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

Name	Title	Organisation	Jul	Aug	Sep	Oct	Nov	Dec
Dr Peter Budden (PB) Chair	Medical Prescribing lead	NHS GMIC (Salford)	A	✓	A	✓	✓	✓
Dr Jonathan Schofield (JS)	Consultant Physician Acute Medicine & Diabetes	Manchester FT	✓	✓	✓	✓	✓	A
Suzanne Schneider (SS)	Medicines Information Pharmacist	Bolton FT	A	✓	✓	✓	✓	✓
Gary Masterman (GM)	Associate Director of Pharmacy	Wrightington, Wigan and Leigh FT	✓	A	✓	✓	✓	A
Andrea Marrosu (AM)	High-cost Medicines and Home Care Pharmacist	Salford Royal FT	✓	✓	A	✓	✓	✓
Peter Marks (PM)	LPC Board Member	GM LPC			✓	✓	✓	✓
Mina Chowdhury (MC)	Medicines Optimisation Pharmacist	NHS GM IC (Heywood, Middleton & Rochdale)	✓	✓	✓	✓	✓	✓
Lucy Tetler (LT)	Medicines Optimisation Pharmacist	NHS GM IC (Bury)	✓	JSe	✓	JSe	✓	✓
Matthew Ling (MB)	Deputy Director of Pharmacy	GM Mental Health FT	A	SB	✓	✓	✓ & SB	✓
Faduma Abukar (FA)	Head of Medicines Management	NHS GM IC (Stockport)	A	JC	JC	JC	A	A
Zoe Trumper (ZT)	Assistant Director of Medicines Management	NHS GM IC (Wigan)	✓	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	✓	✓	✓
Claire Foster (CF)	Senior Medicines Optimisation Adviser	NHS GM IC (Manchester)	✓	✓	✓	✓	✓	✓
Jole Hannan (JH)	Interface Pharmacist	NHS GM IC (Bolton)	✓	A	✓	✓	✓	✓
Leigh Lord (LL)	Head of Medicines Optimisation and Governance	Manchester FT	✓	SBo	✓	✓	✓ & LK	✓
Consultant Rheumatologist Audrey Low Charlie Filer Dipak Roy Louise Mercer Sahena Haque Anindita Paul		SRFT Stockport TGH Stockport UHSM Bolton	A	A	A	A	A	AL
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	✓	✓	✓	✓	✓	✓

1. General Business	
1.1	**Welcome and apologies** Apologies as noted above, the meeting was quorate. Anna Pracz was in attendance for item 3.3
1.2	**Declarations of interest** Previously declared where relevant. No further declarations made at the start of the meeting
1.3	**Draft November 2023 CRG Minutes** The minutes were approved for publication to the GMMMG website
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: • Buvidal: Application still pending. PB to follow-up • Steroid eye drops prescriber information: Feedback is that specialists wish for the review intervals to be individualised based on condition and other patient factors. CRG advised this was not acceptable and would not facilitate safe care in primary care. DN to feedback this conversation. • Tirzepatide: positioning of this treatment within the T2DM pathway has been requested from the GM diabetes strategy board. DN to follow-up • AK pathway: no further progress – DN to follow-up • Promethazine tablets: discussions within mental health services are ongoing, and an update will be provided to January CRG by ML/SB
2.0 Matters arising	
2.1	**CRG Consultation October 2023** The comments received through the consultation were discussed. CRG agreed to amend the DNP entry for prednisolone 1mg E/C tablets to state there is no clinical advantage to using enteric coated tablets in any strength. Gepretix (100mg micronised progesterone capsules) will be added to formulary as first choice due to potential for cost-savings vs alternatives. **All actions proposed were approved.** **Action**: RDTC to submit actions to GMMMG for approval.
3.0 Formulary and RAG	
3.1	**Formulary Amendments November 2023** CRG approved the formulary amendments to open for consultation and noted the following: • **TA934: Foslevodopa–foscarbidopa** for treating advanced Parkinson's with motor symptoms. Is an injectable therapy only available where the patient cannot have apomorphine or deep brain stimulation, so is therefore RED. • **MHRA Valproate actions: organisations to prepare for new regulatory measures for oversight of prescribing to new patients and existing female patients. CRG were informed this work is being led by the medicines safety subgroup of GMMMG and the ICB Medical Director, Manisha Kumar is the named lead.** **Action: RDTC to open formulary amendments for GMMMG consultation**

3.2	**Cytisine formulary application** A request to add cytisine 1.5mg tablets to the GMMMG formulary was considered. This medicine is a licensed and effective smoking cessation treatment which is requested as a first line therapy alongside NRT for patients wishing to stop smoking. It will be available in the UK from 22nd January 2024. Varenicline remains unavailable following withdrawal from the market after concerns regarding contamination with nitrosamine products. CRG heard there is a Cochrane review from 2023 which shows cytisine is as effective as varenicline and more effective than NRT for supporting a successful quit attempt. It is priced at £115 per pack of 100 tablets, which provides a full 25 days course of treatment. This is comparable to the available alternatives and is likely to be les costly than 12 weeks of NRT. It is therefore likely to be cost effective with an estimated cost per QALY which is a fraction of the upper threshold of what NICE would deem an acceptable use of resources. CRG queried the contraindications for the medicine which include pregnancy and breastfeeding (highly effective contraception is recommended due to lack of data), recent history of MI/stroke and unstable angina. It was pointed out that these groups are often targeted for smoking cessation and therefore clear guidance will be required by service providers when prescribing/supplying. There were some questions for the requesting clinician including time between quit attempts (2-3 months) and if other products are likely o be used to support a quit attempt (e.g. NRT) which will be fed back whilst the consultation is ongoing. **Decision:** CRG approved the request to open for consultation as Green first line product on the understanding that the GM guidance will be updated.
3.3	**Update to formulary section 5.3 COVID 19 medicines** This paper seeks to update chapter 5.3 in line with national recommendations on treatments for Covid-19 in hospitalised and non-hospitalised patients. As it stands the TA878 and NHSE interim policy are the relevant published guidance. In GM, Covid treatments for non-hospitalised patients are delivered exclusively via CMDU route and therefore should be red and the following changes are recommended The following changes are proposed to section 5.3 of the GM joint formulary: - Casirivimab / imdevimab - remove – negative recommendation by NICE TA878 - Nirmatrelvir / ritonavir (Paxlovid) – keep as red – NICE TA878 - Sotrovimab (Xevudy) – keep as red – NICE TA878 - Molnupiravir (Lagevrio) – keep as red – NHSE interim policy - Remdesivir (Veklury) – keep as red – NHSE interim policy - Tocilizumab (RoActemra) – add as red - NICE TA 878 (only for hospitalised patients, and so by definition red) CRG queried if the governance had been completed on TA878, as the action was for the ICB chief pharmacist to seek a cost impact estimate with the service provider. This will be followed up with GMMMG. **Decision:** Once TA878 has been approved by GMMMG these formulary amendments can be made.
4.0 Pathways and Clinical Guidelines	
4.1	**Opioid resource pack** The comments received through consultation were noted. The only comment which required an amendment to be made was to ensure that the conversion rates between oral morphine and oxycodone were consistent throughout the document and match that in the Royal College of Anaesthetists Opioid Aware Guidance. **Decision:** Approved for ratification by GMMMG

4.2	**Update to GM Antimicrobial guidelines** CRG considered an update to the GM antimicrobial guidance to which the following changes have been made: • Correction of a brand name error in Acne section. • Lower UTI in pregnant women section: addition of which trusts microbiology labs test for which antibiotic sensitivity to aid clinicians during drug selection. • Switch of 1st line and alternative antifungal to use for vulvovaginal candidiasis. This aligns the antimicrobial guideline with GMMG formulary and other national documents (PGDs, CKS and BASSH guidelines). **Decision:** CRG approved the updated guideline for GMMMG ratification
5.0 Shared care	
5.1	**Updated national shared care protocols** DN presented 4 SCPs which have been taken from the national suite of documents and updated to ensure accuracy and safety. These are now available for the ICB to adopt and implement. The RDTC are seeking to update and maintain all 17 SCPs that have been produced nationally and will be providing these to the ICB in due course. There are some sections which require local input to match with the GM formulary and service provision. Comments were sought on whether a consultation is required given there has been a national process and the NHSE published documents were subject to a GM-wide consultation at the time. Only minor amendments have been made such as updated MHRA and other national body advice, repaired links, and in the case of amiodarone, further advice on INR monitoring and thyroid function testing. CRG agreed that a consultation seems unnecessary but questioned what engagement had so far been had with specialist services, in particular rheumatology, therefore this process will now be undertaken. The need for a SCP for amiodarone and dronedarone was queried as these are currently being treated as Green specialist initiation medicines, with the RAG status of amiodarone in fact being Amber (shared care in development). Some provider trusts currently treat dronedarone as RED but are experiencing issues in transferring prescribing of amiodarone to primary care as a result of the Amber RAG status. CRG were reminded that the RAG status was based on a decision to adopt the NHSE recommendations regarding medicines which should not be routinely prescribed in primary care due to safety concerns and to change these would require a rationale to do so. A recommendation to consult cardiology colleagues on the RAG status of dronedarone and amiodarone was advised. CRG accepted the riluzole SCP with an amendment to the formulations available to prescribe to reflect the formulary. **Action** KO to undertake engagement with specialist services and bring back to next CRG meeting for decision.
6.0 Work plan and horizon scanning	
6.1	**Monthly horizon scanning November 2023** CRG considered the contents of the document and made the following comments. • There are new generic products being marketed for rivaroxaban and dabigatran, so a query was raised on patent expiry which was not clear from the available literature. • Biosimilars of dimethylfumarate will be available during 2024-25 but ICB-commissioned use is very low and priority on work switching to biosimilars should be given to other medicines in 2024-25 • Somapacitan is a new growth hormone replacement indicated for use in GH deficiency in children. A NICE TA is expected and will be considered when available.

	• A new nitrofurantoin 100mg/5mL oral suspension product is likely to be available soon which may offer cost savings over other available products, however the price is yet to be published.

7.0 AOB

- ICB routes for communication of MHRA & NPSA alerts (and similar patient safety information). It was raised there is no formal route of communication for medicines alerts, and those which require action. Given some require actions to be complete within a few weeks it would not be appropriate for CRG to undertake this role. ICB members will therefore look to the ICB chief pharmacist for clarification.
- ML sought guidance with some issues relating to ADHD medicines and prescribing in primary care under a shared care protocol. PB offered to support.

Date of next meeting: Tuesday 9th January 2024 12:00-14:00 via Teams