SUMMARY OF DECISIONS FOR APPROVAL

Recommendations made by GMMMG subgroups	**May2024**
Approved by: GMMMG	**13th June 2024**
Approved by: CEGC	**21st June 2024**
Approved by: Executive	*pending*

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	GMMMG decision
Doxazosin 8mg immediate release tablets All indications	Analysis of prescribing data in GM by Oldham MO team shows a significant spend on this expensive item, for which simple switch to 2x4mg immediate release tablets could be employed to reduce prescribing costs	Currently no RAG status but assumed Green Proposed to change to DNP (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)	CRG did not see any issues with making this change This should not be confused with the modified release (MR) preparations of doxazosin which are already on DNP list because they appear in the NHSE guidance on items which should not be routinely prescribed in primary care	During Nov 2022 – Oct 23 a total of £187k was spent on this product. A switch to 2x4mg would save £155k per year. 28 x 8mg immediate release are priced at £9.49. 56 x 4mg immediate release are £1.68, a saving of 83%	Approved
Tirzepatide for weight management - NICE guidance implications (consultation)	On 4th June 2024 NICE published draft guidance on the use of tirzepatide for managing overweight and obesity. This report aims to provide advance notice of the commissioning and service implications of the guidance and stimulate a discussion on how the ICB will need to prepare in order to meet the recommendations made by NICE. The draft guidance is open to consultation until 25th June 2024 and GMMMG and the ICB may wish to consider making a response. The final guidance is expected to be published on 30th October 2024	Pending NICE TA	GMMMG will be submitting a response to this consultation and recommend the ICB executive do so also. Given the short timeframe of the consultation KL will liaise with the executive to support the executive/finance submission.	Pending the NICE costing template – but this is expected to pose a very significant cost impact to the ICB.	Approve consultation response from GMMMG to NICE and request the ICB submit an additional response.

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
Atropine 1% eye drops and minims for hypersalivation	The specialist services attending to patients in the community are reporting problems prescribing these products for their patients and request a change in RAG status to support	Currently these are Green (specialist initiation) and the request is to change to Green (specialist advice)	Prescribing should be in line with the GMMMG hypersalivation pathway within which these products are not first line. CRG acknowledged that the RAG status needs to support the services using the products but noted that ETP from secondary care and appropriate prescribing facilities would provide better support than amending a RAG status, but that this is outside the control of GMMMG.	None expected	Approved
Paliperidone palmitate 700mg & 1000mg prolonger-release suspension for injection (Byannli®) for the maintenance treatment of schizophrenia in adult patients who are clinically stable on 1-monthly or 3-monthly paliperidone palmitate injectable products.	An update to the GMMMG shared care protocol for paliperidone LAIs was reviewed by CRG and a request for the addition of 6 monthly LAIs was submitted. The product may have benefits to patients who experience problems with adherence or have limited access to healthcare. There are no differences in efficacy, safety or tolerability of the 6-monthly preparations vs the 1 and 3-monthly already on the formulary.	Monthly and 3-monthly preparations on formulary as Amber shared care Add 6-monthly as Amber for use once the patient is stabilised on monthly or 3 monthly treatment, in line with the GMMMG SCP and GMMMG formulary as alternative depot antipsychotic.	CRG noted that the SCP which accompanied this request is not in use in all localities of GM. Those served by GMMH mostly have a different model of care in which the injections are administered by CPNs.	None expected If uptake of 6 monthly preparation is high there is a small reduction in utilisation of primary care resources for prescribing and administering the injection.	Approved
Protocol for DOAC review and assessment of NVAF patients in whom a switch to apixaban may be clinically appropriate DOAC review protocol and switch	Intended as a clinical aid for switching appropriate patients to apixaban for reasons of utilising the best value DOAC. Patients already switched to edoxaban would be excluded from the guidance. The document has been updated to include information that the patent for Xarelto (rivaroxaban) has been invalidated and is now available as a generic	Already on formulary as Green	CRG noted the exceptions to the guidance and wished to emphasize this is a clinical aid to support review and appropriate switching, and not a recommendation to switch all NVAF patients to apixaban. With the availability of a generic version of rivaroxaban CRG expects the price of this product to fall in the next 3-6 months.	None from this guidance. Financial implications have been considered previously but may need to be updated following the decision taken on 16th May to invalidate the rivaroxaban patent.	Approved

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Azathioprine and mercaptopurine shared care protocol  Azathioprine and mercaptopurine RDTC	Adapted from updated National SCPs in conjunction with local service providers, this is now ready for implementation and merges a number of previous SCPs for these medicines in GM. Additional indications requested include renal nephritis	Already on formulary as Amber shared care		None expected from this update	Approved
Lithium shared care protocol  Lithium RDTC SCP adapted for GM final v	Adapted from updated National SCPs in conjunction with local service providers, this is now ready for implementation and merges a number of previous SCPs for these medicines in GM. Now includes cluster headache	Already on formulary as Amber shared care		None expected from this update	Approved
Paliperidone LAI shared care protocol  GMMMG SCP paliperidone long acti	Updated version of a GMMMG which has expired	Already on formulary as Amber shared care	CRG rejected the recommendations on pregnancy which requested prescribing stay with the GP but monitoring return to the specialist. This is not in line with shared care principles.	None expected from this update	Approved
Primary Care prescribing information - Long term use of steroid eye drops for ophthalmic indications  Steroid Eye Drops For Ophthalmic Indica	This guidance for primary care prescribers supports a recent change in RAG status for these agents from RED to Green Specialist initiation for ling term use and details the follow-up and review that will be undertaken by secondary care.	Already on formulary as Green (specialist initiation)	Developed by MREH and supported by LOC representatives this guidance should now support appropriate access to these medicines in primary care whilst ensuring appropriate review by specialist services.	None expected from this guidance	Approved

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Proposal to switch Ventolin™ and generic salbutamol metered dose inhaler prescriptions to Salamol™ metered dose inhalers **Dr Nuthana Prathivadi Bhayankaram presented this paper:**  Salamol switch paper v 4.0a NPB.doc	To recommend and approve a change from Ventolin™ Metered-Dose Inhalers or generic salbutamol Metered-Dose Inhaler prescriptions to Salamol™ Metered-Dose Inhalers (MDIs) in primary care and secondary care. This would be cost neutral and reduce the carbon footprint from short acting beta agonist inhalers to 1/3rd of the current footprint per annum if a 100% switch was achieved. This switch supports achievement of Medicines Optimisation QIPP targets and is in line with the Net Zero Strategy.	Reflect this decision within the GMMMG formulary. First choice agent Salamol MDI.	As per EIA Salamol™ inhalers contain alcohol and would not be suitable for some patient groups. Therefore, the target for prescribing has been lowered to account for this. Patients should be informed of the alcohol content and be given the option to decline the change in agent. GMMMG supported the proposals that: ◦ Lowering the target switch to 80% to account for those who do not wish to have an alcohol-containing inhaler ◦ Recommending that the switch is done at annual review so as to minimise extra workload and acknowledging that no extra funding is available. ◦ Noting that if done at annual review, people may be reassured that their new inhaler contains the same active ingredient as before.	Negligible cost impact Positive carbon impact Negligible clinical impact – this is not a large scale switch programme but will be undertaken on a patient by patient basis during their annual review	Approved
Process for obtaining GMMMG approval and publication for subgroup outputs  Process for GMMMG approval a	The attached process has been developed by the RDTC as GMMMG secretariat to support subgroups and associated groups preparing submissions for GMMMG consideration.	N/A	A draft was circulated to chairs of subgroups and other relevant colleagues for feedback, and comments have been incorporated into the attached draft. It is intended to be published on the GMMMG website so that subgroup members and pathway authors have easy access to the process when developing a new document and submitting to GMMMG.	Nil	Approved

DECISIONS FOR INFORMATION ONLY

Drug and indication	Rationale / criteria	Status and formulary position assigned	Notes on decision	Cost impact	GMMMG decision
TA949: Belumosudil for treating chronic graft-versus-host disease after 2 or more systemic treatments in people 12 years and over **7/2/2024** **Commissioning: NHSE**	Belumosudil is recommended, within its marketing authorisation, for treating chronic graft-versus-host disease in people 12 years and over after 2 or more systemic treatments. 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 TA949.		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 population size is small, with around 65 people eligible each year. N/A	Noted
GMMMG May minutes GMMMG minutes May 24 FNL.pdf	For publication on the GMMMG website	-	-	-	Publish
Medicine safety update report 7. April 24_GM IPMO Medicines Optimisati	This report provides the committee with an update of the activity of the medicines safety subgroup	-	-	N/A	No action
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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