Minutes of the GMMMG Clinical Reference Group Meeting
Tuesday September 13th 2022, 12:00-14:00
via MS Teams

Name	Title	Organisation	Apr	May	June	July	Aug	Sept
Dr Peter Budden (PB) Chair	GP	St Andrews Medical Practice	✓	✓	✓	✓	✓	✓
Dr Helen Burgess (HB)	GP	Manchester Health and Care Commissioning	✓	A	✓	A	✓	✓
Dr Jonathan Schofield(JS)	Consultant Physician Acute Medicine & Diabetes	Manchester FT	✓	✓	A	A	A	✓
Sarah Boulger (SBo)	Medicines Information Pharmacist	Pennine Acute	A	A	A	A	A	A
Suzanne Schneider (SS)	Medicines Information Pharmacist	Bolton FT	A	✓	✓	✓	✓	✓
Gary Masterman (GM)	Associate Director of Pharmacy	Wrightington, Wigan and Leigh FT	A	A	✓	A	A	A
Andrea Marrosu (AM)	High-cost Medicines and Home Care Pharmacist	Salford Royal FT	✓	✓	✓	✓	✓	✓
Peter Marks (PM)	LPC Board Member	GM LPC	A	A	A	A	A	A
Keith Pearson (KP)	Head of Medicines Optimisation	Heywood, Middleton & Rochdale CCG	A	A	A (MC)	A (MC)	A	A (MC)
Lucy Tetler (LT)	Medicines Optimisation Pharmacist	Bury CCG	SM	✓	A	✓	A	✓
Steven Buckley (SB)	Director of Pharmacy	GM Mental Health FT	A	A	A	A	A	✓
Faduma Abukar (FA)	Head of Medicines Management	Stockport CCG	✓	✓	✓	A	✓	A
Zoe Trumper (ZT)	Assistant Director of Medicines Management	Wigan Borough CCG	A	✓	✓	A	✓	A
Faisal Bokhari (FB)	Deputy Head of Medicines Optimisation	Tameside & Glossop CCG	✓	A	✓	A	✓	A
Jennifer Bartlett (JB)	Team Leader Neighborhood Integrated Practice Pharmacists	Salford Royal FT	✓	✓	✓	✓	A	A
Claire Foster (CF)	Senior Medicines Optimisation Adviser	Manchester Health and Care Commissioning	✓	A (AH)	✓	✓	✓	✓
Jole Hannan (JH)	CCG Interface Pharmacist	Bolton CCG	✓	✓	✓	✓	A	✓
Jacqueline Coleman (JC)	Medicines Optimisation, Interface Pharmacist	Stockport CCG	A	A	A	A	A	A
Charlotte Atkinson	Specialist Pharmacist	Manchester FT			✓	A	✓	✓
Consultant Rheumatologist Audrey Low Ben Parker Charlie Filer		SRFT MFT Stockport	✓ AP	A	✓ DR	A	✓ SN	A

Dipak Roy Louise Mercer Meghna Jani Sahena Haque Anindita Paul		TGH Stockport SRFT UHSM Bolton						
Dan Newsome (DN)	Principal Pharmacist	RDTC	✓	✓	✓	✓	✓	✓
Nancy Kane (NK)	Senior Medical Information Scientist	RDTC	✓	✓	✓	✓	✓	✓
Conor McCahill (CM)	Senior Pharmacist	RDTC	✓	✓	✓	✓	✓	✓
Andrew White (AW)	Head of Medicines Optimisation	JCT	✓	✓	A	✓	✓	✓
Andrew Martin (AMart)	Strategic Medicines Optimisation Pharmacist	JCT	✓	✓	✓	✓	✓	✓
Karina Osowska (KO)	Medicines Optimisation Pharmacist	JCT	A	A	✓	A	A	A

1. General Business	
1.1	**Welcome and apologies** The chair welcomed the group and noted apologies as above. Mina Chowdhury was in attendance in place of Keith Pearson.
1.2	**Declarations of interest** Previously declared where relevant. No new declarations of interest were disclosed at the start of the meeting. At the end CF notified CRG that she is now a NICE associate and that there is unlikely to be any COI.
1.3	**Draft August 2022 CRG Minutes** The August 2022 CRG Minutes were accepted as a true record. There is one error on the first page which notes it is the July 2022 CRG meeting minutes which needs to be corrected.
1.4	**Action log review** Most items had no updates, the action owners will be approached for updates. Some items have full agenda items. Others have progress as follows: • **122102: HRT Guidance and Pathway**: KO is still engaging with authors regarding this item, and had meetings recently as planned. A draft is being finalised which will be reviewed shortly with the intention of it coming to the October 2022 CRG Meeting. • **052202: Hypersalivation Pathway**: It was noted that there is no update at present, and suggested that one option would be to amend the RAG status of items to allow primary care to prescribe in absence of pathway, however highlighted that this would not be ideal as considerable work has already gone into the pathway. DN will request an update from the authors. • **082202: Osteoporosis metabolic agents pathway**: This item was discussed briefly at GMMMG and they were keen for this pathway to be provided. DN will liaise with the rheumatology group.
1.5	**Update from GMMMG** DN provided an update, noting that as the ICB has no formal approval mechanism for decisions made at CRG (and GMMMG) and that the decisions made over the last three months have yet to be approved. The ICB's Clinical Effectiveness and Governance Committee is due to meet on the 22nd September 2022, and GMMMG representatives will be asking for the decisions made by CRG and GMMMG to be approved there.

2.0 Matters arising	
2.1	**CRG Consultation July 2022** **1. Ranibizumab (Ongavia®) biosimilar 10mg/mL solution for injection** It was noted that there is a national commissioning decision to use biosimilar ranibizumab (Ongavia®) first-line for new patients (for Wet AMD, Diabetic Macular Oedema, Myopic Choroidal Neovascularisation, or Central or Branch Retinal Vein Occlusion) which the CRG decision aligns with. It was noted during CRG discussion that the British Society of Rheumatology stated to not swap to biosimilars on cost alone. (*Post-meeting note: this seems to be reflected in the NHS England commissioning statement, too.*) One comment asked about GMMMG statements on other biosimilars, including insulins and non-HCD biosimilars. This piece of work will be undertaken in due course. **2. Melatonin (Adaflex) 1mg, 2mg, 3mg, 4mg & 5mg tablets** It was asked whether any of the information raised during consultation impacts the decisions made at previous CRG meetings, and the group agreed it does not. It was also noted that the intention was to review the prescribing of other melatonin products (including Slenyto®) at the 6-month mark, and if rates are high this can be addressed with CAMHS at the time. **3. All other decisions were approved by CRG** **Action**: RDTC to submit actions to GMMMG for approval.
3.0 Formulary and RAG	
3.1	**Formulary Amendments August 2022** CRG approved the formulary amendments to open for consultation and noted the following: **1. TA814: Abrocitinib, tralokinumab or upadacitinib for treating moderate to severe atopic dermatitis** It was asked in the August 2022 whether a pathway is required for these high-cost drugs, and noted in this meeting that some of the mitigation measures already existing within GM would cover this. It may be that specialist input is required in determining an appropriate process. It was suggested this is raised with Professor Warren as the lead clinician for dermatology at Salford. **2. TA815: Guselkumab for treating active psoriatic arthritis after inadequate response to DMARDs** There is a current pathway update in progress to include the BSR recommendations on pregnancy and breastfeeding, so this TA will be included in this pathway when it comes to CRG. **3. TA821: Avalglucosidase alfa for treating Pompe disease** It was highlighted that this item is specialist commissioning, not ICS, tariff-excluded. **4. MTG71: Faecal microbiota transplant for recurrent Clostridioides difficile infection**

	It was noted that this is not a medication or a device and agreed it should be flagged up to the antimicrobial team as it falls outside the remit of CRG. **<u>Action</u>: RDTC to open formulary amendments for GMMMG consultation**
3.2	**RAG Status Review Form: Quetiapine for Parkinson's Disease** This review request is for the use of quetiapine for psychotic symptoms in Parkinson's Disease. It was noted that it is currently a 'default RED' drug as it is an antipsychotic for an indication outside Shared Care Protocols (SCP) and NICE recommendations. NICE NG71 Parkinson's disease in adults recommends the use of quetiapine for this indication. The proposed formulary status is Amber (Shared Care). It was noted that there appears to be no additional monitoring for use in Parkinson's Disease (i.e., compared to other indications). Questions were raised about monitoring with regards to the SCP, as there was some concern it would be passed to primary care despite annual monitoring being able to be conducted during the secondary care reviews. The use of antipsychotics in dementia, and their retention of a RED status, was highlighted, CRG heard this should remain a specialist indication. **<u>Decision</u>: Approved to open for consultation.**
4.0 Pathways and Clinical Guidelines	
4.1	**Modafinil Prescriber Information Sheet** This is the updated draft of a prescriber information sheet that was requested by CRG, with the aim of its use as a reference document for primary care prescribers. It was noted that this document is required to close the open action relating to the modafinil RAG status. There is a GMMMG template for this information, and the information will be copied across when text is finalised and agreed. The current information sheet refers to a dose related increase in alkaline phosphatase and gamma GT; it was asked whether more information could be added here, specifically with regards to whether the primary care prescribers need to take any action. The wording regarding "referring back" was also discussed as it was felt that it could imply that patients on modafinil will be discharged from specialist services. "Seek specialist advice" was agreed to reflect the meaning more accurately. Information about adequate contraception and the importance of discontinuing modafinil and referring to specialist urgently if pregnancy occurs was also noted, though this latter point is already mentioned in the draft. It was agreed that as this is information that is already in the SCP it does not need a consultation. **<u>Decision:</u> Amended draft can be approved by Chair's Action.**
4.2	**Asthma Inhaler Guide** This inhaler guide supplements the existing GMMMG materials on asthma inhaler use and carbon footprint. It was noted that the document alternates between "Dry Powder (Inhaler)" and "DPI" and asked if this could be aligned. It was also noted that the price-per-device is hard to compare; some are for 30-day supply (with 30-dose products), and some are for 50- or 100-doses. It was noted that this

	reflects the doses available per inhaler but agreed this could be aligned to average monthly cost to make it easier to review. **Decision:** Approved for publication with changes as above.
5.0 Shared care	
5.1	**Apomorphine SCP** This SCP update adds in the new product (Dacepton®) that was approved previously by CRG to be placed equal first-line with Apo-Go®. There has been a slight delay in processing this update due to questions raised about whether it is a SCP-appropriate medication, on which all stakeholders now agree. It was asked what the protocol is for locality approval of SCPs, and noted that the Clinical Effectiveness and Governance Group will hopefully provide more information on this shortly. This concern has been raised with the ICB Medical Director as there is the potential for gaps in commissioned services. The ongoing consultation (until October 2022) regarding the RMOC SCPs will aim to highlight these issues for discussion at an ICS level and request that a system-wide solution is developed and implemented. Similarly to 4.1 Modafinil Prescriber Information Sheet, it was suggested (and agreed) that this would be a technical update that would not require consultation. A new product (Apo-Go® POD) is pending release, thought it was agreed approving the current updates and then reviewing once this is available would be more appropriate than delaying further. **Decision: Approved to go to GMMMG for ratification**
6.0 Work plan and horizon scanning	
6.1	**Horizon scanning August 2022** CRG noted the contents of the document, and six items were discussed. 1. **Over the Counter (OTC) Hormone Replacement Therapy (HRT), Gina® 10 microgram vaginal tablets** It was noted these have been bought to KO's attention for the updated menopause guidance. 2. **Trifarotene (Aklief®) 50micrograms/g cream** It was suggested that this will be picked up when the acne guidance is updated. Noted also that the existing antimicrobial guidelines differ in parts from the GMMMG formulary. 3. **Vaxneuvance®, 15-valent pneumococcal polysaccharide conjugate vaccine** It was asked whether this will be used over existing vaccines, and whilst the group was unsure they were under the impression it is not in the schedule for this year. Was suggested this could be referred to MO leads if practices raise queries. 4. **Rimegepant 75mg oral lyophilizate** This item will be raised with the team responsible for the migraine pathway to ensure they are aware of the new product. This is anticipated to have a NICE TA in March 2023 5. **Sitagliptin** Was highlighted that the patent expires this month – no prices are yet available for a generic

	6. **Tirzepatide (Mounjaro®)** This item is in the NICE Timetable for March 2023, and it was suggested CRG awaits this as there is significant interest from diabetes teams.

7.0 AOB

1. **Inclisiran**

   It was noted that a referral was received in the GM area (into secondary care) to provide inclisiran for a patient from Derbyshire, as their local formulary lists as a RED. It was noted that trusts providing inclisiran (note, this was not suggested in approval of treating out-of-area patients due to formulary changes) can re-charge NHS England via an approved mechanism. It was noted, also, that the national decision which GM intends to follow is that it should be a Green medicine.

2. **NICE TA Approved Medicines Funding**

   It was asked if a medicine needs to be formally endorsed by the ICS before treatment, even if there is a positive NICE TA. It was noted that whilst items should be made available under the NHS constitution, they can be positioned in local guidance and pathways, so it may not be available to *all* patients, just those deemed suitable for treatment.

   This issue is part of the wider work currently ongoing, led by the GM Medical Director to develop a robust ICS medicines governance process.

3. There is a pending **formulary application for Dexcom ONE CGM device**.

Date of next meeting: Tuesday 11th October 2022 12:00-14:00 via Teams