CRG SUMMARY OF DECISIONS FOR GMMMG APPROVAL – May 2022

SUBGROUP DECISIONS WITH SIGNIFICANT FINANCIAL OR COMMISSIONING IMPACT

CRG DECISIONS May 2022

Product and indication	Status Assigned	Include in formulary	Notes on Decision	Cost impact	Commissioning/ Service implications	**Recommendation for GMMMG**
TA769: Palforzia for treating peanut allergy in children and young people	**RED** - paediatric RAG list with link to TA769. Also add to grey list as a **RED** drug: only for use in people aged 18 and over if treatment started between the ages of 4 to 17, as per NICE guidance.	Y	**Commissioner: ICS/CCG, tariff included** Palforzia is recommended, within its marketing authorisation, as an option for treating peanut allergy in children aged 4 to 17. It can be continued in people who turn 18 while on treatment. Palforzia should be used with a peanut-avoidant diet.	Around 12 children per 100,000 population are expected to start treatment in 2026/27, at a cost equivalent to around £57,000 per 100,000 population. Using the NICE resource impact template, the estimated cost impact for GM is around £174k in the first year, rising to £1.7m in year 5. This corresponds to around 34 patients in the first year rising to 375 in year 5. (NB: costs do not include additional appointments for children who receive dietary peanuts; NICE advise local input of figures.) It is anticipated that the uptake of Palforzia will be impacted by its contraindications, regimen requirements, self-injection prerequisite, potential issues around taste aversion for children who switch to dietary peanut and the long-term commitment required to maintain peanut tolerance. Uptake of Palforzia is also expected to be affected by capacity within food allergy clinics.	Palforzia needs to be delivered under the care of a specialist qualified in the diagnosis and treatment of allergic diseases and therefore the capacity to offer Palforzia treatment in England is likely to be restricted to a small number of specialist secondary and tertiary paediatric allergy services. Not all specialist allergy clinics are expected to be able to deliver Palforzia treatment. There are expected to be around 20 clinic providers in England during each of the first 5 years of Palforzia being available that can offer the treatment.	**Approved as RED drug**

SUBGROUP DECISIONS WITHOUT SIGNIFICANT FINANCIAL OR COMMISSIONING IMPACT						
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Product and indication	Status Assigned	Include in formulary	Notes on Decision	Cost impact	Commissioning/ Service implications	**FINAL DECISION**
Moxonidine	**GREEN specialist initiation**	Already in chapter 2	The current formulary entry for moxonidine indicates that moxonidine is specialist initiation only without specifying a RAG category which prompted a query. The RAG status has been clarified as GREEN following specialist initiation to avoid ambiguity. No concerns were identified that would limit moxonidine to specialist only prescribing.	None expected	None expected	**Approved**
TA768: Upadacitinib for treating active psoriatic arthritis after inadequate response to DMARDs	**RED**	Already in chapter 10. Add link to TA768.	Upadacitinib, alone or with methotrexate, is recommended as an option for treating active psoriatic arthritis in adults whose disease has not responded well enough to disease-modifying antirheumatic drugs (DMARDs) or who cannot tolerate them. It is recommended only if they have peripheral arthritis with 3 or more tender joints and 3 or more swollen joints and: • they have had 2 conventional DMARDs and at least 1 biological DMARD or • TNF-alpha inhibitors are contraindicated but would otherwise be considered (as described in NICE's technology appraisal guidance on etanercept, infliximab and adalimumab for the treatment of psoriatic arthritis). Upadacitinib is recommended only if the company provides it according to the commercial arrangement. This TA is within the scope of the GMMMG PsA pathway which is currently in development	NICE do not expect this guidance to have a significant impact on resources; that is, the resource impact of implementing the recommendations in England will be less than £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.	TBC	**Approved**

			with plans to include upadacitinib as per the NICE TA.			
GMMMG Headache Pathway 	**Formulary and RAG updated**	Chapter 4 updated	An updated version of the North West headache pathway was presented for approval following a 6 week GM-wide consultation. A pathway with notes and a draft formulary section were approved by CRG. Following GMMMG ratification the formulary and RAG list will be amended. Zonisamide has been added as a Green Specialist advice medicine in line with the pathway. There were no other major amendments	The addition of zonisamide for primary care prescribing is not expected to be significant. Uptake of this option in primary care may prevent or delay prescribing of more expensive options available through specialist services.	None expected	**Approved**
GM Antimicrobial Guideline – V10.1	**On formulary**	N/A	An updated version of the GM antimicrobial guidelines were presented to CRG for approval following amendments made by the GM working group. The major changes include: • the addition of Otigo ear drops as per NICE NG91, • new section about the susceptibility results from microbiology following last year's changes from EUCAST • reference to the NCA guidelines on antimicrobial treatment for immunocompromised patients • Community Acquired Pneumonia {During COVID-19} has been removed and replaced with the previously approved, original CAP in Adults which follows NICE NG138 Sept 2019	No significant impact expected. The addition of Otigo ear drops for treatment of acute otitis media may have a cost impact of up to £40,000 per year in GM. This is likely to be antibiotic sparing and supports the current AMS work on reducing the prescribing of antibiotics.	None expected	**Approved**
SUBGROUP DECISIONS FOR INFORMATION ONLY						
TA767: Ponesimod for treating relapsing–remitting multiple sclerosis	**RED**	Y	**Commissioner: NHSE** Ponesimod is recommended for treating relapsing–remitting multiple sclerosis with active disease defined by clinical or imaging features in adults, only if the company provides	N/A	N/A	**None**

			ponesimod according to the commercial arrangement.			
HST17: Odevixibat for treating progressive familial intrahepatic cholestasis	**RED**	No	**Commissioner: NHSE, tariff excluded** Odevixibat is recommended, within its marketing authorisation, as an option for treating progressive familial intrahepatic cholestasis (PFIC) in people 6 months and older. It is recommended only if the company provides odevixibat according to the commercial arrangement.	N/A	N/A	**None**
All links to MHRA drug safety updates added to formulary as published. Significant alerts where further action is required are highlighted.						