SUMMARY OF DECISIONS FOR APPROVAL

Decisions made by: CRG	**February 2023**	
Approved by: GMMMG	**9th March 2023**	
Approved by: CEGC	**22nd March 2023**	
For approval by: GM executive (decisions with a financial impact only are submitted on this summary)	**26th March 23. Submitted for information only, no financial decision required.**	
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	Decision status
Update formulary entry and RAG listing for **micronised progesterone** for prevention of miscarriage to include **Cyclogest pessaries**	Utrogestan vaginal capsules were added to formulary and RAG with a status of Green (specialist initiation) in this indication in response to updated NICE guidance NG126: Ectopic pregnancy and miscarriage. The guideline recommends vaginal micronised progesterone 400 mg twice daily, without reference to brand. Utrogestan was added to formulary as the only suitable product available at that time. Cyclogest pessaries are now listed in the BNF as an off-label option for this indication, alongside Utrogestan. Utrogestan is available as a 200mg vaginal capsule; Cyclogest is available as a 200mg or 400mg pessary.	Add Cyclogest to formulary and RAG as an option for vaginal micronized progesterone for prevention of miscarriage.	Cyclogest allows more straightforward administration of the recommended dose, at a slightly lower cost.	Potentially cost-saving: • Utrogestan 200mg vaginal capsules cost £21 for 21, or £4 per day for 400mg BD. • Cyclogest 200mg pessaries cost £8.95 for 15, or £2.39 per day. • Cyclogest 400mg pessaries cost £12.96 for 15, or £1.73 per day for 400mg BD.	Approve the amendments to formulary	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
Donepezil, galantamine, and rivastigmine for: mild to moderate Alzheimer's disease, Lewy body dementia and Parkinson's disease in line with TA217 and NG97 **Memantine** for: Moderate Alzheimer's disease where AChE inhibitors are not tolerated or a there is a contraindication and for severe Alzheimer's disease	1.5.5 Treatment should be under the following conditions: • For people who are not taking an AChE inhibitor or memantine, prescribers should only start treatment with these on the advice of a clinician who has the necessary knowledge and skills. This could include: • secondary care medical specialists such as psychiatrists, geriatricians and neurologists • other healthcare professionals (such as GPs, nurse consultants and advanced nurse practitioners), if they have specialist expertise in diagnosing and treating Alzheimer's disease. • Once a decision has been made to start an AChE inhibitor or memantine, the first prescription may be made in primary care. For people with an established diagnosis of Alzheimer's disease who are already taking an AChE inhibitor, primary care prescribers may start treatment with memantine (see recommendation 1.5.4) without taking advice from a specialist clinician.	All should be Green specialist advice in line with NICE NG97 recommendations:	None	None expected	Approve the amendment to RAG for the listed drugs for dementia	Approved for publication and implementation
Primary care rebate scheme: Ranexa	This primary care rebate scheme from Menarini Farmaceutica Internazionale SRL does not meet the requirements of the GMMMG ethical framework as it doesn't meet the £50,000 GM wide saving threshold.	Listed on GMMMG formulary	None	None	It is recommended that the scheme is considered for REJECTION	Approved for publication and implementation
GMMMG February meeting minutes	GMMMG Minutes Feb 23 FNL.pdf	Approved at March GMMMG	None	None	Accept for publication 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
NG227: Advocacy services for adults with health and social care needs **Commissioning: ICS, local authorities** 09/11/22	This guideline covers advocacy for people using health and social care services in all adult settings (including young people under 18 using adult services). It describes how to commission and deliver effective advocacy, as well as identifying who should be offered advocacy (including who is legally entitled to it). It also covers monitoring and improving advocacy services, and training and skills for advocates and practitioners.	For information.	N/A	Many of the recommendations in the guideline reinforce the statutory duty and do not need any additional resources to implement in areas that are compliant with statutory duties. There will be a resource impact where there is current non-compliance with statutory duties. There may also be a resource impact from updated recommendations relating to offering advocacy to people not covered by legal entitlement, increased access to independent mental health advocates, and training for health and social care practitioners who work with advocates. Where a change is required to current practice, this may require additional resources to implement, which may be significant at a local level.	Approved for publication and implementation
NG228: Subarachnoid haemorrhage caused by a ruptured aneurysm: diagnosis and management **Commissioning: ICS** 23/11/22	This guideline covers diagnosing and treating an aneurysmal (caused by a ruptured aneurysm) subarachnoid haemorrhage and its complications. It provides recommendations to improve diagnosis and ensure that the most effective treatments are offered. It includes guidance on follow-up care and information for people (aged 16 and over) who have had an aneurysmal subarachnoid haemorrhage, their families and carers.	For information.	N/A	NICE do not expect this guideline to have a significant impact on resources, that is: • the impact of implementing any single guideline recommendation in England will be less than £1,800 per 100,000 population, and • the resource impact of implementing the whole guideline in England will be less than £9,000 per 100,000 population. This is because most of the recommendations reflect current practice and are unlikely to lead to changes.	Approved for publication and implementation

Drug and indication	Rationale / criteria	Status and formulary position assigned	Notes on decision	Cost impact	Decision status
NG37: Fractures (complex): assessment and management (update) **Commissioning: ICS** 23/11/22	This guideline covers assessing and managing pelvic fractures, open fractures and severe ankle fractures (known as pilon fractures and intra-articular distal tibia fractures) in pre-hospital settings (including ambulance services), emergency departments and major trauma centres. It aims to reduce deaths and long-term health problems by improving the quality of emergency and urgent care.	For information.	N/A	NICE do not expect this guideline to have a significant impact on resources, that is: • the impact of implementing any single guideline recommendation in England will be less than £1,800 per 100,000 population, and • the resource impact of implementing the whole guideline in England will be less than £9,000 per 100,000 population. One of the recommendations may represent a change to current local practice. This is to use a temporary dressing that avoids wound desiccation and minimises the number of dressing changes after wound debridement or excision if immediate definitive soft tissue cover has not been performed. This recommendation may reduce the use of negative pressure wound therapy which is one of the temporary dressing options and is currently widely used. Any resource impact as a result of this recommendation is not expected to be significant but should be considered at a local level.	Approved for publication and implementation
GMMMG pharmacy workforce subgroup progress GM Pharmacy Workforce Update.pdf	This paper provides an overview of the national background for pharmacy professional practice, update on the Greater Manchester (GM) Integrating Pharmacy and Medicines Optimisation (IPMO) Workforce group setting out next steps for the development of the NHS Greater Manchester Pharmacy Workforce Strategy. Furthermore, the paper will touch on governance related considerations for the GM IPMO Workforce group.	N/A	N/A	N/A	Approved for publication
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

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