



SUMMARY OF SUBGROUP DECISIONS FOR GMMMG APPROVAL – 11th October 2021

SUBGROUP DECISIONS WITH SIGNIFICANT FINANCIAL OR COMMISSIONING IMPACT

MGSG Decisions September 2021

Product and indication	Notes on Decision	Cost impact	Commissioning/ Service implications	GMMMG decision
GMMMG High Cost drugs assurance frameworks	Separate Paper on October GMMMG agenda	Nil	Blueteq commissioning may be required – see paper	Not accepted onto GMMMG agenda. Will be rescheduled for future meeting

CRG Decisions September 2021

Product and indication	Status Assigned	Include in formulary	Notes on Decision	Cost impact	Commissioning/ Service implications
None					

SUBGROUP DECISIONS WITHOUT SIGNIFICANT FINANCIAL OR COMMISSIONING IMPACT

MGSG Decisions September 2021

Product and indication	Notes on Decision	Cost impact	Commissioning/ Service implications	Final decision
GMMMG Polypharmacy Resource Pack	A technical update was presented to MGSG to reflect minor changes in supporting guidance and to update links to external documents	Nil	Nil	Approved
Pipexus Primary Care rebate scheme	MGSG considered a proposal to accept a rebate for the use of Pipexus (pramipexole prolonged release tablets). It was noted that GMMMG have requested an update to the ethical framework for considering rebate applications to enable to consideration of PCRS for drugs in category A of the drug tariff	Current usage of Pipexus equates to £6,963 savings annually under this PCRS. Maximum is £148k savings annually if pramipexole SR prescribing is switched to Pipexus brand	Implications for community pharmacy and secondary care contracts. A switch would be for local implementation.	Approved

Blueteq forms: Erenumab for chronic migraine	Blueteq initiation and continuation forms for Erenumab for chronic migraine were considered by MGSG following development by the headache pathway working group. These were presented for approval for immediate use by the relevant services.	The financial impact of this agent has already been noted by GMMMG. There are no additional costs associated with the use of Blueteq forms.	The commissioning impact of this agent has already been noted by GMMMG. There are no additional commissioning issues raised by the Blueteq forms	Approved
Blueteq forms: Erenumab for episodic migraine	Blueteq initiation and continuation forms for Erenumab for episodic migraine were approved via chairs action following development by the headache pathway working group. Urgent approval was requested by the relevant services.	As above	As above	Approved – via chairs action

CRG DECISIONS July 2021

Product and indication	Status Assigned	Include in formulary	Notes on Decision	Cost impact	Commissioning/ Service implications	Final decision
Melatonin (Circadin®) for REM sleep behaviour disorder in Parkinson’s disease	GREEN following specialist advice	Add to chapter 4	<ul style="list-style-type: none"> In line with NICE guidance NG71: Parkinson’s disease in adults (July 2017) which recommends that melatonin should be considered for treatment of REM sleep behaviour disorder in people with Parkinson’s disease, if a medicines review has addressed possible pharmacological causes. (Off-label indication) There is no monitoring requirement for primary care. <p>Patients will remain under the supervision of their neurologist with regular reviews for the management of their condition.</p>	<p>No significant cost impact expected.</p> <p>NICE did not expect this recommendation to have a significant impact on resources. The incidence of REM sleep behaviour disorder is fairly low.</p>	None	Add to formulary as GREEN following specialist advice
Deoxycholic acid (Belkyra®) for treatment of moderate to severe convexity or fullness associated with submental fat (“double-chin”) in adults	DNP (Criterion 1)	N	<ul style="list-style-type: none"> Lack of robust evidence for efficacy; unknown longer term impact. Indication is deemed to be cosmetic, therefore low priority for NHS funding. The GM EUR team have agreed for this to be included on the treatment list under the IFR (exceptional case) category 	None	None	Add to formulary as DNP (Criterion 1)

<p>TA708: Budesonide orodispersible tablet for inducing remission of eosinophilic oesophagitis</p>	<p>GREEN following specialist initiation Annotated: As per TA708 only for inducing remission of eosinophilic oesophagitis in adults (treatment duration of up to 12 weeks).</p>	<p>Add to chapter 1 with link to TA708.</p>	<p>Budesonide as an orodispersible tablet (ODT) is recommended by NICE as an option for inducing remission of eosinophilic oesophagitis in adults. Although budesonide ODT has a marketing authorisation for both inducing and maintaining remission in eosinophilic oesophagitis, at the time this appraisal started it was only licensed for induction. So, the company's evidence is for inducing remission only (with treatment of up to 12 weeks) and the committee is unable to make recommendations for maintenance treatment. The group agreed that a position on maintenance treatment would need to be agreed; this will be reviewed in due course.</p>	<p>No significant impact on resources expected, that is, the resource impact of implementing the recommendations in England will be less than £5 million per year in England (or approximately £9,000 per 100,000 population). This is because the overall incremental cost of treatment is low and eosinophilic oesophagitis is a rare condition affecting around 13,000 people in England.</p>	<p>None expected.</p>	<p>Add to formulary as GREEN following specialist initiation Annotated:</p>
<p>TA710: Ravulizumab for treating atypical haemolytic uraemic syndrome</p>	<p>RED</p>	<p>N/A</p>	<p>NHSE commissioned PbRe.</p>	<p>NHSE commissioned.</p>	<p></p>	<p>N/A</p>
<p>TA711: Guselkumab for treating active psoriatic arthritis after inadequate response to DMARDs</p>	<p>RED</p>	<p>Add to chapter 10 with link to TA711.</p>	<p>CCG commissioned PbRe. Within scope of psoriatic arthritis HCD pathway.</p>	<p>No significant impact on resources expected, that is the resource impact of implementing the whole guideline in England will be less than £5 million per year (or £9,000 per 100,000 population). This is because the technology is a further treatment option and is available at a similar price to the current treatment options.</p>	<p>TBC</p>	<p>Add to formulary as RED</p>

GMMMG sacubitril/valsartan – GP information sheet	Already on formulary as Green specialist initiation	N/A	This existing GP information sheet to support prescribing in primary care has received a technical update. Updates include removing the MHRA black triangle warning, linking to current guidance and to reflect minor amendments to SPC	None	None	
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All links to MHRA drug safety updates added to formulary as published. Significant alerts where further action is required are highlighted.