Recommendations from GMMMG July 2022 meeting – for approval

DECISIONS WITH SIGNIFICANT FINANCIAL OR COMMISSIONING IMPACT

Status assigned define here

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.

Product and indication	Status Assigned	Include in formulary	Notes on Decision	Cost impact	Commissioning/ Service implications	**Recommendation from GMMMG**
Sitagliptin 25mg, 50mg and 100mg tablets for treating type 2 diabetes	**First choice DPP4 inhibitor Green**	Currently alternative (Green)	The patent for sitagliptin and vildagliptin expires in September 2022 and significant savings are available based on a 40-80% price reduction even without switching of patients. Alogliptin will be replaced by sitagliptin as first choice DPP4i but will remain on formulary as an alternative. Vilagliptin will remain non-formulary due to its extra monitoring requirements and very low prescribing.	There will be savings on prescribing budgets of £1.2 - £2.4m per year in GM associated with the reduction in price. Further savings may be realised with an active switch to sitagliptin	There may be an impact on primary care teams if a switch is locally advocated	**Approve the positioning of Sitagliptin as first choice DPP4i**
Edoxaban For The Treatment Of Non Valvular Atrial Fibrillation (NVAF): GM position	**First line direct oral anticoagulant (DOAC) for preventing stroke for patients with**	Green	A GM wide consultation was undertaken by the GMMMG Clinical Reference Group (CRG) on the positioning of edoxaban for the treatment of NVAF as presented in the embedded statement.	The NHS expects to spend more on DOACs in the future than today as more patients with atrial fibrillation (AF) are diagnosed and treated. The intent of the recent NHSE procurement exercise	No	**Approve this statement for publication**

GMMMG DOAC Statement_ August 20	**NVAF in the following groups:** **Patients commencing anticoagulation for stroke prevention in NVAF. Patients for whom it is appropriate to convert from a vitamin K antagonist to a DOAC.**		GMMMG approved this statement for publication, recognising the need to support the uptake edoxaban as the best value DOAC as detailed in the NHSE Network Contract Directed Enhanced Service Impact and Investment fund 2022-23, but recognising that a cheaper generic version of apixaban will require further consideration in the coming months.	(concluded in October 2021) was that any savings released would allow more patients with AF and other cardiovascular disease (CVD) to be diagnosed and treated. The NHSE recommendations outline the best value treatment choices and if followed, will make it more affordable to treat these additional patients. The framework prices are commercial in confidence.		

DECISIONS WITHOUT SIGNIFICANT FINANCIAL OR COMMISSIONING IMPACT

Product and indication	Status Assigned	Include in formulary	Notes on Decision	Cost impact	Commissioning/ Service implications	**FINAL DECISION**
Anti-reflux milk formulas e.g. SMA anti-reflux	**DNP(criterion 3)**	Add to DNP list	CRG have proposed that these products are added to the DNP list based on their availability via healthy start vouchers, a recommendation not to prescribe in the GM cows milk protein allergy guidance and low rates of prescribing across GM. CRG recommended applying criterion 3: Products which are clinically effective but, due to the nature of the product or condition being treated, are deemed a low priority for NHS funding.	In the last 12 months GM prescribed a total of £33,271 of these products	None expected	**Approved**
Emollients (chapter 13.2.1)	**N/A**	Formulary amended to	Following a query into the professional secretariat for CRG it was noticed that the	None	None	**Approved**

		align with GMMMG emollients ladder	emollients section of the GMMMG formulary does not match the products in the emollient ladder document. This update aligns the two. Diprobase products have been discontinued and a note has been added to the formulary to this effect			
Levonorgestrel Intrauterine Devices comparison table  4.2b IUS-comparison-tab	**N/A**	On formulary	A technical update was conducted to review this piece of guidance. The only change was the extension of the licensed duration of Levosert for 5 to 6 years.	None	None	**Approved**
Somatropin shared care protocol update  5.2b Somatropin SCP Update_draft fo	**N/A**	On formulary	An update was conducted to this document to reflect the currently available products and reduce potential confusion when transferred to primary care	None	None	**Approved**
Dermatology Shared Care Protocols update  5.3b GMMMG-SCP-Azath  5.3c gmmmg-scp-hydrox  5.3d GMMMG-SCP-Meth  5.3e GMMMG-SCP-Mycop	**N/A**	On formulary	A minor update to change some contact information for the relevant clinics at Manchester Foundation Trust (MFT)	None	None	**Approved**

DECISIONS FOR INFORMATION ONLY

Product and indication	Status Assigned	Include in formulary	Notes on Decision	Cost impact	Commissioning/ Service implications	**FINAL DECISION**
HST19: Elosulfase alfa for treating mucopolysaccharidosis type 4A	**On RAG list as a RED drug.**	Add link to HST19 to RAG list.	**Commissioning: NHSE** Elosulfase alfa is recommended, within its marketing authorisation, as an option for treating mucopolysaccharidosis type 4A (MPS 4A) for people of all ages. It is only recommended if the company provides elosulfase alfa according to the commercial arrangement. This guidance updates and replaces NICE's highly specialised technologies guidance on elosulfase alfa for treating mucopolysaccharidosis type IVa (HST2).	N/A	N/A	N/A
NG215: Medicines associated with dependence or withdrawal symptoms: safe prescribing and withdrawal management for adults	**Relevant medicines are on formulary in chapter 4**	Add links to formulary alongside opioids, benzodiazepines, gabapentinoids, Z-drugs, and/or antidepressants.	**CommissioningICB** This guideline covers general principles for prescribing and managing withdrawal from opioids, benzodiazepines, gabapentinoids, Z-drugs and antidepressants in primary and secondary care. Several GMMMG resource packs support safe & effective prescribing: • Inappropriate polypharmacy review and treatment • Benzodiazepine and Z-drug prescribing • Gabapentinoid prescribing for pain Opioid prescribing for chronic pain. During the consultation is was raised that the access to support services across GM is not equitable. This results in patients being disadvantaged in certain areas and practices having to put in extra resources to meet targets in relation to managing these medicines	A local resource impact template has been developed. In England, an estimated 13,800 people per 100,000 population adults have long term prescriptions for relevant medicines Additional resources may be required for: developing healthcare professionals in a way that allows them to support people wanting to withdraw from prescribed medicines. Additional primary care and community service appointments to provide tapering support for people withdrawing from medicines (estimated 7 per person withdrawing from prescribed medicines). This equates to 970 appointments per 100,000 people. Additional staff time to support withdrawal. Expansion of services may be needed		N/A

NG217: Epilepsies in children, young people and adults	**Anti-epileptic medicines are on formulary in chapter 4.8.1 (control of the epilepsies).**	Add link to formulary in chapter 4.8.1	**Commissioning: ICB & NHSE** This guideline covers diagnosing and managing epilepsy in children, young people and adults in primary and secondary care, and referral to tertiary services. It aims to improve diagnosis and treatment for different seizure types and epilepsy syndromes, and reduce the risks for people with epilepsy.	Resource impact will need to be determined at a local level. Depending on current local practice, recommendations/areas which may require additional resources include: • The provision of reviews and support for women and girls with epilepsy • Some epilepsy nurse specialist services may need to make changes to practice following the recommendations, providing additional reviews, support and interventions including emotional wellbeing and self-management strategies. Some of these epilepsy nurse specialist appointments will already be taking place or will replace appointments with other healthcare practitioners. • There may be additional costs of implementing recommendations on a local basis for women who are planning pregnancy or who are pregnant and are not having therapeutic drug monitoring. • Referral of all people with drug-resistant epilepsy to surgical centres will probably lead to an increase in presurgical investigations and surgical procedures. This may necessitate the need for more epilepsy surgical training and a greater investment in epilepsy surgery programmes. Implementing the guideline may lead to improved wellbeing and outcomes, greater consistency in provision, and potentially cost savings. Cost savings are anticipated by reducing the overall use of healthcare services especially in terms of reduced emergency department visits and the subsequent length of hospital stay	N/A
NG191 COVID-19 rapid guideline: managing COVID-19	**Not on formulary**	Add nirmatrelvir and ritonavir (Paxlovid) to formulary in	**Commissioning: NHSE** New recommendation: Consider a 5-day course of nirmatrelvir and ritonavir (Paxlovid) for adults with COVID-19 who:	None expected	Approved

		chapter 5 as a RED drug, with link to NG191.	• do not need supplemental oxygen for COVID-19, and • are within 5 days of symptom onset, and are thought to be at high risk of progression to severe COVID-19 (see NHSE Interim Clinical Commissioning Policy)		
Pregabalin (Lyrica): findings of safety study on risks during pregnancy **MHRA Drug Safety Update**	**Pregabalin is on formulary in chapters 4.7.3 (neuropathic pain) and 4.8.1 (control of the epilepsies).**	Add link to MHRA advice to formulary in chapters 4.7.3 and 4.8.1.	A new study has suggested pregabalin may slightly increase the risk of major congenital malformations if used in pregnancy. Patients should continue to use effective contraception during treatment and avoid use in pregnancy unless clearly necessary. Healthcare professionals are advised to: • continue to provide counselling to patients using pregabalin on the potential risks to an unborn baby (see separate patient safety leaflet) and the need to use effective contraception during treatment • continue to avoid use of pregabalin during pregnancy unless clearly necessary and only if the benefit to the patient clearly outweighs the potential risk to the fetus – ensure the patient has a full understanding of the benefits, risks, and alternatives, and is part of the decision-making process • advise patients planning a pregnancy or who become pregnant during treatment to make an appointment to discuss their health condition and any medicines they are taking in cases where the benefit outweighs the risk, and it is clearly necessary that pregabalin should be used during pregnancy, it is recommended to use the lowest effective dose and report any suspected	Low impact anticipated; this Medicines & Healthcare products Regulatory Agency (MHRA) advice reinforces existing recommendations on providing appropriate advice to patients of childbearing potential who are taking antiepileptic medicines. There may be some impact if more patients are referred to neurology services for review of treatment in pregnancy or pre-conception.	Approved

			adverse drug reactions, including for the baby, via the Yellow Card scheme		
All links to MHRA drug safety updates added to formulary as published. Significant alerts where further action is required are highlighted.					