SUMMARY OF DECISIONS FOR APPROVAL

Decisions made by: CRG	**March 2023**
Approved by: GMMMG	**13th April 2023**
Approved by: CEGC	**20th April 2023**
For consideration by: GM executive	**23rd April 2023**

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 90 days (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.

DECISIONS WITH A FINANCIAL OR COMMISSIONING IMPACT

Drug and indication	Rationale / criteria	Status and formulary position assigned	Notes on decision	Cost impact and commissioning / service implications	Recommendation for Executive	Decision status
TA853: Avatrombopag for treating primary chronic immune thrombocytopenia **Commissioning: ICS** 15/12/22 Avatrombopag is recommended, within its marketing authorisation, as an option for treating primary chronic immune thrombocytopenia (ITP) refractory to other treatments (for example, corticosteroids, immunoglobulins) in adults. It is only recommended if the company provides it according to the commercial arrangement.	On formulary as a RED drug in chapter 9.1.4 for management of thrombocytopenia in people with chronic liver disease needing a planned invasive procedure, in line with NICE TA626.	Add to formulary as a RED drug in this indication, with a link to TA853.	None	No significant resource impact is anticipated. 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 avatrombopag is a further treatment option for patients alongside other thrombopoietin receptor agonists and the overall cost of treatment for this patient group will be similar	CEGC approved the GMMMG recommendation to add this agent to the GM formulary as a RED (hospital only) drug. As this is a NICE TA, executive are only asked to note this decision	Approved for publication and implementation

DECISIONS WITHOUT A FINANCIAL OR COMMISSIONING IMPACT

Drug and indication	Rationale / criteria	Status and formulary position assigned	Notes on decision	Cost impact and commissioning / service implications	Recommendation	Decision status
TA854: Esketamine nasal spray for treatment-resistant depression 14/12/22 **Commissioning: ICS** Esketamine nasal spray with a selective serotonin reuptake inhibitor (SSRI) or a serotonin-norepinephrine reuptake inhibitor (SNRI) is not recommended, within its marketing authorisation, for treatment-resistant depression that has not responded to at least 2 different antidepressants in the current moderate to severe depressive episode in adults.	Not on formulary.	Add esketamine to the DNP list in this indication.	none	For information only. The decision was made due to limitations in the clinical evidence and economic modelling. This guidance only includes recommendations for treatment-resistant depression. Esketamine nasal spray for treating major depressive disorder is being evaluated in NICE's technology appraisal guidance on esketamine for treating major depressive disorder in adults at imminent risk for suicide. Timelines for this appraisal are not known; the topic was last updated in September 2020.	CEGC approved GMMMG recommendation that this agent is added to the Do Not Prescribe list	Approved for publication and implementation

Drug and indication	Rationale / criteria	Status and formulary position assigned	Notes on decision	Cost impact and commissioning / service implications	Recommendation	Decision status
NG230: Thyroid cancer: assessment and management **Commissioning: NHSE** 19/12/22 This guideline covers diagnosis and management of thyroid cancer in people aged 16 and over. It aims to reduce variation in practice and increase the quality of care and survival for people with thyroid cancer.	Includes advice on use of thyroid hormones, which are on formulary in chapter 6.2.1.	Add link to NICE guidance in chapter 6.2.1.	N/A	No significant resource impact is anticipated. Most of the recommendations reflect current practice and will reinforce it. Based on current practice, additional resources may be needed for the following: • Recommendation 1.2.4 on thyroid peroxidase antibody may lead to an additional use of resources but will also lead to fewer unnecessary thyroidectomies and improve efficiencies. This is not expected to have a significant resource impact due to the low cost of thyroid peroxidase antibody tests and the small number of people affected. • Recommendation 1.2.15 on repeat sampling with core-needle biopsy (CNB) is expected in the short term to require changes in training for radiologists and equipment in centres where CNB is not currently used. However, the lower inconclusive rates and better accuracy of CNB will lead to fewer unnecessary hemithyroidectomies and possibly shorten the diagnosis time for many people. It is expected that this will improve efficiency in the NHS and offset the short-term costs. The overall resource impact of this guideline is not expected to be significant at a national level.	CEGC approved the addition of this guidance link to the formulary	Approved for publication and implementation
GMMMG March minutes	 GMMMG Minutes Mar 23 fnl.pdf	Approved at April GMMMG	None	None	CEGC accepted the publication of these minutes to the GMMMG website	Approved for publication

DECISIONS FOR INFORMATION ONLY

Drug and indication	Rationale / criteria	Status and formulary position assigned	Notes on decision	Cost impact	Decision status
NG229: Fetal monitoring in labour **Commissioning: ICS** 14/12/22 This guideline covers methods for monitoring the wellbeing of the baby during labour. It includes risk assessment to determine the appropriate level of fetal monitoring, using clinical assessment in addition to fetal monitoring, and interpreting and acting on monitoring findings. This is a new guideline, which updates and replaces CG190.	For information only.	For information only.	CEGC noted for onward communication as appropriate	No significant resource impact is anticipated. This is because most of the recommendations have not changed significantly from the previous NICE guideline on intrapartum care for healthy women and babies, and NICE do not think practice will change substantially as a result of the latest guideline.	Approved for publication and implementation
CG190: Intrapartum care for healthy women and babies **Commissioning:** This guideline covers the care of healthy women and their babies, during labour and immediately after the birth. It focuses on women who give birth between 37 and 42 weeks of pregnancy ('term'). The guideline helps women to make an informed choice about where to have their baby. It also aims to reduce variation in aspects of care. In **December 2022**, NICE withdrew the recommendations on monitoring during labour because they have been replaced by the NICE guideline on fetal monitoring in labour. NICE also updated the links in recommendations 1.4.9, 1.4.10 and 1.12.22.	For information only.	For information only.	CEGC noted for onward communication as appropriate	As for NG229; see above.	Approved for publication and implementation
All links to MHRA drug safety updates added to formulary as published. Significant alerts where further action is required are highlighted.					Approved for publication and implementation

Regional Drug and Therapeutics Centre
16/17 Framlington Place, Newcastle upon Tyne, NE2 4AB
Tel: **0191 213 7855** Fax: **0191 261 8839** email: nuth.nyrdtc.rxsupp@nhs.net visit: https://rdtc.nhs.uk