SUMMARY OF DECISIONS FOR APPROVAL

Decisions made by: CRG (except those * which were made at GMMMG)	**14th November 2023**
Approved by: GMMMG	**14th December 2023**
Approved by: CEGC	**20th December 2023 as annotated**
Approved by: Executive	December 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 for publication
Tadalafil once daily 5mg tablets for erectile dysfunction (SLS)	An update to NHSE England's guidance on Items which should not routinely be prescribed in primary care: policy guidance has removed from the guidance due to its price now being comparable with the "as required" treatment.	Tadalafil once daily is DNP (criterion) Propose that the 5mg is removed from DNP list and assigned a Green status	2.5mg tablets are still significantly more expensive that the alternatives and will remain on DNP list	The 5mg tablets are now priced at £1.64 for a pack of 28 (Sept 23 DT) 2.5mg tablets are priced at £26.69 per pack of 28 Current spend on tadalafil 5mg tablets is estimated to be £46k per year. GM spends a total of £468k per year on sildenafil & prn tadalafil	Approve removal from DNP list	Approved

Drug and indication	Rationale / criteria	Status and formulary position assigned	Notes on decision	Cost impact and commissioning / service implications	Recommendation from GMMMG	Decision status for publication
Proposal to switch Fostair Metered-Dose Inhalers to Luforbec Metered-Dose inhalers	GMMMG understand this proposal has already been agreed by GM executive and accept the instruction to update the formulary and associated guidance to reflect this decision	Formulary to include Luforbec MDI	GMMMG note that the CEG and the GM Adult Asthma Management Plan working group (5th October 2023, has approved substituting Fostair for Luforbec MDIs in the Adult Asthma Management Plan subject to effective patient communications) Luforbec metered dose inhalers have a slightly greater carbon footprint than Fostair metered dose inhalers which will result in a slight increase in carbon footprint of 56 tonnes CO2 equivalent per annum. However, this is only a marginal increase from the 4187 tonnes CO2 equivalent caused by our use of Fostair MDIs. This increase has been accepted by the NHS GM Net Zero Programme Director.	Savings in GM of approximately £4M per annum are available if a 100% switch was achieved. This figure takes into account the available rebate on Fostair inhalers which is signed up to and received by NHS GM.	Executive decision accepted by GMMMG	Approved
Recommendation to consider apixaban as the 1st line direct oral anticoagulant for non-valvular atrial fibrillation	GMMMG understand this proposal has already been agreed by GM executive and accept the instruction to update the formulary and associated guidance to reflect this decision	Formulary to position apixaban as the 1st choice DOAC for NVAF.	GMMMG note that CEG and executive approved: 1. apixaban as the 1st line DOAC for NVAF. 2. the switching of NVAF patients receiving rivaroxaban or dabigatran to apixaban where clinically appropriate. 3.a holding position statement to not switch NVAF patients that have already been switched to edoxaban.	Data presented stated that a 50% switch rate for both dabigatran and rivaroxaban to apixaban would have a potential annualised saving of £2,577,769 across GM.	Executive decision accepted by GMMMG	Approved

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	Decision status for publication
GMMMG Opioid Prescribing for Chronic Pain: Resource Pack (2023)  Opioid resource pack Oct 23 update.docx	The GMMMG Opioid Prescribing for Chronic Pain: Resource Pack originally developed by Wigan Borough CCG and adopted by GMMMG in 2018 has undergone a review. This document brings together a number of resources clinicians can use to support the appropriate use and review of opioids used for chronic pain. The information included refers to the management of adult patients although some of the principles may also apply to use in older children. CRG considered the revised guidance at its September meeting and noted the main changes as: o Update to the opioid conversion tables; an amendment to the conversion table on p16 to match the RCOA and Opioids Aware ratios of 1.5:1 oral morphine equivalent:oral oxycodone ratio o Updates in line with NICE NG 215 - Medicines associated with dependence or withdrawal symptoms: safe prescribing and withdrawal management for adults The guidance has undergone a 6 week GM-wide consultation and was approved for submission to CEG at the December CRG and GMMMG meetings. Some of the pages and appendices of this document have been developed by Salford Pain Centre and Manchester Pain Collaborative with support from Health Innovation Manchester as part of the Medicines Safety Improvement Programme.	-	-	Nil – guidance to support prescribers	Approved
Herbal treatments and other natural products	The update above to Items which should not routinely be prescribed in primary care: policy guidance has amended the wording to include “other natural products”	Herbal medicines are DNP (criterion 1) It is proposed this is changed to: herbal medicines and other natural products		None expected GM spends an estimated £2740 per year on prescribed herbal products	Approved

DECISIONS FOR INFORMATION ONLY

Drug and indication	Rationale / criteria	Status and formulary position assigned	Notes on decision	Cost impact	Decision status for publication
NG233: Otitis media with effusion in under 12s **Commissioning: ICS**	This guideline covers identifying and managing otitis media with effusion (OME), also known as 'glue ear', in children younger than 12 years. It aims to improve hearing and quality of life in children with OME. This guideline updates and replaces the former NICE guideline on otitis media with effusion in under 12s: surgery (CG60, February 2008). It does not update or replace NG91: Otitis media (acute): antimicrobial prescribing (Last updated March 2022). The updated guidance adds 'Do Not Do' recommendations on antibiotics, oral and nasal corticosteroids, antihistamines, leukotriene receptor antagonists, mucolytics, PPIs, anti-reflux medicines, and decongestants for OME-related hearing loss.	Not on formulary. Add link to guidance to chapter 12.1.2, otitis media.	None	Most of the recommendations in the updated guideline are consistent with current clinical practice and will not represent any change locally. However, some of the recommendations may represent a change to current local practice and require additional resources to implement. The size of the resource impact will need to be determined at a local level and will depend on service configurations and future uptake of the recommendations. Benefits derived from the change in practice may help offset some of the additional costs.	Approved
NG158: Venous thromboembolic diseases: diagnosis, management and thrombophilia testing **Commissioning: ICS**	August 2023: NICE updated recommendations on the use of Wells score and D-dimer in the diagnostic pathways for pulmonary embolism and deep vein thrombosis, following a review of the evidence for people with COVID-19. NICE also clarified the recommendation on the use of the pulmonary embolism rule-out criteria (PERC).	Links on formulary in chapter 2.8 For information	N/A	NICE expect that the resource impact of this update: • for any single guideline recommendation in England will be less than approximately £1,800 per 100,000 population, and for implementing the whole guideline in England will be less than approximately £8,800 per 100,000 population	Approved

Drug and indication	Rationale / criteria	Status and formulary position assigned	Notes on decision	Cost impact	Decision status for publication
TA912: Cipaglucosidase alfa with miglustat for treating late-onset Pompe disease **Commissioning: NHSE**	Cipaglucosidase alfa (CIPA) plus miglustat is recommended, within its marketing authorisation, as an option for treating late-onset Pompe disease in adults. It is recommended only if the company provides it according to the commercial arrangement.	Not on formulary. Add to formulary in chapter 9 as a RED drug in this indication. The formulary position should reflect the NICE TA as well as any associated NHSE SSCs.	N/A	A resource impact statement is available. NICE expect the resource impact of implementing the recommendations in England will be less than approximately £8,800 per 100,000 population. This is because the technology is an alternative treatment option to existing enzyme replacement therapies. The overall cost of treatment for this patient group will be similar and the population size is small.	Approved
NG192: Caesarean birth **Commissioning: ICS**	In August 2023, NICE updated the recommendations on surgical opening technique for caesarean birth.	For info, no action	N/A	NICE expect that the resource impact of this update: • for any single guideline recommendation in England will be less than approximately £1,800 per 100,000 population, and • for implementing the whole guideline in England will be less than approximately £8,800 per 100,000 population. A significant change in clinical practice is not expected because of the updated recommendation 1.4.28. The updated guideline advises obstetric surgeons of the best surgical opening technique when performing caesarean births yet allows room for surgeon modification on a case-by-case basis. Use of a technique which reduces operating time, blood loss, pain and infections may lead to savings in resources to treat these complications.	No action required

Drug and indication	Rationale / criteria	Status and formulary position assigned	Notes on decision	Cost impact	Decision status for publication
NG126: Ectopic pregnancy and miscarriage: diagnosis and initial management	In August 2023, NICE reviewed the evidence and made new and updated recommendations on medical management of miscarriage. Updated recommendations on the use of misoprostol and mifepristone for management of miscarriage.	Link on formulary in chapter 7.1.	None	NICE expect that the resource impact of this update: • for any single guideline recommendation in England will be less than £1,800 per 100,000 population, and • for implementing the whole guideline in England will be less than £8,800 per 100,000 population. This updated guideline may increase the use of misoprostol. Any additional costs because of this increase in use should be offset by a reduction in surgical interventions. The recommendation to provide pregnancy tests if the resolution of bleeding and pain indicate that the miscarriage has completed (recommendation 1.5.18) will increase the number of urine pregnancy tests supplied. However, the unit cost of a urine test is small. The updated guideline recommends changing the time a woman or person should contact their healthcare team, if bleeding has not started, from 24 hours to 48 hours (recommendation 1.5.12). This will lead to a capacity benefit. However, if there are concerns that the woman or person will not contact their healthcare team, there should be an arrangement for the service to follow up with these people, which will take additional staff time. The overall capacity impact of the recommendation is expected to be roughly neutral.	Approved

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GMMMG Nov 23 minutes  GMMMG Minutes Nov 23 fnl.pdf	-	-	For information	-	Approved
CRG Oct 23 minutes  CRG Minutes Oct -FINAL.pdf	-	-	For information	-	Approved
Medicines safety subgroup update report  GM Medicines Optimisation and Safe	-	-	For information	-	Approved

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