



**SUMMARY OF SUBGROUP DECISIONS FOR GMMMG APPROVAL – 14<sup>th</sup> August 2021**

**SUBGROUP DECISIONS WITH SIGNIFICANT FINANCIAL OR COMMISSIONING IMPACT**

**CRG DECISIONS May 2021**

| Product and indication  | Status Assigned | Include in formulary  | Notes on Decision  | Cost impact  | Commissioning/ Service implications  | GMMMG decision  |
|---|-----------------|---|--|--|--|-----------------|
| <b>NG193: Chronic pain (primary and secondary) in over 16s: assessment of all chronic pain and management of chronic primary pain</b> | <b>For info</b> | To add link to <a href="#">NG193</a> against all relevant drugs | <p>Included for information. Recommends amitriptyline, citalopram, duloxetine, fluoxetine, paroxetine or sertraline to manage chronic primary pain in adults. All except paroxetine are on formulary in chapter 4.</p> <p>Recommends against: antiepileptic drugs including gabapentinoids (unless offered as part of a clinical trial for complex regional pain syndrome) antipsychotic drugs, benzodiazepines, corticosteroid trigger point injections, ketamine, local anaesthetics (topical or intravenous), unless as part of a clinical trial for complex regional pain syndrome, local anaesthetic/corticosteroid combination trigger point injections, NSAIDs, opioids, paracetamol.</p> | Based on the NICE resource impact template the guidance is expected to produce small net savings in GM (up to £30,000 in year five). | <p>There may be service implications where interventions recommended in the guideline are not currently provided (e.g. supervised exercise programmes, psychological interventions, acupuncture)</p> <p>Full details of the rationale and anticipated impact of this guidance can be found <a href="#">here</a>.</p> | <b>Approved</b> |

**SUBGROUP DECISIONS WITHOUT SIGNIFICANT FINANCIAL OR COMMISSIONING IMPACT**

**CRG DECISIONS May 2021**

| Product and indication  | Status Assigned   | Include in formulary          | Notes on Decision   | Cost impact  | Commissioning/ Service implications | FINAL DECISION  |
|---|---|-------------------------------|---|--|-------------------------------------|---|
| <b>Remdesevir for patients hospitalised with COVID-19</b>                         | <b>RED</b>  | Y                             | To add as per NHS England's Interim Clinical Commissioning Policy on remdesevir for patients hospitalised with COVID-19.  | NHSE commissioned  | NHSE commissioned                   | <b>RED status approved</b>                                |
| <b>Oral semaglutide (Rybelsus®) for the treatment of type 2 diabetes mellitus</b> | <b>GREEN</b><br>For patients requiring GLP1RA, as per NICE NG28, when an oral option is preferred.<br><b>Annotated:</b><br><i>Where a patient expresses a preference for the oral option, prescribers should discuss that there are injectable options in the same class with proven cardiovascular benefit.</i><br><i>An agent with proven cardiovascular benefit would be preferable to oral semaglutide in patients with established cardiovascular disease or high cardiovascular risk. This includes all patients with diabetes of 10 years duration plus one other risk factor (e.g. age over 50, hypertension,</i> | Already included in chapter 6 | This is an amendment to the existing (temporary) status of oral semaglutide. Prompted by feedback on the current status, CRG have reviewed the decision and agreed to update to reflect NICE NG28's recommendation to consider the individual's preference when choosing drug treatment, as well ESC guidance which advocates using a GLP1RA with proven cardiovascular benefit in patients with established CVD or high CV risk. | No significant cost impact is expected with use as an alternative option within the GLP1RA class. Oral semaglutide costs £78.48 per pack of 30 tablets (all strengths), equating to £952 per patient/year. This is comparable to the other marketed GLP1RAs, which currently cost between £700 and £1,430 per patient/year but with the advantage of not requiring needles or sharps disposal. | Nil                                 | <b>Green status approved with recommended annotations</b> |

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|   | <i>dyslipidaemia, smoking, or obesity).</i>  |                      |  |   |     |   |
| <b>Ibandronic acid tablets and injection for osteoporosis</b> | <b>ORAL (150mg tablets) = GREEN<br/>IV (3mg/3mL injection) = RED</b><br><br><b>(Alternative choice)</b><br><br><b>Not licensed for use in men.</b> | Y                    | Clarification of status to reflect NICE <a href="#">TA464</a> : Bisphosphonates for treating osteoporosis. Alternative choice in line with NICE advice on using the least expensive formulation.                           | No significant cost impact expected. (NICE: less than £9,000 per 100,000 population for the TA; cost of treatment is low). Annual cost £34. | Nil | <b>Green status approved for this group</b> |
| <b>Alendronic acid (70mg weekly) for osteoporosis</b>         | <b>GREEN (First choice)</b><br><br><b>To indicate not licensed for use in men but this is common practice.</b>                                     | Already in chapter 6 | Clarification of RAG status. First choice in line with NICE advice on using the least expensive formulation.   | None expected as reflects current practice. Annual cost £11.  | Nil |   |
| <b>Risedronate sodium (35mg weekly) for osteoporosis</b>      | <b>GREEN (alternative choice)</b>  | Already in chapter 6 | Clarification of RAG status and adjusted position. Previously co-first choice with alendronate; amending to alternative choice in line with NICE advice on using the least expensive formulation. Licensed option for men. | No significant cost impact expected. Annual cost £36.   | Nil |   |

All links to MHRA drug safety updates added to formulary as published. Significant alerts where further action is required are highlighted.