SUMMARY OF SUBGROUP DECISIONS FOR GMMMG APPROVAL – 10th February 2022

SUBGROUP DECISIONS WITH SIGNIFICANT FINANCIAL OR COMMISSIONING IMPACT

MGSG DECISIONS January 2022

Product and indication	Status Assigned	Include in formulary	Notes on Decision	Cost impact	Commissioning/ Service implications	GMMMG Decision
GMMMG Inflammatory Bowel Disease HCDs pathway A separate agenda item discusses the pathway itself	N/A	All drugs already included	MGSG approved the use of the updated IBD pathway for use across GM and recommended a strategic discussion about HCD assurance monitoring. IFRs will from July 2022 no longer be accepted for the sequential use of biologics, it is proposed this is replaced by local MDT. Patients with IBD are currently limited to 5 or 6 drugs, but other pathways in development have greater scope for sequential use. MGSG recognised this pathway sets a precedent and request the strategic discussions begin as soon as practicable.	All sequential use requests via IFR have in the past been approved therefore cost impact is likely to be small. It is acknowledged that this information is currently not readily available	The GM EUR review proposals necessitate that IFRs for sequential use of biologics cease. It is proposed these are replaced by a local MDT process. IFRs will remain for prescribing outside the pathway where true exceptionality can be demonstrated. Blueteq is currently used to capture adherence to NICE TAs but has struggled when used to monitor outcomes and provide assurance.	**GMMMG agreed to schedule a strategic discussion regarding the future of HCD assurance monitoring**
National DOAC procurement framework outcome 4.2b B1279_National proc	All drugs on formulary	N/A	MGSG discussed the impact of the commissioning recommendations from the letter dated Jan 22 It recommends • Edoxaban as first line DOAC for stroke prevention in AF • Commissioners consider a switch to edoxaban	The opportunity cannot be published due to confidential discounts on each DOAC product. However there is £17m per year available in England from a position of do nothing, but GM do not have a comparable level of edoxaban prescribing (3.6% vs 17.2% of all oral	Commissioners have been advised to terminate existing rebate arrangements and join the national procurement framework with a deadline of 31st January. It has not been confirmed if all GM CCGs have done so	**GMMMG requested:** • **CRG review the clinical implications of a change in first line DOAC and the potential for a switch to edoxaban.** • **The legal implications of promoting a medicine as first line treatment due to a rebate/procurement framework require further evaluation before**

			MGSG believe these recommendations contradict current PCRS ethical framework recommendations and a switch may not be legal based on legal advice obtained by MHCC.	anticoagulants) to the England average and stand to gain significantly less without a change in prescribing practice.	after signalling their intention to sign up. As highlighted in NG197, there is potential for system-wide planned decommissioning of anticoagulant monitoring services which should be explored. For further info see RDTC AF NICE NG196: Financial and commissioning impact report	**GMMMG can make a recommendation.**

SUBGROUP DECISIONS WITHOUT SIGNIFICANT FINANCIAL OR COMMISSIONING IMPACT

MGSG Decisions January 2022

Product and indication	Notes on Decision	Cost impact	Commissioning/ Service implications	FINAL DECISION
Tobacco dependence guideline  GMMMG Tobacco Dependency Treatmer	This long-awaited guidance serves to support strategic population health goals at both a regional and national level and aims to aid provision of smoking cessation products to GM patients. Agreement from all Local Authority leads has now been received and the guidance has been updated to reflect NICE NG209	Nil	Nil	**Approved**

CRG DECISIONS November 2021

Product and indication	Status Assigned	Include in formulary	Notes on Decision	Cost impact	Commissioning/ Service implications	FINAL DECISION
Inhaled colistimethate, dornase alfa and tobramycin for cystic fibrosis in children	**NO CHANGE TO RAG STATUS**	Included	CRG agreed these medicines should be RED in line with adult CF treatments and to reflect the most appropriate setting for prescribing and monitoring. It is understood the majority of prescribing is undertaken in primary care until repatriation happens. Colistimethate and tobramycin are currently RED (for new patients) and dornase alfa has had a temporary AMBER RAG until repatriation can take place. CRG are not advocating a change in prescribing practice, however dornase alfa cannot remain AMBER without an associated shared care protocol. MGSG noted the patient safety implications associated with a RAG change to RED even with a qualifying statement on not initiating repatriation**.**	Nil There are savings to be made by using hospital contract purchasing and PAS prices	There is no capacity in specialist centres to repatriate at present. There is an opportunity to repatriate prescribing ahead of NHSE and make system-wide medicines savings, should the ICS wish to do so. This would require investment in admin and prescribing services and specialist centres.	**MGSG requested no change to RAG at present but explore timescales for repatriation with NHSE in the first instance. Should this not be acceptable MGSG will further explore the possibility of a ICS level business case for repatriation**
TA723: Bimekizumab for treating moderate	**RED**	Add to chapter 13	ICS commissioned PbRe. Within the scope of the psoriasis pathway	NICE do not expect this guidance to have a significant impact on resources; that is, the resource impact of	None expected	**Added to formulary**

to severe plaque psoriasis				implementing the recommendations in England will be less than £5 million per year in England (or approximately £9,000 per 100,000 population.		
All links to MHRA drug safety updates added to formulary as published. Significant alerts where further action is required are highlighted.						