GMMMG SUMMARY OF RECOMMENDATIONS FOR CEGC APPROVAL – October 2022

The NHS is legally obliged to fund and resource medicines and treatments recommended by NICE's technology appraisals. When NICE recommends a treatment 'as an option', the NHS must make sure it is available within 3 months (unless otherwise specified) of its date of publication. This means that, if a patient has a disease or condition and the doctor responsible for their care thinks that the technology is the right treatment, it should be available for use, in line with NICE's recommendations.

RECOMMENDATIONS WITH SIGNIFICANT FINANCIAL OR COMMISSIONING IMPACT

Product and indication	Status Assigned	Include in formulary	Notes on Decision	Cost impact	Commissioning/ Service implications	**Recommendation made by GMMMG**
Ranibizumab (Ongavia®) biosimilar 10mg/mL solution for injection • The treatment of neovascular (wet) age-related macular degeneration (AMD) • The treatment of visual impairment due to diabetic macular oedema (DME) • The treatment of visual impairment due to macular oedema secondary to retinal vein occlusion (branch RVO or central RVO) • The treatment of visual impairment due to choroidal neovascularisation (CNV) Ongavia is licensed for all of these indications plus proliferative diabetic retinopathy (PDR). The NICE TA	RED	Yes chapter 11 as first line anti VEGF-A for NICE-approved indications	GMMMG guidance for prescribing high cost biosimilar medicines (expired July 2018) states that: The choice of biologic used should be guided by clinical judgement, national or local guidance and the overall value proposition offered by the individual medicines If more than one treatment is suitable, the least expensive should be chosen When the biologic treatment has been selected, the least expensive product, either biosimilar or originator should be prescribed. Where NICE has already recommended the originator biological medicine, the same guidance will apply to the biosimilar.	This agent provides a cheaper option to current therapies, and would not pose a cost impact if used in place of another agent at current activity levels. Available data is insufficient to estimate use of current agents. The cost impact will depend on a number of factors including reconstitution and administration processes and frequency of administration compared to alternative agents	Work is ongoing under the GM Elective Care Reform Board to understand how biosimilar ranibizumab can be effectively implemented. An updated GM macular pathway is also expected.	**Approve formulary addition, GMMMG have requested a costed pathway from the ECRB to ascertain if there will be a financial impact based on proposed activity levels within this pathway.**

for PDR was terminated on June 2020, on the basis that it would not add value.			In line with these principles, it is proposed that ranibizumab should be the first choice VEGF inhibitor where clinically appropriate on the GMMMG formulary, with all other options available as alternatives in line with their respective NICE TAs. The anticipated National commissioning position is expected to align with the GM position.			

RECOMMENDATIONS WITHOUT SIGNIFICANT FINANCIAL OR COMMISSIONING IMPACT

Product and indication	Status Assigned	Include in formulary	Notes on Decision	Cost impact	Commissioning/ Service implications	**Recommendation made by GMMMG**
Melatonin (Adaflex) 1mg, 2mg, 3mg, 4mg & 5mg tablets Adaflex is licensed for: - Insomnia in children and adolescents aged 6-17 years with ADHD, where sleep hygiene measures have been insufficient. - Short term treatment of jet lag in adults (see section 5.1).	Amber Shared Care for children Green Specialist initiation for use in PD for adults	Yes, add to chapter 4 as first line melatonin product. The GMMMG formulary is adult specific and cannot be applied to children. Previous proposals to do so have not been taken forward due to resource implications. The reference point for paediatric melatonin prescribing is therefore the SCP and prescribers will be directed towards this document for formulary and prescribing information	The licensing of Adaflex includes children aged over 6 and also that it is appropriate to be crushed and mixed with water directly before administration. This removes the need to use off-label Circadin which is not licensed for paediatric use and the unlicensed use of crushing prior to administration. The price of Adaflex is comparable to Circadin and is significantly lower than for Slenyto. An updated shared care protocol for children is being prepared. Circadin and Slenyto will remain as alternatives products where Adaflex is not suitable.	GM spent £3.2m on melatonin products in 12 months to April 22. • £2.1m of this was on Circadin • £97k on Slenyto • £478k spend on melatonin 1mg/mL oral solution SF (Colonis) • The remaining ~£500k spend accounts for other products including unlicensed and specials There are potential savings to be made by maximising prescribing of licensed products. CRG have requested assurance reporting that Adaflex is being used as first line agent. This will start 6 months after the decision is ratified	None significant expected	**Approved**

Mexiletine 50mg,100mg & 200mg capsules for life-threatening ventricular arrythmias	RED	Already in formulary as RED for treatment of Myotonia (NICE TA748)	At the request of MFT, CRG reviewed the RAG of mexiletine for its cardiovascular indication. Due to the monitoring required and the recommendation in BNF and SPC; "Treatment with mexiletine should be initiated and monitored by a specialist experienced in the treatment of cardiac arrhythmias", CRG believed that prescribing of mexiletine for this indication should also remain under the care of specialist services.	In the 12 months to April 22 GM spent £30,509 on mexiletine in primary care.	None significant expected	**Approved**
TA792 Filgotinib for treating moderately to severely active ulcerative colitis **Commissioning: ICS** Filgotinib is recommended, within its marketing authorisation, as an option for treating moderately to severely active ulcerative colitis in adults: • when conventional or biological treatment cannot be tolerated, or • if the disease has not responded well enough or has stopped responding to these treatments, and if the company provides filgotinib according to the commercial arrangement.	1st June 2022	On formulary in chapter 10 as a RED drug for rheumatoid arthritis.	Add to chapter 1.5.3 as a RED drug with link to TA792	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 the overall cost of treatment will be comparable to the current treatment options available. The previously published template for this patient group has been updated and replaced to include filgotinib and all other treatment options for moderately to severely active ulcerative colitis.	None significant expected	**Approved**
TA799 Faricimab for treating diabetic macular oedema	29th June 2022	Not on formulary.	Add to formulary as a RED drug in chapter 11.8.2.3 with link to TA799	A local resource template is available. NICE estimate that, in Greater Manchester:	TBC	**Approved**

Commissioning: ICS, tariff-excluded, 30 day TA Faricimab is recommended as an option for treating visual impairment due to diabetic macular oedema in adults, only if: • the eye has a central retinal thickness of 400 micrometres or more at the start of treatment the company provides faricimab according to the commercial arrangement.		A macular pathway is currently in development.		• Around 1,500 people with visual impairment due to diabetic macular oedema are eligible for treatment with faricimab after adjusting for population growth and prevalence growth in diabetes. • Around 230 people will receive faricimab from year 5 onwards once uptake has reached 15% after adjusting for population growth and prevalence growth in diabetes. This estimate does not appear to account for the anticipated availability of ranibizumab biosimilars. Faricimab has similar costs and overall health benefits to aflibercept or ranibizumab. Because faricimab has been recommended through the fast track appraisal process, NHS England and commissioning groups have agreed to provide funding to implement this guidance 30 days after publication.	Uptake rate will depend on the recommendations made in the proposed GM macular pathway	
TA800 Faricimab for treating wet age-related macular degeneration **Commissioning: ICS, tariff-excluded, 30 day TA** Faricimab is recommended as an option for treating wet age-related macular degeneration in adults, only if: • the eye has a best-corrected visual acuity between 6/12 and	29th June 2022	Not on formulary. A macular pathway is currently in development.	Add to formulary as a RED drug in chapter 11.8.2.3 with link to TA800.	A local resource template is available. NICE estimate that, in Greater Manchester: • 12,400 (10,700 from the prevalent population and 1,700 from the incident population) people with wet age-related macular degeneration are eligible for treatment with faricimab by year 5 after adjusting for population growth. • From year 5, around 170	TBC Uptake rate will depend on the recommendations made in the proposed GM macular pathway	**Approved**

6/96 • there is no permanent structural damage to the central fovea • the lesion size is 12 disc areas or less in greatest linear dimension • there are signs of recent disease progression (for example, blood vessel growth as shown by fluorescein angiography, or recent visual acuity changes) the company provides faricimab according to the commercial arrangement.				people will start treatment with faricimab annually once uptake has reached 10% in the incident population after adjusting for population growth. This estimate does not appear to account for the anticipated availability of ranibizumab biosimilars. Faricimab has similar costs and overall health benefits to the comparator technologies. Because faricimab has been recommended through the fast-track appraisal process, NHS England and commissioning groups have agreed to provide funding to implement this guidance 30 days after publication.		
NG219 Gout: diagnosis and management **Commissioning: ICS** This guideline covers the diagnosis and management of gout. It includes recommendations on diagnosing gout, managing flares, long-term management of gout and referral to specialist services. Includes recommendations on: • Managing gout flares (with NSAIDs, colchicine, short courses of oral corticosteroids, intraarticular steroids, and IL-1 inhibitors). • Management of gout	9th June 2022	All relevant drugs are on formulary in chapters 10 (colchicine, allopurinol, febuxostat, injectable steroids), 4 (analgesia), and 6 (oral corticosteroids). Anakinra is the only IL-1 inhibitor currently marketed, and is on RAG list as a RED drug for Still's disease, as per NICE TA685.	Add link to NG219 to formulary in chapter 10.1.4. Review formulary section to assess whether action is required.	The estimated financial impact of implementing this guideline for England in the next 5 years is around £6,000 per 100,000 population in 2022/23 rising to around £18,000 per 100,000 population in 2026/27. These costs relate to the impact on prescribing budgets only and do not include any financial impact relating to any increase or decrease in consultations and monitoring appointments. The resource impacts result from: • an increase in primary care prescribing for ULT that will have cash impact on ICS budgets • a decrease in primary care prescribing for manging gout flares that will have cash impact on ICS budgets	CRG heard that the potential service implications may restrict the uptake of this guidance due to established practice and lack of primary care capacity for appointments and testing	**Approved**

with urate-lowering therapies (allopurinol or febuxostat).				• an increase in primary care consultations for ULT (and a small increase for those people that don't have ULT) that will have a capacity impact on primary care providers • a decrease in primary care consultations for gout flares that will have a capacity impact on primary care providers • an increase in the number of annual monitoring appointments for people with gout that will have a capacity impact on primary care providers.		

DECISIONS FOR INFORMATION ONLY				
Product and indication	Status Assigned	Include in formulary	Notes on Decision	Cost impact
TA794 Diroximel fumarate for treating relapsing–remitting multiple sclerosis **Commissioning: NHSE** Diroximel fumarate is recommended as an option for treating active relapsing–remitting multiple sclerosis (normally defined as 2 clinically significant relapses in the previous 2 years) in adults, only if: • they do not have highly active or rapidly evolving severe relapsing–remitting multiple sclerosis and the company provides diroximel fumarate according to the commercial arrangement.	8th June 2022	Not on formulary.	Add to formulary in chapter 8.2.4 as a RED drug with link to TA794	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 £9,000 per 100,000 population. This is because the technology is a further treatment option and the overall cost of treatment will be similar. The use of diroximel fumarate is not expected to result in additional service requirements. It is a further oral treatment option which can increase convenience for people who use it and may save costs. The use of diroximel fumarate may also free up healthcare professional capacity compared to treatments administered by intravenous infusions in hospital. However, any savings as a result are not expected to be significant at a national level.
TA795 Ibrutinib for treating Waldenstrom's macroglobulinaemia **Commissioning: NHSE**	8th June 2022	Not on formulary.	For information.	No impact expected.

Ibrutinib is not recommended, within its marketing authorisation, for treating Waldenstrom's macroglobulinaemia in adults who have had at least 1 previous therapy. This recommendation is not intended to affect treatment with ibrutinib that was funded by the Cancer Drugs Fund before final guidance was published. If this applies, when that funding ends ibrutinib will be funded by the company until the patient and their NHS clinician consider it appropriate to stop.				
TA796 Venetoclax for treating chronic lymphocytic leukaemia **Commissioning: NHSE** Venetoclax monotherapy is recommended, within its marketing authorisation, for treating chronic lymphocytic leukaemia (CLL) in adults: • with a 17p deletion or TP53 mutation and when a B-cell receptor pathway inhibitor is unsuitable, or whose disease has progressed after a B-cell receptor pathway inhibitor or • without a 17p deletion or TP53 mutation, and whose disease has progressed after both chemo-immunotherapy and a B-cell receptor pathway inhibitor. It is recommended only if the company provides venetoclax according to the commercial arrangement.	15th June 2022	All anti-cancer drugs with a positive NICE Health Technology Appraisal are approved for use in Greater Manchester.	For info, no action	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 approximately £9,000 per 100,000. This is because the population size is small. Venetoclax is currently available in the Cancer Drugs Fund and will transition to routine commissioning after publication of this guidance.
TA798 Durvalumab for maintenance treatment of unresectable non-small-cell lung cancer after platinum-based chemoradiation **Commissioning: NHSE** Durvalumab is recommended as an option for treating locally advanced unresectable non-small-cell lung cancer (NSCLC) in adults whose tumours express programmed cell death ligand 1 (PD-L1) on 1% or more of cells and whose disease has not progressed after platinum-based chemoradiation, only if: • they have had concurrent platinum-based chemoradiation the company provides durvalumab according to the commercial arrangement.	22nd June 2022	All anti-cancer drugs with a positive NICE Health Technology Appraisal are approved for use in Greater Manchester.	For info, no action	By 2026/27 NICE estimate that: • Around 520 people in England with locally advanced unresectable NSCLC will be eligible for treatment with durvalumab each year. • Around 485 people will receive durvalumab. This is around 93% of the eligible population. Around 5,400 chemotherapy administration appointments per year will be needed. This is consistent with the number of administration appointments during the period this treatment was in the CDF. The cost of these appointments will now be funded within routine commissioning.

TA801 Pembrolizumab plus chemotherapy for untreated, triple-negative, locally recurrent unresectable or metastatic breast cancer **Commissioning: NHSE** Pembrolizumab plus chemotherapy (paclitaxel or nab-paclitaxel) is recommended as an option for treating triple-negative, locally recurrent unresectable or metastatic breast cancer in adults who have not had chemotherapy for metastatic disease. It is recommended only if: • the tumours express PD-L1 with a combined positive score (CPS) of 10 or more and an immune cell staining (IC) of less than 1%, and the company provides pembrolizumab according to the commercial arrangement.	29th June 2022	All anti-cancer drugs with a positive NICE Health Technology Appraisal are approved for use in Greater Manchester.	For info, no action	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 approximately £9,000 per 100,000. This is because the population is small. Pembrolizumab and the other treatment options for this patient group have discounts that are commercial in confidence.
TA802 Cemiplimab for treating advanced cutaneous squamous cell carcinoma **Commissioning: NHSE** Cemiplimab is recommended as an option for treating metastatic or locally advanced cutaneous squamous cell carcinoma in adults when curative surgery or curative radiotherapy is not suitable, only if: • it is stopped at 24 months, or earlier if their disease progresses, and the company provides cemiplimab according to the commercial arrangement.	29th June 2022	All anti-cancer drugs with a positive NICE Health Technology Appraisal are approved for use in Greater Manchester.	For info, no action	Local resource template available. NICE estimate that: • 530 people with metastatic or locally advanced cutaneous squamous cell carcinoma in adults for whom curative surgery or curative radiotherapy is • not suitable are eligible for treatment with cemiplimab 310 people will start treatment with cemiplimab per year from year 1 onwards with uptake at 58%
TA804 Teduglutide for treating short bowel syndrome **Commissioning: NHSE** Teduglutide is recommended, within its marketing authorisation, as an option for treating short bowel syndrome (SBS) in people 1 year and above. People's condition should be stable following a period of intestinal adaptation after surgery before having teduglutide. Teduglutide is recommended only if the company provides it according to the commercial arrangement.	30th June 2022	Not on formulary.	Add to formulary as a RED drug in chapter 1 with link to TA804.	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 approximately £9,000 per 100,000 population. This is because the population size is small. Teduglutide has a discount that is commercial in confidence. It is the company's responsibility to let relevant NHS organisations know details of the discount.
NG220 Multiple sclerosis in adults: management **Commissioning: NHSE, ICS** This guideline covers diagnosing and managing multiple sclerosis in people aged 18 and over. It aims to improve the quality of life for people with multiple sclerosis by promoting prompt and effective symptom management and relapse treatment, and comprehensive reviews.	22nd June 2022	N/A	Add link to NG220 to formulary in chapter 8.2.3 and 8.2.4.	No significant resource impact is anticipated. This is because the new recommendations are consistent with the previous guideline and should not have a significant impact on NHS resources. However, recommendation 1.5.14 for the treatment of fatigue may represent a change in practice for primary care providers. It updates the recommendation in the previous

This guideline updates and replaces NICE CG186.				guideline from offer to consider amantadine, and also adds modafinil and an SSRI as additional off-label options. Because the unit cost of amantadine is greater than that of modafinil and SSRIs, there may be a potential cost saving. However, modafinil requires a baseline ECG before treatment and regular cardiovascular function monitoring during treatment. This may impact both secondary and primary care, with the associated costs likely to reduce the savings. Any potential savings are not expected to be significant at a national level and should be assessed locally.
NG222 Depression in adults: treatment and management **Commissioning: ICS, NHSE, local authorities** This guideline covers identifying, treating and managing depression in people aged 18 and over. It recommends treatments for first episodes of depression and further-line treatments, and provides advice on preventing relapse, and managing chronic depression, psychotic depression and depression with a coexisting diagnosis of personality disorder. The guideline updates and replaces NICE CG90. Includes recommendations on non-pharmacological options, antidepressants, and use of lithium and antipsychotics as augmentation.	29th June 2022	All relevant drugs are on formulary in chapter 4, including SSRIs, SNRIs, TCAs, MAOIs, and other antidepressants. Lithium is on formulary in chapter 4 as AMBER. Antipsychotics are on formulary in chapter 4 as AMBER for licensed indications and unlicensed indications recommended by NICE.	Remove links to CG90 and replace with links to NG222.	Clinical expert opinion suggests that the previous guideline has not been fully implemented across the country. This is being targeted in the NHS Mental Health Implementation Plan 2019/20-2023/24, which commits baseline funding to ICSs in 2022/23 and 23/24 for IAPT services. Clinical experts also suggest that while significant resource has previously been used to improve primary care psychotherapy provision, this has not been the case for secondary care and will need to be addressed in order to effectively implement the guideline. The benefits and savings will accrue to both the NHS and social care organisations. The resource impact summary report can be used in conjunction with the local resource impact template developed for the NICE guideline on medicines associated with dependence or withdrawal symptoms.
NG221 Reducing sexually transmitted infections **Commissioning: local authorities** This guideline covers interventions to prevent sexually transmitted infections (STIs) in people aged 16 and over. It aims to reduce the transmission of all STIs, including HIV, and includes ways to help increase the uptake of STI testing and vaccines for human papillomavirus (HPV) and hepatitis A and B.	15th June 2022	For information.	For information.	Depending on current local practice, recommendations/areas which may require additional resources and result in additional costs include: • Delivering and evaluating interventions to reduce STI transmission • Improving uptake and increasing the frequency of STI testing • PrEP for people at high risk of HIV Implementing the guideline may lead to the following resource benefits: • Improved access to care. • Free up clinician time and capacity at clinics where services can be provided remotely. • Savings from reduced incidence and risk of transmitting HIV.

				• Improved consistency of best practice across the country. Better health outcomes and care experience.
NG25 Preterm labour and birth (updated) **Commissioning**: **ICS** New recommendation: consider a single repeat course of maternal corticosteroids for women less than 34+0 weeks of pregnancy who: • have already had a course of corticosteroids when this was more than 7 days ago, and • are at very high risk of giving birth in the next 48 hours. Where the woman is less than 30+0 weeks pregnant or if there is suspected growth restriction, take into account the possible impact on fetal growth of a repeat course of maternal corticosteroids. Do not give more than 2 courses of maternal corticosteroids for preterm birth. Several recommendations have been reviewed and clarified without an evidence review. Full details available here.	10th June 2022	For information.	For information.	NICE do not expect this update to have a significant impact on resources; that is: • the resource impact of implementing any single guideline recommendation in England will be less approximately £1,800 per 100,000 population, • the resource impact of implementing the whole guideline in England will be less than approximately £9,000 per 100,000 population The new recommendations provide guidance on when a single repeat course of maternal corticosteroids may be used, and so may reduce variation in practice and the number of multiple courses of maternal corticosteroids given. Where clinical practice changes because of this update, there will not be a significant change in resource use because the cost of a course of maternal corticosteroids is small.