 5**.	Treatment with dapagliflozin may help reduce hospitalisation associated with heart failure.	**RAG Approved** **GMMMG noted the cost impact of this medicine**
TA681: Baricitinib for treating moderate to severe atopic dermatitis	**RED**	Added to chapter 13.	An alternative to dupilumab for the same indication.	Baricitinib is less costly than dupilumab (~£10,500/year and ~£17,000/year respectively – list price). Resource impact will be affected by local costs of best supportive care (BSC). Assuming a cost of BSC of £1500* per year, and using the list price, the NICE resource	Baricitinib is an oral treatment therefore easily administered compared to other treatments that may need subcutaneous injection.	**RAG Approved** **GMMMG noted the 5 year cost impact of this medicine**

				impact template estimates cost impact in GM will reach ~£200k/ year by 2023/24 but this reduces, arriving at a cost saving of around £43k by 2025/26. A confidential commercial access agreement is in place; this price is unknown. *Estimate from dupilumab for AD resource impact report (TA534)		
NG185: Acute coronary syndromes	**For info**	Link to NG185 added to chapter 2.	This guideline covers the early and longer-term (rehabilitation) management of acute coronary syndromes. These include ST-segment elevation myocardial infarction (STEMI), non-ST-segment elevation myocardial infarction (NSTEMI) and unstable angina. The guideline aims to improve survival and quality of life for people who have a heart attack or unstable angina.	Based on the NICE resource impact template, the anticipated cost to GM for the first year is around £41,000, rising to **£207,000** per year by 2024/25. Recommendations that will result in a change in practice and likely to result in a substantial resource impact include: • Offer prasugrel as part of dual antiplatelet therapy with aspirin to people with acute ST-elevation myocardial infarction (STEMI) intended for treatment with primary percutaneous coronary intervention (PCI) (recommendation 1.1.11) • Offer complete revascularisation with PCI for people with acute STEMI and multivessel coronary artery disease (recommendation 1.1.16) • Offer prasugrel or ticagrelor, as part of dual antiplatelet therapy with aspirin, to people with unstable angina and non-ST elevated myocardial infarction (NSTEMI) who are having coronary angiography (recommendation 1.2.17) • Offer ticagrelor, as part of dual antiplatelet therapy with aspirin, to people with unstable angina and NSTEMI when PCI is not indicated, unless they have a high bleeding risk (recommendation 1.2.20). In the UK, prasugrel is currently used less than ticagrelor or clopidogrel. The recommendations may therefore involve a change in practice for some centres. Prasugrel costs less than ticagrelor, but considerably more than clopidogrel, and although some areas will see a cost saving from switching to prasugrel from ticagrelor, others will see an increase where either prasugrel or ticagrelor is used instead of clopidogrel. With regards to complete revascularisation (instead of culprit vessel only) for acute STEMI, current practice is variable within centres; some offer complete revascularisation at different timings while others only operate on culprit vessel. NICE predict the overall impact to be cost saving because of the reduction in later revascularisation procedures.		**GMMMG noted the cost impact of this medicine**

MGSG DECISIONS June 2021			
Agenda item	Comments/notes	Financial impact and monitoring	**FINAL DECISION**
Nil			

SUBGROUP DECISIONS WITHOUT SIGNIFICANT FINANCIAL OR COMMISSIONING IMPACT

CRG DECISIONS April 2021

Product and indication	Status Assigned	Include in formulary	Notes on Decision	Cost impact	Commissioning/ Service implications	**FINAL DECISION**
Fondaparinux for unstable angina or NSTEMI	**RED**	Already included in chapter 2.	Decision reflects recommendation in NG185 to offer fondaparinux to people with unstable angina or NSTEMI who do not have a high bleeding risk, unless they are undergoing immediate coronary angiography.	Fondaparinux is already used before angiography in many centres in the UK, with additional unfractionated heparin given during the procedure. The recommendations will affect those centres currently withholding fondaparinux from people having angiography in the next 24 hours. Fondaparinux is a cheaper option than low molecular weight heparin so the recommendation could be cost saving in these centres.	None expected.	**Approved**
TA626: Avatrombopag for thrombocytopenia in people with chronic liver disease needing a planned invasive procedure	**RED**	Added to chapter 9.	Positioned alongside lusutrombopag in the same indication. CCG, PbRe.	No significant resource impact is anticipated (less than £9,000 per 100,000 population) because the technology is a further treatment option and is due to this the overall incremental cost is not expected to be significant	Avatrombopag may help reduce the need for platelet transfusions. It may also help increase the time in which procedures can be scheduled and reduce hospital stays.	**Approved**

TA665: Upadacitinib for treating severe rheumatoid arthritis	**RED**	Added to chapter 10.	Within scope of GMMMG Rheumatoid Arthritis pathway, currently being updated. CCG commissioned PbRe.	No significant resource impact is anticipated (less than £9,000 per 100,000 population) because the technology is a further treatment option and is available at a similar price to the current treatment options.	None expected.	**Approved**
TA671: Mepolizumab for severe eosinophilic asthma	**RED**	Added to chapter 3.	NHSE commissioned PbRe.	No significant resource impact is anticipated (less than £9,000 per 100,000 population) because the technology is a further treatment option and the overall cost of treatment will be similar.	None identified.	**Approved**
TA678: Omalizumab for chronic rhinosinusitis with nasal polyps	**DNP**	DNP	The NICE appraisal was terminated due to lack of evidence submission. The company has confirmed that it does not intend to make a submission for the appraisal because the technology will not be launched in the UK for treating this indication. Omalizumab remains on formulary for asthma and spontaneous urticaria.	None expected.	None expected.	**Approved**
Lyumjev® (Insulin lispro (ultra-rapid)) for the treatment of type 1 and type 2 diabetes mellitus	**GREEN following specialist advice and GREY (criterion 2):** For patients with type 1 and type 2 diabetes including patients using insulin pumps who have significant post-prandial hyperglycaemia (>10 mmol/L at 2 hours) despite optimised use of conventional rapid acting insulin analogues (Humalog®,	Add to chapter 6.	• Lyumjev is a newly licensed ultra-rapid formulation of insulin lispro. It contains standard insulin lispro (which is available as Humalog®) with added treprostinil and citrate to allow faster insulin absorption (onset of action 11 minutes faster than Humalog). • Pivotal studies found Lyumjev to be non-inferior to standard insulin lispro for change in HbA1c when used in a basal-bolus regimen in both type 1 and 2 diabetes. Lyumjev was superior to Humalog for the change in the 2 hour post-prandial glucose increment. No clinical studies are available comparing Lyumjev with Fiasp® the only other ultra-rapid insulin analogue available. • Lyumjev has a similar adverse event profile to Humalog but higher incidence	It is estimated that around 10-20% of patients currently on Humalog, Novorapid or Apidra may be switched to Lyumjev. This could result in a slight cost saving for GM of around £1500- £3000 per year.	None expected.	**Approved**

	Novorapid® or Apridra®). **And annotated with:** Available in strengths of 100 units/mL and 200 units/mL. Care should be taken to ensure the correct dose is selected for prescribing, dispensing and administration.		of injection/infusion site reactions when used in a pump. • Lyumjev is a new option for patients who require a rapid-acting bolus insulin analogue. • The cost of Lyumjev is the same as Humalog but slightly higher than Fiasp and other rapid acting insulin analogues.			
TA685: Anakinra for treating adult-onset Still's disease and systemic juvenile idiopathic arthritis in people 8 months and older.	**RED**	N/A	PbRe. NHSE is the commissioner for adult onset Still's disease and paediatric juvenile idiopathic arthritis (JIA). CCGs become the responsible commissioner when paediatric patients with JIA transition to adult services.	No significant resource impact is anticipated (less than £9,000 per 100,000 population) as NICE do not think practice will change substantially as a result of this guidance due to the technology already being recommended as a treatment option for the same population through an existing NHSE clinical commissioning policy and a policy statement on biologic therapies for the treatment of juvenile idiopathic arthritis. The technology is also a further treatment option and the overall cost of treatment will be similar.	None expected.	**Approved**
Guidelines on defining RAG, DNP and GREY.		Will be added to relevant page on GMMMG website	An update to the criteria has been completed as directed by GMMMG. Updates include clarification to ensure that safety is the key consideration underpinning criteria and simplification of criteria.	None	None	**Approved**
All links to MHRA drug safety updates added to formulary as published. Significant alerts where further action is required are highlighted.						

MGSG			
Decisions from Sub-group			
Agenda item	Comments/notes	Financial impact and monitoring	**FINAL DECISION**
Gabapentinoids Prescribing in Pain: Resource Pack	MGSG Approved this resource pack and recommended a number of actions are taken forward regarding GMMMG guideline review, monitoring of implementation and formulary amendments.	Nil	**Approved**
GM Antimicrobial Guideline update v8.0	Update to the established guideline includes a number of amendments to align with NICE, include new products, and recently published safety information.	Nil	**Approved**
Guidelines on defining RAG, DNP and Grey	This is an update to an existing document which has been rationalised to clarify the requirements for amber (shared care) status and some terminology adjusted to align with current practice	Nil	**Approved**