Northern, Eastern and Western Devon Clinical Commissioning Group
South Devon and Torbay Clinical Commissioning Group

Chairs,
Drugs & Therapeutics Committees;
Chief Pharmacists
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Plymouth Hospitals NHS Trust
Royal Devon & Exeter NHS FT
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Dear colleague

Local Management of Drugs Turned Down for Routine Commissioning

It is widely recognised in the management of many drug formularies that the advice offered should apply to the majority of drugs prescribed within any particular setting (possibly 90 – 95%), but cannot cover 100% of prescriptions. One of the reasons for this is to give clinicians some flexibility to prescribe outside of the formulary for a limited number of patients, or in a limited number of circumstances. This can occasionally lead to tensions between consultants and GPs over the prescribing of drugs that have not been accepted onto the local formulary.

The new formulary processes across Devon have enabled a consensus amongst stakeholders from the hospitals and CCGs on how such situations can sensibly be managed. It has been acknowledged that there may be occasions where drugs which have been turned down for routine commissioning may be prescribed by secondary care specialists. This would be for a very limited number of individuals with a specific clinical need. The prescribing and associated costs would be managed by the employing organisation of the prescriber in secondary care for the first period of time (minimum of 6 months).

The drugs considered suitable will be in-tariff drugs not routinely commissioned for use in the healthcare population, for which the specialists feel there is no other routinely commissioned option available, or the treatment alternatives are more costly or carry clinical risk for the individual. They will typically be drugs used in conditions which are routinely managed in primary care and for which there will be no particular drug-specific monitoring requirements to enable future transfer of care if the medication is continued.

Following a drug being turned down for routine commissioning if a secondary care specialist wishes to have the option of occasional use for specific individuals then:

- An application must be made to the Drugs and Therapeutics Committee (or local approval committee) for the approval of non-formulary prescribing for an individual with a specific clinical need for whom the formulary choices are not suitable or who have failed previously on those treatments.

- The application may be rejected. If so, existing Exceptional Treatment and Individual Funding Request Panels (IFR) would be options.

- If the treatment is approved this will be for a limited trial completely within secondary care for a period long enough (minimum of 6 months) to gain meaningful experience and establish ongoing efficacy and assessment of adverse effects balanced against therapeutic benefit.
- Individuals are to be managed and the treatment prescribed by the secondary care specialist during this time. The prescribing and associated costs would be managed by the secondary care provider for the initial period (minimum of 6 months).

- The specialist will communicate with the individual's GP at initiation of the treatment that they are prescribing the medication so that a record can made in the patient's notes to make them complete.

- The specialist is to report back to the local approval committee with an assessment of efficacy and adverse effects for the specific individual before requesting continuation of prescribing by primary care.

- Individual patients who have received treatment for at least 6 months and who fulfil the above criteria may be referred for GP continuation of the non-formulary drug.

- The referral communication should state clearly:
    - the rationale for prescribing of a non-formulary drug for the individual rather than a formulary alternative
    - the demonstrated benefit to the individual, and any adverse effects to be aware of
    - any time limits to the treatment, when it should be stopped or may be changed to a formulary alternative.

We believe by formalising this agreement across the whole of Devon the process by which consultants request GPs to prescribe 'off-formulary' will be made more transparent. Clearly we wish to stop inappropriate requests for primary care initiation or continuation where the drug concerned is clearly of a specialist nature, and stop similarly inappropriate requests for routine use made in an attempt to circumvent formulary rejections.

The Medicines Optimisation Teams across Devon are keen to monitor this to ensure that it is being used in the spirit of the agreement. This is to facilitate the care of patients who could be managed with straightforward therapy not routinely available under normal commissioning arrangements. The individual funding panel route remains an option, but as you can appreciate it is time consuming for both the requesting clinicians and the Clinical Commissioning Group.

We intend to keep this under review as the Devon health community gains experience of operating it.

Yours faithfully

Dr Jo Roberts

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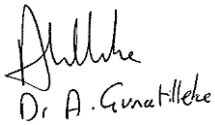

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