

NHS ISLE OF WIGHT CLINICAL COMMISSIONING GROUP

Specialist Recommendation Drug Policy



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VERSION CONTROL

| Version | Date | Changes |
|---------|--------------|--|
| 1.0 | April 2017 | Version 1 |
| 2.0 | May 2017 | Changes from Clinical Executive |
| 3.0 | October 2019 | Review- Change of title to reflect purpose as requested by PCPC. |

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ii. Abbreviations:

| Abbreviation | Meaning: |
|--------------|--|
| IOW | Isle of Wight |
| GP | General Practitioner |
| MOT | Medicines Optimisation Team |
| CCG | Clinical Commissioning Group |
| SRDF | Specialist Recommendation Drugs Fund – Formerly High Cost Drugs Fund |
| SRDL | Specialist Recommendation Drugs List – Formerly High Cost Drugs List |
| DoLCV | Drug of Limited Clinical Value |

1. Executive Summary

- This policy refers to a service development relating to aspects of healthcare requiring specific high-cost medications for selected conditions
- Whilst the CCG recognises the need for treatment and CCG responsibility for funding of these choices of treatment, some may lie outside primary care prescribing, whilst having a direct impact on GP budgets
- Treatment may be required for patient convenience and safety as well as for clinical need at the request of a specialist centre – some of these requests are appropriate, some are not
- This policy outlines the process for agreeing items to be added to the Specialist Recommendation Drug List (SRDL), review periods, criteria for a clinician to request an addition and how the cost will be funded
- There will be some drugs that other healthcare providers request GPs to prescribe that are not appropriate in primary care. This policy will support that appropriate prescribing only is transferred to primary care
- A separate budget will be established from the prescribing budget to support the centralised management of these costly medicines

2. Introduction

Every year general practice sees patients requiring treatment that has been either initiated by a secondary or tertiary centre, or those centres have requested the GP start medicines. For the most part these requests lie within the scope of general practice and are included in the day-to-day prescribing costs that the service incurs.

Occasionally there are incidents where a patient requires a drug that is particularly expensive. This can be due to:

- The availability of the product.
- The product may need to be imported from another country.
- It may be a 'Special'. Specials are unlicensed medicinal products manufactured in the UK for human use which have been specially prepared to meet a prescription ordered for individual patients without the need for the manufacturer to hold a marketing authorisation for the medicinal product concerned.
- Or it can be because of the condition that they have been diagnosed with requires specific drugs that are not widely used therefore more expensive.

For GP's, having a patient that falls under these criteria is random and down to chance. There is little or no way to predict if the GP practice will have patients with these conditions on their list or in their catchment area.

With this in mind, the IOW CCG Medicines Optimisation Team (MOT) has agreed to create a primary care Specialist Recommendation Drug Fund (SRDF). This is a fund which has been set aside

from the primary care prescribing budget. It's intended to be used for permanent patients, who the GP is expected to continue prescribing a high cost product for but has little or no control over the choice of the product.

There will be some drugs that other healthcare providers request GPs to prescribe that are not appropriate in primary care. This policy will support that appropriate prescribing only is transferred to primary care.

Some general practice prescribers may choose a particular high priced product or be asked for a particularly high priced product at the request of the patient. These cases will not be covered under this fund. If they wish to select a product that has cost implication and continue prescribing this when alternatives are available they must do so under their own prescribing budget and with the agreement of their practice.

The fund will be applied to a pre-approved list of items – SRDL. This list is subject to regular review and will change in accordance to the need of the island residents.

3. Definitions

| Term: | Definition: |
|---|--|
| Specialist Recommendation Drug | A drug that outside routine prescribing that has been initiated by or on the request of a specialist for an uncommon condition. |
| Specialist Recommendation Drugs List (SRDL) | Pre-approved list that has been agreed by the IOW Medicines Optimisation Team, Primary Care Prescribing Committee, Clinical Delivery Group. |
| Monitoring | Practice prescribing will be monitored on a monthly basis and where appropriate fed back to the practice |
| Review Period | Prescribing will be audited every 3 months to identify practices use of these products |
| Audit | The audit will review the patients receiving any of the treatments to identify indication for treatment. If the indications are in line with those specified in the SRDL then the practice will be reimbursed through the Finance team. The audit template shown in appendix 1 will be used. This will be anonymised when passed to Finance. |
| Inclusions/Exclusions | The agreed treatments and the indications the fund will be used for are listed in the SRDL. Any indications outside these will not be funded. If a prescriber feels that the indication should be included they can request for it to added through the addition request form found in Appendix 2 |
| Addition of new product | If a prescriber wishes for a new drug to be added they can request this using the Request for Specialist Recommendation Drug to be added to the SRDL form found in appendix 3. If the request is successful they will be informed directly. All other practitioners will be informed of changes to the list in the MOT newsletter – 'The Right Medicine' |

4. Roles and Responsibilities

GP Practice:

GPs are asked to:

- Ensure any records relating to the prescribing of a Specialist Recommendation drugs are maintained on the clinical system –SystemOne. That where possible journal entries on initiation at the practice are read coded using : **XaM5Z** – Specialist Recommendation/ High Cost Drugs
- Inform the MOT at the earliest possible convenience if the practice feels they have a valid patient who meets the SRDL criteria, or have a new patient prescribed items from the SRDL
- Allow access for MOT to undertake a 3 monthly Audit. This will be done remotely where possible, but will require a MOT team member to review records to assess for suitability of reimbursement.
- To ensure regular review are completed and a clear care plan is in place including specialist review's and the expected duration of treatment (if applicable)

CCG:

It is the responsibility of the CCG to:

- Ensure that any requests for changes to the SRDL are dealt with in a timely manner
- To ensure any practice with existing patients who meet the SRDL criteria are highlighted to the practice and finance and that these patients' costs are transferred to the SRDF as soon as possible.
- To ensure an audit is completed every three months and the outcomes are fed back to the relevant practice and finance. Any time where this has not been possible, the audit should be carried out as soon as possible.

5. Implementation, Training and Awareness

- The policy along with the current SRDL and any forms will be accessible from the IOW CCG website
- To explore the use of templates embedded into the prescribing system
- Formal training will not be necessary – however, the MOT will discuss with practices when they attend
- All GP practices will be informed of the new process through the MOT newsletter 'The Right Medicine' and through the minutes of the following committees:
 - Primary Care Prescribing Committee (PCPC)
 - Clinical Effectiveness Committee
 - Clinical Executive

6. Approval Process

Any completed requests for changes will be reviewed and a decision on whether to approve the requested changes will sit with the Primary Care Prescribing Committee.

7. Links to other CCG Policies

The Specialist Recommendation Drugs policy will link to the 'Drugs of Limited Clinical Value' (DoLCV) policy that is currently in development to ensure that no drugs considered of limited clinical value are included on the Specialist Recommendation Drugs List.

Appendix 2

| Request for Change to Indications Specified on Specialist Recommendation Drug list | | | | |
|---|---------------------------------|--------------------------------|--------------|---------------|
| <p><i>Please note requests will only be considered if reasonable and are as a result of external prescribing beyond the practices control.</i></p> <p><i>All requests will be reviewed. If your application is successful we will notify the requestor directly, along with a member of a finance team. All other practitioners will be informed via the Medicines Optimisation Teams Newsletter – ‘The Right Medicine’</i></p> | | | | |
| Date of request: | Requestor Name: | | | |
| | Designation: | | | |
| | Practice (if applicable) | | | |
| Indication being changed/ added And Drug it refers to <i>(please provide full information)</i> | | | | |
| Reason for request: | | | | |
| Comments to support request: <i>(please supply copies of letters from specialists to support request)</i> | | | | |
| Date reviewed: | | Decision | AGREE | REJECT |
| Reason for Rejection: | | | | |
| Finance informed of changes | | YES – Date: Name informed : | | |

Appendix 3

| Request for Specialist Recommendation item to be added to the approved Specialist Recommendation Drug list | | | | |
|---|--------------------------|--------------------------------|--------------|---|
| <p>Please note requests will only be considered if reasonable and are as a result of external prescribing beyond the practices control.</p> <p>All requests will be reviewed. If your application is successful we will notify the requestor directly, along with a member of a finance team. All other practitioners will be informed via the Medicines Optimisation Teams Newsletter – ‘The Right Medicine’</p> | | | | |
| Date of request: | Requestor Name: | | | |
| | Designation: | | | |
| | Practice (if applicable) | | | |
| Drug requested TO BE ADDED (please provide full information) | | | | Unlicensed Special? YES / NO |
| Reason for request: | | | | |
| Comments to support request: (please supply copies of letters from specialists to support request) | | | | |
| Date reviewed: | | Decision | AGREE | REJECT |
| Reason for Rejection: | | | | |
| Finance informed of changes | | YES – Date: Name informed : | | |

Review Date Nov 2021

Appendix 4

| Specialist Recommendation (High Cost) Drugs | Price at time list produced (July 2019) | Pack size | Agreed diagnoses | Comments |
|---|---|-------------------------|--|--|
| Acetazolamide liquid (based on 125mg/5ml) | £426 - £729 | 500ml | Glaucoma | Paediatric Ophthalmology Request |
| Amantadine 50mg/5ml solution (SF) | £130.32 | 150ml | Parkinson's Disease | Not first line choice in either early or late stage PD |
| Apomorphine Injection (Apo-go®) | £73.11/ £123.91 | 5 | Parkinson's Disease | Not first line choice in either early or late stage PD. Patient and/or carer requires adequate training and counselling |
| Brivaracetam | £130 | 56 tabs | Epilepsy | Complex patient. trialed and responded to levetiracetam but not able to tolerate. Suffering 75 seizures per month. |
| Cinacalcet (Mimpara®) | £125.75- £231.97 | 28 | Renal Specialist initiated Patients NOT on dialysis and are CKD 4/5, these patients may or may not have a transplant | Patients on dialysis should not be prescribed via GP and are funded by NHSE. Ensure you are familiar why you are prescribing it. <u>Updated Jan 18</u> - Any patients on dialysis should be referred to MOT so MOT can pass info to renal team |
| Decapeptyl (Triptorelin®) | £69.00/ £81.69/ £207.00/£414 | 1 vial | All Licensed indications | Unlicensed indications to be managed by specialist |
| Degarelix (Firmagon®) 80mg | £129.66 | 1 vial | Advanced hormone-dependent prostate cancer | First line in restricted cases where there is an acute need for immediate testosterone suppression. |
| Denosumab (Prolia®) 60 mg per ml solution | £183 | 1 ml pre-filled syringe | Osteoporosis | Postmenopausal women and in men at increased risk of fractures, bone loss associated with hormone ablation in men with prostate cancer at increased risk of fractures, bone loss associated with long-term systemic glucocorticoid therapy in patients at increased risk of fracture |
| Doxepin caps | £90.00 - £142.00 | 28 | Refractory Depression | Both Strengths Mental Health Initiated; not first line choice |
| Glycopyrronium bromide 1mg tabs | £230.71 | 30 | Severe Hypersalivation | Not responsive to other treatments |
| Glycopyrronium 1mg/5ml Liquid | £84.00 | 150ml | Paeds alternative to tablets for hypersalivation | Added Sept 17 |

| | | | | |
|--------------------------------------|------------------|----------|--|---|
| Hydroxycarbamide 1000mg (Siklos®) | £933.33 | 30 | Sickle Cell disease | Other indications = NHSE (500mg caps) |
| Lanthanum (Fosrenol®) | £105.56 | 56 | Renal Specialist initiated Patients NOT on dialysis and are CKD 4/5, these patients may or may not have a transplant | Updated Jan 18: Patients on dialysis should not be prescribed via GP and are funded by NHSE. Ensure you are familiar why you are prescribing it. |
| Mycophenolate (Mofetil®) | | | Renal Request for minimal change disease, FSGS, mesangiocapillary GN to reduce need for steroids | Consultant to support GP's. Any patient on this for renal transplant should not be issued via GP - NHSE funded. |
| Noyada (Captopril®) 5mg/5ml solution | £98.21 | 100ml | Paediatric Cardiology specialist advise only | |
| Olsalazine 500mg tabs | £161.00 | 60 | Ulcerative colitis | Gastro initiated. 3rd line; Where other treatment have failed |
| Pramipexole MR tabs | £17.29 - £222.06 | 30 | Parkinson's Disease; Neurologist initiation; Not First line choice | MR not to be used for restless leg syndrome. |
| Prednisolone 20mg foam enema | £187.00 | 14 doses | Proctitis and Ulcerative Colitis Gastro Specialist initiated | Check long term plans if exceeding 2-4 weeks. |
| Rifaximin 550mg tabs | £259.23 | 56 | Gastro Only for OHE follow SCA | SCA agreed Jan 18 |
| Somatropin | £24.35- £1106.22 | 1 - 7 | Growth hormone CCG - primary and secondary hypopituitarism | Brands Inc: Genotropin, Humatrope, Norditropin, Nutropin AQ, Omnitrope,, Saizen and Zomacton May be included in Gender reassignment : NHSE are responsible commissioners when used in specialist centre for indications which falls outside of NICE guidance |
| Tacrolimus (Advagraf®) | £35.79- £266.62 | 50 | Renal Request for minimal change disease, FSGS, mesangiocapillary GN to reduce need for steroids | Consultant to support GP's. To be considered for addition to DMARD's SCA. Any patient on this for renal transplant should not be issued via GP - NHSE funded. Added Jan 18 |
| Tranlycypromine 10mg tabs | £305.48 | 28 | Refractory Depression; Historic therapy | Psychiatry |

| | | | | |
|---|--|--------------|--|------------------------|
| Vitamin A (Nepalm®) Injection 100,000units/ 2ml | £349.98 (inc wholesaler fee) Special order | 6 x 2ml amps | Ophthalmology: Severe vitamin A deficiency linked to Cystic fibrosis | PCPC agreed Oct 2019 |
| Xagrid (Anagrelide®) 0.5mg caps | £404.57 | 100 | Essential Thrombocytopenia | Review after 12 months |
| Ethinylestradiol 10mcg tabs | £200.00 | | Agreed High Cost items medication for Gender dysmorphia | April 2017 |
| Ethinylestradiol 50mcg tabs | £200.00 | | Agreed High Cost items medication for Gender dysmorphia | April 2017 |
| Ethinylestradiol 1mg tabs | £200.00 | | Agreed High Cost items medication for Gender dysmorphia | April 2017 |
| Elemental 028 extra powder | £7.24 | 100g | High Cost Feeds | |
| Jevity 1.5Kcal | £6.24 | 500ml | High Cost Feeds | |
| Jevity liquid | £5.20 | 500ml | High Cost Feeds | |
| Jevity Plus | £6.20 | 500ml | High Cost Feeds | |
| Jevity Promote | | 1L | High Cost Feeds | |
| Jevity Plus HP | | | High Cost Feeds | |
| MSUD Anamix Jr pdr x 36g | £210.90 | 30 sachets | High Cost Feeds | |
| Osmolite | | | High Cost Feeds | |
| Osmolite 1.5kcal | £5.60 | 500ml | High Cost Feeds | |
| Osmolite HP | £4.65 | 500ml | High Cost Feeds | |
| Osmolite Plus | | | High Cost Feeds | |
| Paediasure Peptide Liquid feed | £2.60 | 200ml | High Cost Feeds | |

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|-----------------------------|--------|-------|-----------------|--|
| Paediasure plus fibre | £3.14 | 200ml | High Cost Feeds | |
| PKU Air20 Gold | £8.96 | 174ml | High Cost Feeds | |
| PKU Lophlex LQ 20 | £10.47 | 125ml | High Cost Feeds | |
| TwoCal Liquid | £14.80 | 1L | High Cost Feeds | |
| Vital 1.5K liquid | £2.98 | 200ml | High Cost Feeds | |
| Glytactin Bettermilk PKU | £8.54 | | High Cost Feeds | |