SUMMARY OF DECISIONS FOR APPROVAL

Decisions made by: CRG	**April 2023**
Approved by: GMMMG	**11th May 2023**
Approved by: CEGC	**24th May 2023**
For approval by: GM executive (decisions with a financial impact only are submitted on this summary)	***5th June 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 from GMMMG	Decision status
Metformin 1g immediate release tablets	An analysis of prescribing of metformin 1g tablets has demonstrated that there is a significant opportunity to reduce spend in this area. The Feb 23 Drug Tariff lists 28 x metformin 500mg at £0.79 and 28 x 1g as £60.85	Add metformin 1g immediate release tablets to the DNP list (criterion 2) *Products which are clinically effective but where more cost-effective products are available, including products that have been subject to excessive price inflation.*	Early work by MO teams to make these changes have identified that most are picking errors on primary care clinical systems and should be relatively easily addressed	Based on the latest prescribing rates (November 2022) a spend of £48,747 and £61,261 is expected on metformin 1g IR tablets. This could be reduced to around £1500 if the 1g tablets are substituted with 2x500mg tablets. A 100% switch to 2x500mg would save around £60k per month or £716k per year in GM (based on current prices) Some resources at locality level would be required to make the necessary switches at a practice level	Approve addition to DNP list	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 from GMMMG	Decision status
TA856: Upadacitinib for treating moderately to severely active ulcerative colitis 04/01/2023 **Commissioning: ICS**	Upadacitinib 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 condition has not responded well enough or has stopped responding to these treatments, and • if the company provides upadacitinib according to the commercial arrangement.	Add to formulary in chapter 1.5.3 as a RED drug in this indication, with link to TA856. Annotate "GI specialist initiated" in line with cytokine modulators for IBD.		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 technology is a further treatment option and the overall cost of treatment for this patient group will be similar. The previously published template for this patient group has been updated and replaced to include upadacitinib and all other treatment options for moderately to severely active ulcerative colitis. No commissioning impact is expected	Approve addition to formulary for this indication	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 from GMMMG	Decision status
Discontinuation of Insuman preparations	Following the discontinuation of Insuman Comb 50 in 2022, Sanofi have given notice that the following Insuman preparations will be discontinued: • Insuman Basal 100 IU/mL cartridges and pre-filled pens (first choice isophane insulin on GM formulary; alternative formulary choices are Insulatard and Humulin I.) • Insuman Comb 25 100 IU/mL cartridges and pre-filled pens (joint first choice formulary option alongside Humulin M3) • Insuman Rapid 100 IU/mL cartridges (alternative formulary choice)	Remove the affected preparations from formulary. Promote Humulin I from alternative to the first choice isophane insulin.		Around 2,500 items of the affected preparations were dispensed in primary care in GM in the 12 months to October 2022, mostly as Insuman Basal pre-filled SoloStar pens (2,052 items). Roughly 160-180 patients were dispensed one of these medicines each month in this period. Identifying these patients and safely switching them to an alternative insulin will potentially add to existing service pressures.	Approve changes to the formulary	Approved for publication and implementation
Colesevelam 625mg tablets and colestyramine 4g oral powder for CVD prevention in hyperlipidaemia	A request was received from specialist lipid services in GM to review the RAG status of these medicines. The existing RAG for colesevelam is DNP which was resulting in difficulty transferring prescribing to primary care when the specialist services believed there was a rationale for use.	Add colesevelam 625mg tablets and colestyramine 4g oral powder to the Grey list (criterion 1: *Products of low clinical effectiveness, where there is a lack of robust evidence of clinical effectiveness or there are significant safety concerns*) for use when there is no alternative treatment option due to intolerance, or ineligibility for PCSK9i or Inclisiran treatment. Assigned RAG status of Green specialist advice.		This request seeks to formalise current practice. It is estimated that the cost for 1 year's treatment is £1400 for colesevelam and £1150 for colestyramine. GM currently spends in excess of £1m per year on these medicines for all indications. An extra 10-15 patients per year is expected as a result of this recommendation, at up to £21,000 extra in GM per year. No commissioning implications expected	Approved RAG status change	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 from GMMMG	Decision status
Potassium permanganate 400mg tablets for solution	The NPSA alert from April 2022 recommends a series of actions for organisations which use this product. This is due to inadvertent oral administration and the harm that this causes. The result is that much more stringent controls have been imposed by a number of trusts in GM which mean that any use should be under the direct supervision of a consultant dermatologist	Amend the RAG status of potassium permanganate 400mg tablets for solution to RED		GM has issued a total of 500 items at a cost of £11,000 in the 12 months to November 2022. A reduction in primary care prescribing is expected to follow this recommendation CRG seek confirmation that the change in RAG status is unlikely to have a significant impact on community services. No evidence has been provided that there is likely to be a significant impact	Approve RAG status change	Approved for publication and implementation
Trifarotene (Aklief) 50microgram/g cream for acne	Trifarotene should be available as a treatment option for the management of acne in all settings.	Add to formulary as alternative option for the management of acne as Green drug		A 75g tube of trifarotene is priced at £27.75 which is similar in cost per g to adapalene cream/gel and Epiduo. The pump-pack may allow for more accurate dosing and reduce waste. Due to the availability of other products in the pathway, and the similar pricing of trifarotene, the introduction of the medicine is not expected to have a significant impact on spend in this therapeutic area No commissioning implications expected	Approve addition to formulary	Approved for publication and implementation
IQoro neuromuscular training device for stroke related dysphagia, hiatus hernia and other indications	IQoro is not recommended as a treatment option for any of the manufacturer proposed indications due to a lack of evidence of efficacy and cost-effectiveness. Two MIBs produced by NICE provides further detail on the device. IQoro for stroke-related dysphagia (MIB175) (nice.org.uk) IQoro for hiatus hernia (MIB176) (nice.org.uk)	IQoro device will be added to the DNP list for all indications		IQoro costs £121 (DT Feb 2023) but may also be purchased direct from the manufacturer's website for £145 per device. If funded on the NHS the costs could be substantial as it is estimated that GORD occurs in 10-20% of all adults and in around 33% of those aged >50 years. No commissioning impact is expected	Approve addition to DNP 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 from GMMMG	Decision status
GM Antimicrobial Guidance update 4.2b GM Antimicrobial guidel	The GM antimicrobial guidance has been updated in conjunction with the GM antimicrobial steering group. The changes include reinstatement of acute sore throat and scarlet fever guidance following the retirement of nation recommendations in February 2023 and the addition of pivmecillinam as a 2nd/3rd line treatment for lower UTI in non-pregnant women	See individual preparations		None expected	Approve publication to GMMMG website	Approved for publication and implementation

Updates to the GMMMG HCD pathways for ankylosing spondylitis and psoriatic arthritis  4.5b GMMMG HCD pathway for AS v 1.1  4.5c GMMMG HCD pathway for PsA v1.1	Following publication of these pathways in February 2023 some minor errors were identified, this update seeks to amend these which are: AS pathway: • P2 2.2 – provide correct NICE TA reference and link • P10 table 2 - secukinumab is now listed as a 1st line option in line with its TA: NICE TA407 secukinumab is recommended, within its marketing authorisation, as an option for treating active ankylosing spondylitis in adults whose disease has responded inadequately to conventional therapy (non-steroidal anti-inflammatory drugs or TNF-alpha inhibitors). This change means it moves from a 2nd line to first line option for radiographic AS • P11 - Minor corrections in the purple box: **For peripheral disease consider:** Anti-TNF, IL17 and JAKi (upadacitinib) • P13 table 3 – Secukinumab changed from week 8 to week 5 for the period in which surgery should be scheduled (relative to last drug dose administered) PsA Pathway: • P11 – corrections to purple box; **For arthritis consider:** Anti-TNF, IL17 and JAKi (upadacitinib)	N/A		None	Approve publication to GMMMG website	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 from GMMMG	Decision status
Update to the GMMMG COPD Inhaler Guide 4.4b GMMMG COPD Inhaler Guide	A minor update was approved which was a replacement of the image for the Trixeo inhaler device, which has changed its appearance	N/A		None	Approve publication to GMMMG website	Approved for publication and implementation

DECISIONS FOR INFORMATION ONLY

Drug and indication	Rationale / criteria	Status and formulary position assigned	Notes on decision	Cost impact	Decision status
TA860: Maribavir for treating refractory cytomegalovirus infection after transplant 18/01/2023 **Commissioning: NHSE**	Maribavir is recommended, within its marketing authorisation, as an option for treating cytomegalovirus (CMV) infection that is refractory to treatment including cidofovir, foscarnet, ganciclovir or valganciclovir in adults who have had a haematopoietic stem cell transplant or solid organ transplant. It is recommended only if the company provides it according to the commercial arrangement.	Add to formulary as a RED drug in this indication, with link to TA860.		No significant resource impact is anticipated: 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 who develop refractory CMV infection is small (less than 300 people each year) and maribavir is a further treatment option. Maribavir is likely to free up hospital capacity (bed days) because people do not need to be in hospital to receive treatment. This may also improve the recovery process. None expected	Approved for publication and implementation
GMMMG April minutes	PDF GMMMG Minutes April 23 fnl.pdf	Approved at May GMMMG	Accept for publication to the GMMMG website	None	Approved for publication
All links to MHRA drug safety updates added to formulary as published. Significant alerts where further action is required are highlighted.					

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