NHS
Isle of Wight
Clinical Commissioning Group

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CLINICAL COMMISSIONING GROUP

High Cost 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

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ii. Abbreviations:

Abbreviation	**Meaning:**
IOW	Isle of Wight
GP	General Practitioner
MOT	Medicines Optimisation Team
CCG	Clinical Commissioning Group
HCDF	High Cost Drugs Fund
HCDL	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 High Cost Drug List (HCDL), 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 high cost drug fund (HCDF). 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 – HCDL. This list is subject to regular review and will change in accordance to the need of the island residents.

3. Definitions

Term:	Definition:
High Cost Drug	A drug that outside routine prescribing that is costing more than £350/patient and has been initiated by or on the request of a specialist for an uncommon condition.
High Cost Drugs List (HCDL)	Pre-approved list that has been agreed by the IOW medicines optimisation team, Primary Care Prescribing Committee, Clinical Effectiveness Committee, Finance and the Clinical Executive Team
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 HCDL 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 HCDL. 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 High Cost Drug to be added to the HCDL 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 high cost drug are maintained on the clinical system –SystmOne. That where possible journal entries on initiation at the practice are read coded using : **XaM5Z** – High Cost Drugs
- Inform the MOT at the earliest possible convenience if the practice feels they have a valid patient who meets the HCDL criteria, or have a new patient prescribed items from the HCDL
- 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 HCDL are dealt with in a timely manner
- To ensure any practice with existing patients who meet the HCDL criteria are highlighted to the practice and finance and that these patients' costs are transferred to the HCDF 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 HCDL 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 High Cost 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 High Cost Drugs List.

Appendix 1

Three Monthly Audit Template

To be anonymised before handing on to Finance

Date of Audit:	Completed by:		No. of Patients island wide identified as receiving a drug from HCDL:		
Practice:	Patient initials	Drug, Strength and Form	Indication :	Is it the agreed Indication for HCDL funding? **Y/N**	Read Coded?
Sent to Finance on:		Sent to (name in Finance)	Sent By (MOT name)		
Number of request for changes to HCDL since last review :					

Appendix 2

Request for Change to Indications Specified on High Cost Drug list

Please note requests will only be considered if reasonable and are as a result of external prescribing beyond the practices control.

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'

Date of request:		**Requestor Name:**		
		Designation:		
		Practice *(if applicable)*		
Indication being changed/ added And Drug it refers to *(please provide full information)*				
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 :		

Appendix 3

Request for High Cost item to be added to the approved High Cost Drug list

Please note requests will only be considered if reasonable and are as a result of external prescribing beyond the practices control.
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'

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 March 2018