GMMMG
Greater Manchester
Medicines Management Group

Minutes of the GMMMG Clinical Reference Group Meeting Tuesday August 8th, 2023, 12:00-14:00 via MS Teams

Name	Title	Organisation	Feb	Apr	May	Jun	Jul	Aug
Dr Peter Budden (PB) Chair	Medical Prescribing lead	NHS GMIC (Salford)	✓	✓	✓	✓	A	✓
Dr Helen Burgess (HB)	GP	NHS GM IC (Manchester)	✓	✓	A	✓	✓	✓
Dr Jonathan Schofield (JS)	Consultant Physician Acute Medicine & Diabetes	Manchester FT	✓	A	✓	A	✓	✓
Suzanne Schneider (SS)	Medicines Information Pharmacist	Bolton FT	✓	✓	✓	A	A	✓
Gary Masterman (GM)	Associate Director of Pharmacy	Wrightington, Wigan and Leigh FT	✓	✓	✓	✓	✓	A
Andrea Marrosu (AM)	High-cost Medicines and Home Care Pharmacist	Salford Royal FT	A	✓	✓	✓	✓	✓
Peter Marks (PM)	LPC Board Member	GM LPC	A	A	A			
Mina Chowdhury (MC)	Medicines Optimisation Pharmacist	NHS GM IC (Heywood, Middleton & Rochdale)	✓	✓	✓	✓	✓	✓
Lucy Tetler (LT)	Medicines Optimisation Pharmacist	NHS GM IC (Bury)	✓	✓	✓	✓	✓	JSe
Matthew Ling (MB)	Deputy Director of Pharmacy	GM Mental Health FT	✓	✓	✓	✓	A	SB
Faduma Abukar (FA)	Head of Medicines Management	NHS GM IC (Stockport)	A	✓	✓	✓	A	JC
Zoe Trumper (ZT)	Assistant Director of Medicines Management	NHS GM IC (Wigan)	A	✓	✓	✓	✓	A
Faisal Bokhari (FB)	Deputy Head of Medicines Optimisation	NHS GM IC (Tameside)	A	A	A	A	A	A
Jennifer Bartlett (JB)	Team Leader Neighbourhood Integrated Practice Pharmacists	Salford Royal FT	A	A	✓	✓	✓	✓
Claire Foster (CF)	Senior Medicines Optimisation Adviser	NHS GM IC (Manchester)	IH	✓	✓	IH	✓	✓
Jole Hannan (JH)	Interface Pharmacist	NHS GM IC (Bolton)	A	✓	✓	✓	✓	A
Leigh Lord (LL)	Head of Medicines Optimisation and Governance	Manchester FT	✓	✓	A	✓	✓	SBo
Consultant Rheumatologist Audrey Low Ben Parker Charlie Filer Dipak Roy Louise Mercer Meghna Jani Sahena Haque Anindita Paul		 SRFT MFT Stockport TGH Stockport SRFT UHSM Bolton	A	A	A	A	A	A

Dan Newsome (DN)	Principal Pharmacist	RDTC	✓	✓	✓	✓	✓	✓
Nancy Kane (NK)	Senior Medical Information Scientist	RDTC	✓	✓	✓	✓	✓	✓
Andrew Martin (AMart)	Strategic Medicines Optimisation Pharmacist	NHS GM IC	✓	✓	✓	✓	✓	✓
Karina Osowska (KO)	Medicines Optimisation Pharmacist	NHS GM IC	✓	A	✓	✓	✓	✓

1. General Business	
1.1	**Welcome and apologies** Apologies as noted above, the meeting was quorate.
1.2	**Declarations of interest** Previously declared where relevant. JS declared that he has received fees from Daiichi Sankyo (manufacturer of bempedoic acid, item 3.2).
1.3	**Draft July 2023 CRG Minutes** The minutes were approved for publication to the GMMMG website PB opened a discussion about the use of melatonin M/R tablets off label. SB explained the rationale for this, and that work is underway to move to licensed preparations in GMMH.
1.4	**Action log review** The owner of each action will be approached for updates if not already provided to CRG. Some items have full agenda items. Others have progress as follows: • Levetiracetam: a North West region position is being considered for this product, more information to follow. • AK pathway is being discussed internally at SRH • The hypertension pathway is approved by CRG but 2 supporting documents are undergoing the GMMMG governance process and chairs action will be requested when compete.
2.0 Matters arising	
2.1	**CRG Consultation June 2023** The comments received during this consultation were regarding the hydrocortisone products, particularly the 0.5% options. There is a 0.5% cream available for use if deemed appropriate, however current (although expired) guidance recommends hydrocortisone 1% use for eyelids, in fact there are no current guidelines that recommend 0.5% products are used. The recommended alternatives would be the 1% cream or ointment. An update to the GMMMG guidance was recommended **All actions proposed were approved.** **Action**: RDTC to submit all actions to GMMMG for approval.
3.0 Formulary and RAG	
3.1	**Formulary Amendments July 2023** CRG approved the formulary amendments to open for consultation and noted the following:

	• TA906: Rimegepant for preventing migraine. It is proposed that this is green specialist initiation based on the requirement for an informed discussion between patient and clinician where an available option is other CGRP inhibitors, all of which are RED and supplied via homecare from the hospital. There is also a requirement for a review at 12 weeks to ensure that the patient is receiving benefit of at least 50% reduction in migraine attacks in line with the NICE recommendations. CRG noted that a request for a status of Green specialist advice has been received from Dr Zermansky, and AMarr explained there are logistical challenges of supplying the medicine from secondary care. There are unlikely to be any price benefits to having supply from one route or another as this is an oral treatment with no PAS price attached. It was proposed by both primary and secondary care representatives that if the patient is seeing a specialist for a consultation, then it is logical that the first prescription is issued by the specialist clinic, especially where there is a need for review at 12 weeks, however it was recognised that some models of outpatient care make this difficult. CRG will therefore ask as part of the consultation if this is best managed as a Green specialist advice or initiation medicine. **Action: RDTC to open formulary amendments for GMMMG consultation**
3.2	**Proposed RAG change bempedoic acid** A lipid specialist has asked for a review of the RAG for this medicine and to consider making it Green, to enable primary care to initiate in line with the national guidance and without the need to consult a specialist. The national guidance does state: “Bempedoic acid/ezetimibe and inclisiran are available in primary care and do not require initiation by specialist services. There is now cardiovascular disease outcome data for the medicine and an update to the GM secondary prevention guidance was recommended by CRG to include bempedoic acid. CRG heard from primary care and secondary care clinicians who treat this group of patients and there was recognition that the correct management of statin intolerance is a bigger issue. Bempedoic acid is not approved for use alongside statins, only with ezetimibe where LDL cholesterol is not controlled well enough by ezetimibe alone and statins are either not tolerated or are contraindicated (NICE TA694). Therefore prior to initiation all statin options should be exhausted as they represent much more evidence based and cost-effective lipid lowering and CVD risk reduction strategies, but this is not always happening in primary care prior to referral to a specialist. For this reason, not all lipid specialists are supportive of a change in RAG. CRG asked if the review of the lipid lowering guidance could strengthen the importance of optimising statin therapy. **Decision:** Open the consultation for RAG change to Green and seek system feedback on the proposal DN to contact HiM and SCN authors of lipid lowering guidance to request review and inclusion and positioning of bempedoic acid.
3.3	**NaCl 5% eye drops RAG review** A RAG review request received from MREH has proposed that the current RAG status of RED is amended to green specialist advice. The original decision of RED was made due to a lack of licensed product and a rationale that this is short-term treatment initiated by a specialist after eye procedures e.g., cataract surgery.

	A review of current prescribing shows that the majority takes place in primary care, and some appears to be repeat prescribing. Following a request for more information the MREH has provided information on the groups of patients. Short term use is likely to be for transient corneal oedema post-operatively, RCES and acute corneal hydrops, and long-term use for the management of chronic corneal oedema (Fuchs endothelial dystrophy / pseudophakic bullous keratopathy) Feedback from the requester states there is no known complications of long-term use and no monitoring of the medicine is required, but those receiving long term prescribing will remain under specialist care with regular follow-up. CRG were happy with the proposal provided that primary care prescribers are kept informed with good communication from the specialist service. **Decision**: Request approved to open for consultation
4.0 Pathways and Clinical Guidelines	
4.1	**Steroid eye drops for ophthalmic indications – Information for primary care prescribers** A long-awaited version of the prescribing information leaflet to support the request to change the RAG of steroid eye drops from RED (pending shared care) to Green specialist initiation was considered. This has been approved by the MFT D&T committee in July and is now presented to undergo ICB governance processes. It was suggested that these medicines should be shared care, however CRG acknowledged the risk associated with them is low and the SCP would only exist as a mechanism to ensure ongoing specialist review. Secondary care state they are unable to prescribe on an ongoing basis due to a degree of unpredictability of volumes required for a 3 month supply between appointments as well as asking patients to return to the hospital to collect the medicine. If an amendment could be made to suggest that 3 monthly reauthorisation intervals are used in primary care and the choice of medicines be aligned to the formulary, then CRG were happy with the document to open for consultation. **Decision** Request amendment from authors and open for consultation with RAG status amendment to Green specialist initiation.
5.0 Shared care	
No agenda items	
6.0 Work plan and horizon scanning	
6.1	**Monthly horizon scanning July 2023** CRG considered the contents of the document and made the following comments. • Ranolazine M/R generics will shortly be available, CRG were unsure if this need to be prescribed by brand name to realise any savings. • Bibecfo may offer price advantages over Fostair but its carbon footprint credentials need clarification. RDTC has already contacted manufacturer to request this data. • Cytisinicline is not yet available in the UK, the license holder is Polish and appears to be in the process of selling to a UK distributor.
7.0 AOB	
• A meeting of key stakeholders, chaired by the GM Medical Director took place on Monday 7th August to discuss a GM response to the GLP-1 receptor antagonist shortage. Four workstreams have been set up to provide comms, a clinical pathway, and data, supported by strategic	

coordination from the GM Diabetes Strategy Board. Early comms to clinicians are expected w/c 14th August. CRG's role is limited but rapid amendments to the formulary may need to be supported by the GMMMG chairs.

- PB raised the issue of branded prescribing in the context of promethazine, which has seen a significant price increase in recent months. There are a number of options to mitigate the costs associated with this, one of which is to prescribe by Phenergan brand, which will be presented in a paper to Sept CRG. It is understood by CRG that a piece of work to optimise prescribing of brands and branded generics is being undertaken in GM by the medicines value subgroup
- A related issue is that of promazine prescribing. SB confirmed that GM and Bolton locality are a national outlier for prescribing in primary care, other GM localities also have very high rates of prescribing. The concern is that the lack of shared care for older first-generation antipsychotics is having unintended consequences of making them less bureaucratic to prescribe and to transfer to primary care, when an alternative medicine may be more suitable. A piece of work in the Bolton locality is underway to investigate this and is being overseen by the GMMMG medicines safety subgroup, the aim of which is to produce resources to aid deprescribing. A review of the shared care of antipsychotics was once again discussed.

Date of next meeting: Tuesday 12th September 2023 12:00-14:00 via Teams