Payment by Results 2013/2014
Drug and Device Exclusions

1. Introduction

The tariff payment system is nationally calculated averages. It is expected that against the tariff, providers will incur a deficit or surplus in the course of providing a care event. A number of high cost drugs, devices, procedures and products have been excluded from the scope of the national tariff of payment by results (PbR) for 2013/2014. Following the reorganisation of the NHS these drugs will either be:

- commissioned by the specialised commissioning group (SCG) which are part of the NHS England

  OR

- commissioned by the Clinical Commissioning Groups (CCGs)

This document provides a statement of Surrey Downs CCG commissioning intentions and arrangements for managing these drug exclusions which are the responsibility of the CCGs for 2013/14. PbR drug exclusions are linked to British National Formulary (BNF) categories where possible. Any new drugs added to these BNF categories within the financial year will be treated as drug exclusions. Activity will be monitored for the use of these drugs in line with NICE or locally commissioned criteria. PbR drug exclusions will only be funded at the Provider's acquisition cost, with no additional costs added.

2. Commissioning Intentions

These commissioning intentions relate to **excluded** drugs, devices and products that are commissioned by CCGs (please refer to NHS England policies in relation to excluded drugs that are commissioned by the SCG). The table at the end of this document provides specific details of Surrey Downs CCG's requirements for each excluded drug. **All other drugs should be provided within the tariff price or are the responsibility of the SCG.**

New Interventions starting in 2013/14:

For patients starting **new** interventions Surrey Downs CCG:

- Will fund excluded drugs that are used in accordance with NICE technological appraisal[1] recommendations or as detailed in Appendix 1. Baseline data must be recorded clearly in the patient's notes in order to enable post payment verification audits in NHS Providers (with prior agreement) to assess whether excluded drugs are being used in accordance with agreed commissioning criteria.

- ALL other excluded drugs i.e. licensed but not yet subject to NICE review; unlicensed; or new high cost drugs that are in-year developments will only be funded following the agreement of an in year service development by Surrey Downs CCG's board (after consideration by and support of the Prescribing Clinical Network) or for an individual patient in exceptional clinical circumstances / rarity request (see Surrey Downs CCG Policy and Operating Procedures for Dealing with Individual Funding Requests).

- Surrey Downs CCG will accept retrospective notification for excluded drugs that are used in accordance with NICE technological appraisal and in the rare cases when an excluded drug must be initiated immediately. The patient must meet ALL pre-determined criteria and where necessary (ie where a patient is not found to meet Surrey Downs CCG's criteria), Trusts will be asked to make an adjustment to the invoice. All notification 'tick box' forms must be received by Surrey Downs CCG within 2 weeks of the requested funding treatment being initiated.

- **Clinical trials and compassionate funding:** Funding arrangements for the period following completion of the trial must be agreed with the commissioners prior to the trial commencing. It should be noted that Surrey Downs CCG **does not normally fund medicines following the completion of a clinical trial or withdrawal of compassionate funding** by a pharmaceutical company. Ethically, patients participating in a clinical trial must be made aware that there is no guarantee that the medicine will be continued at the end of the trial, irrespective of the results

- (Surrey Downs CCG has adopted SEC PRC PR2010-02 in relation to NHS pick up of trial funding).

PR_2010-02_NHS_pick_up_of_trial_fundir

- **Private patients:** If NHS funding is being requested for excluded drugs, the patient should be referred into the appropriate NHS services in order that an application for funding can be made to the CCG in the usual way as for NHS patients. NHS patients who have previously received private treatment will not be given an unfair advantage over other NHS patients.

The CCG has a **statutory duty to fund technological appraisals within 3 months of publication**, unless otherwise stated on the guidance

- **Patients changing responsible commissioner:** Surrey Downs CCG follow the SEC PRC PR2011-01


PR2011-01 Patients changing responsible

- **Copayment:** Guidance on NHS patients who wish to pay for additional private care was published on 23rd March 2009, by the Department of Health. NHS organisations should not withdraw NHS care simply because a patient chooses to buy additional private care. Prior to initiating a referral for copayment, the consultant should exhaust all reasonable avenues for securing NHS funding before suggesting a patient's only option is to pay for care privately. Prior to starting copayment treatment patients must be informed:

    - That the additional treatment and any associated costs are not being funded by the NHS
    - Of the associated costs from the private care provider
    - That if they become unable to fund their treatment (i.e.'run out of money') that the treatment will stop. The NHS will not provide treatment.
    - That if the NHS decided to fund this treatment in the future, the NHS would not normally refund the cost of treatment already given privately.

    See individual Trusts operational policies for co-payment.

3. Funding arrangements

Appendix 1 provides details of funding arrangements for each excluded drug. There may be some minor variations between Trusts, based on local negotiations.

Surrey Downs CCG has developed a series of standard forms ('tick box' or individual funding request form). These forms **must** be used for either prior approval or notification as applicable. Forms **must** be submitted to Surrey Downs CCG electronically via the web-based database https://www-blueteq-secure.co.uk/trust. Surrey Downs CCG will not accept scanned forms, data embedded into an email or emails from a non nhs.net account. The patient must meet ALL pre-determined criteria for funding to be approved.

Invoices should be submitted to Surrey Downs CCG **every month** and **a minimum supporting dataset** must be sent by the 10th working day of the following month:

- Patient identifier (Hospital number and NHS number)
- GP and practice post code
- Drug – to include amount
- Consultant or Specialty
- Date of dispensing

A database of requests and decisions will be maintained by Surrey Downs CCG in order to facilitate checking invoices. A full dataset must be provided with all invoices

to enable payment. If this information is not available Surrey Downs CCG will be unable to authorise payment resulting in delays. For all excluded drugs used within the specific details in Appendix 1 Surrey Downs CCG will make an additional payment covering only the cost of the excluded drug on a case-by-case basis.

Post payment verification

Surrey Downs CCG may request / carry out post payment verification audits in NHS Trusts, with prior agreement, to assess whether high cost drugs are being used in accordance with agreed commissioning criteria (2 audits per year to be agreed with Trusts).

Patient follow up & ongoing arrangements for funding

- The Trust should ensure that criteria for stopping treatment are discussed with the patient before a drug is initiated. *The notes should reflect this discussion and that the patient has agreed to these conditions*
- Surrey Downs CCG will routinely request within the appropriate timescales that Trusts provide objective evidence of response to establish whether or not a patient has responded to treatment in line with criteria included within NICE TAs/ locally commissioned guidelines or as stipulated for individual funding request approvals. If it is not possible to provide objective data Surrey Downs CCG may consider subjective data. Surrey Downs CCG will expect that information in relation to patient response will be received within 3 months of the request; after 3 months if no information has been received Surrey Downs CCG will assume that treatment has been discontinued and funding is no longer required. Any treatment provided beyond this point will be from within the Trust's resources.
- Where a patient has shown inadequate or no response (against NICE TA criteria/ locally commissioned guidelines or as stipulated for individual funding request approvals), Surrey Downs CCG will notify both the consultant concerned and the pharmacy department of this. The consultant concerned at this point can apply to Surrey Downs CCG for continued funding via the individual funding request route if they consider it appropriate for the patient to continue treatment and the patient demonstrates exceptional clinical circumstances. If Surrey Downs CCG does not receive an individual funding request form within **ONE** month funding will be withdrawn. Any treatment provided beyond this point will be from within the Trust's resources.
- Trusts may appeal a decision to withdraw funding. The appeal should be submitted in writing and be backed up by patient specific data (this should include subjective and objective data summarising the patient's current clinical status).
- Where Surrey Downs CCG has approved a treatment for a specified time period or specified number of treatments Surrey Downs CCG will notify the Acute Trust when patient follow-up is required. It is then the responsibility of the Acute Trust to provide the required information to Surrey Downs CCG for further funding to be approved within the specified timescale
- If shared care is agreed with GP after a patient has stabilised on treatment it is the responsibility of the Provider to notify Surrey Downs CCG

4. Responsibilities

Surrey Downs CCG will ensure efficient processing of all application for funding and will work to the following standards:

- **Prior Approval (tick box forms) -** Funding decision provided within 5 working days for 95% of requests received

- **Prior Approval (individual funding requests) -** Funding decision provided within 18 working days of requests received (currently IFR panels are held every month – for more details see Surrey Downs CCG's Policy and Operating Procedures for dealing with Individual Funding Requests).

Achievement of these standards is dependent upon the CCG receiving an appropriate level of detail and supporting references (where applicable). Trusts are also asked to note that this standard applies from the point when the CCG is in receipt of full information to support the funding request. Both parties will strive to achieve these requirements and targets and will monitor performance against the defined standards

Completion of forms

Trusts should ensure that all sections of the form are completed and that any supporting data is forwarded with the request. Requests requiring consideration more rapidly than above should be clearly marked 'urgent' and state the reason(s) as to why they are urgent. Where it is not clinically safe to wait for a funding decision, the Trust may start the treatment and forward the completed application form to Surrey Downs CCG at the earliest possible opportunity. *Financial risk rests with the Acute Trust under these circumstances.*

Trusts are asked to ensure a *rapid and full response* to Surrey Downs CCG questions raised in response to requests.

5. Pass Through

Pass-through payments are additional payments made to Providers over and above the relevant tariff reimbursement for use of a particular drug (which is not included in the PbR excluded drug list) which could not have been expected when the price of the HRG was established. Primarily this applies to new drugs but could also apply to drugs that are not new but are of disproportionate cost relative to the HRG tariff. DH criteria for pass-through payments:

- Delivered in a limited number of centres **and**
- Of disproportionate cost relative to the HRG tariff
- **And** for new use for existing drugs, also coded to a relatively high volume HRG where the activity within the HRG is heterogeneous in nature.

Surrey Downs CCG's definition of disproportionality in this context is:

- For an individual drug that the additional / incremental cost Full Year Effect (FYE) per patient is no less than £2,000 over the existing therapy that is within tariff.
- The Part Year Effect of the cost pressure to any individual provider of the drugs at purchase price (including VAT where applicable) is greater than £50,000, based on the estimated number of patients put forward for this service development.

Surrey Downs CCG will review the cost effectiveness evidence (including NICE) prior to agreeing a pass-through payment. The price attached to the pass-through payment relates only to the additional costs associated directly with the drug and its use relative to the cost of alternative treatment. Pass-through payments will be reviewed by Surrey Downs CCG before the start of each financial year to see if the usage of the drug is to be included in the relevant tariff reimbursement.

Providers should apply to Surrey Downs CCG for pass-through payment for a new drug by submitting a business case for consideration by the Prescribing Clinical Network (unless the drug is NICE approved / defined within specialist commissioning arrangements and a tick box form has been produced and a pass-through payment agreed through contracting). Decisions made by the Prescribing Clinical Network will be ratified by Surrey Downs CCG's board and once ratified a pass-through payment will be agreed through contracting.

BNF Category Cytokine Inhibitors (anti TNF) Sections 1.5 cytokine modulators and 10.1.3 cytokine inhibitors			
Drug/Drug type	**Approved Indication**	**NICE**	**Surrey Downs CCG Management strategy**
Abatacept	Rheumatoid Arthritis	August 2010 TA 195 August 2011 TA 234	**Adults as per Surrey Downs CCG RA biologic drugs treatment pathway (NOTE children commissioned via the SCG <18years)** ▪ Tick box form ▪ Notification Surrey Downs CCG - RA biologic treatment
Adalimumab	Crohn's disease	May 2010 TA 187	**Adults only (children commissioned via the SCG <18 years)** ▪ Tick box form (including dose escalation) ▪ Notification **Sequential use adults only (children commissioned via the SCG):** ▪ Individual Funding Requests ▪ Prior approval essential
Adalimumab	Rheumatoid Arthritis	Oct 2007 TA 130 August 2010 TA 195	**Adults as per Surrey Downs CCG RA biologic drugs treatment pathway – note certolizumab is the preferred first line choice TNF inhibitor (NOTE children commissioned via the SCG <18 years)** ▪ Tick box form ▪ Notification Surrey Downs CCG - RA biologic treatment

Adalimumab	Psoriatic Arthritis	August 2010 TA 199	**Adults as per Surrey Downs CCG PsA biologic drugs treatment pathway (NOTE children commissioned via the SCG <18 years)** ▪ Tick box form ▪ Notification  CCG PsA biologic treatment pathway -

BNF Category Cytokine Inhibitors (anti TNF) Sections 1.5 cytokine modulators and 10.1.3 cytokine inhibitors			
Drug/Drug type	**Approved Indication**	**NICE**	**Surrey Downs CCG Management strategy**
Adalimumab	Ankylosing spondylitis	May 2008 TA 143	**Adults as per Surrey Downs CCG AS biologic drugs treatment pathway (NOTE children commissioned via the SCG <18 years)** ▪ Tick box form ▪ Notification  CCG AS biologic treatment pathway [
Adalimumab	Plaque Psoriasis	June 2008 TA 146	**Adults as per Surrey Downs CCG guidelines on use of biologics in psoriasis (NOTE children commissioned via the SCG <18 years)** ▪ Tick box form ▪ Notification

			CCG Guidelines for the treatment of Psor
Adalimumab	Hand & Foot Psoriasis	- April 2011 APC	▪ Tick box form – as per locally commissioned criteria (only adults) ▪ Notification
Adalimumab	All other indications for adults (>18 years)	-	▪ Individual Funding Requests ▪ Prior approval essential
Certolizumab Pegol	Rheumatoid Arthritis	Feb 2010 TA186	**Adults as per Surrey Downs CCG RA biologic drugs treatment pathway – preferred first line choice TNF inhibitor (NOTE children commissioned via the SCG <18 years)** ▪ Tick box form ▪ Notification Surrey Downs CCG - RA biologic treatment
BNF Category Cytokine Inhibitors (anti TNF)			

Sections 1.5 cytokine modulators and 10.1.3 cytokine inhibitors			
Drug/Drug type	**Approved Indication**	**NICE**	**Surrey Downs CCG Management strategy**
Etanercept	Rheumatoid Arthritis	Oct 2007 TA 130 August 2010 TA 195	**Adults as per Surrey Downs CCG RA biologic drugs treatment pathway – note certolizumab is the preferred first line choice TNF inhibitor (NOTE children commissioned via the SCG <18 years)** ▪ Tick box form ▪ Notification Surrey Downs CCG - RA biologic treatment
Etanercept	Hand & Foot Psoriasis	- April 2011 APC	▪ Tick box form – as per locally commissioned criteria (adults only) ▪ Notification
Etanercept	Ankylosing spondylitis	May 2008 TA 143	**Adults as per Surrey Downs CCG AS biologic drugs treatment pathway (NOTE children commissioned via the SCG <18 years)** ▪ Tick box form ▪ Notification CCG AS biologic treatment pathway [
Etanercept	Psoriatic arthritis	August 2010 TA 199	**Adults as per Surrey Downs CCG PsA biologic drugs treatment pathway (NOTE children commissioned via the SCG < 18 years)** ▪ Tick box form ▪ Notification CCG PsA biologic treatment pathway -
Etanercept	Plaque Psoriasis	July 2006 TA103	**Adults as per Surrey Downs CCG guidelines on use of biologics in psoriasis (NOTE children commissioned via the SCG <18 years)**

			▪ Tick box form ▪ Notification  CCG Guidelines for the treatment of Psor
Etanercept	All other indications for adults (>18 years)	-	▪ Individual Funding Requests ▪ Prior approval essential
BNF Category Cytokine Inhibitors (anti TNF) Sections 1.5 cytokine modulators and 10.1.3 cytokine inhibitors			
Drug/Drug type	**Approved Indication**	**NICE**	**Surrey Downs CCG Management strategy**
Golimumab	Rheumatoid arthritis	June 2011 TA225 & 224	**Adults as per Surrey Downs CCG RA biologic drugs treatment pathway – note certolizumab is the preferred first line choice TNF inhibitor (NOTE children commissioned via the SCG <18 years)** ▪ Correspondence with Surrey & Sussex Commissioning Support unit pharmaceutical commissioning team ▪ Prior approval essential  Surrey Downs CCG - RA biologic treatment
Golimumab	Ankylosing spondylitis	August 2011 TA 233	**Adults as per Surrey Downs CCG AS biologic drugs treatment pathway (NOTE children commissioned via the SCG <18 years)** ▪ Correspondence with Surrey & Sussex Commissioning Support unit pharmaceutical commissioning team ▪ Prior approval essential  CCG AS biologic treatment pathway [
Golimumab	Psoriatic arthritis	April 2011 TA 220	**Adults as per Surrey Downs CCG PsA biologic drugs treatment pathway (NOTE children commissioned via the SCG <18 years)** ▪ Correspondence with Surrey & Sussex Commissioning

			Support unit pharmaceutical commissioning team ▪ Prior approval essential CCG PsA biologic treatment pathway -
Golimumab	All other indications for adults (>18 years)	-	▪ Individual Funding Requests ▪ Prior approval essential
Infliximab	Rheumatoid Arthritis	Oct 2007 TA 130 August 2010 TA 195	**Adults as per Surrey Downs CCG RA biologic drugs treatment pathway – note certolizumab is the preferred first line choice TNF inhibitor (NOTE children commissioned via the SCG <18 years)** ▪ Tick box form ▪ Notification Surrey Downs CCG - RA biologic treatment
BNF Category Cytokine Inhibitors (anti TNF) Sections 1.5 cytokine modulators and 10.1.3 cytokine inhibitors			
Drug/Drug type	**Approved Indication**	**NICE**	**Surrey Downs CCG Management strategy**
Infliximab	Crohn's disease	May 2010 TA 187	▪ Tick box form (including dose escalation) adults only ▪ Notification **Sequential use adults only (children commissioned via the SCG):** ▪ Individual Funding Requests Prior approval essential
Infliximab	Plaque Psoriasis	Jan 2008 TA 134	**Adults as per Surrey Downs CCG guidelines on use of biologics in psoriasis (NOTE children commissioned via the SCG)** ▪ Tick box form ▪ Notification

			CCG Guidelines for the treatment of Psor
Infliximab	Ankylosing spondylitis	May 2008 TA 143	**Adults as per Surrey Downs CCG AS biologic drugs treatment pathway (NOTE children commissioned via the SCG <18 years)** ▪ Individual Funding Requests ▪ Prior approval essential CCG AS biologic treatment pathway [
Infliximab	Colitis (ulcerative)	April 2008 TA140 Dec 2008 TA 163	▪ Individual Funding Requests - subacute manifestations adults only **(NOTE children commissioned via the SCG <18 years)** ▪ Prior approval essential ▪ Tick box form – acute exacerbations adults only **(NOTE children commissioned via the SCG <18 years)** ▪ Notification
Infliximab	Psoriatic arthritis	April 2011 TA 199	**Adults as per Surrey Downs CCG PsA biologic drugs treatment pathway (NOTE children commissioned via the SCG <18 years)** ▪ Individual Funding Requests ▪ Prior approval essential CCG PsA biologic treatment pathway -
Infliximab	All other indications for adults (>18 years)	-	▪ Individual Funding Requests ▪ Prior approval essential

BNF Category Cytokine Inhibitors (anti TNF) Sections 1.5 cytokine modulators and 10.1.3 cytokine inhibitors			
Drug/Drug type	**Approved Indication**	**NICE**	**Surrey Downs CCG Management strategy**
	Rheumatoid Arthritis	August 2010	**Adults as per Surrey Downs CCG RA biologic drugs**

Rituximab		TA 195	**treatment pathway (NOTE children commissioned via the SCG <18 years)** ▪ Tick box (repeat dosing in line with Surrey Downs CCG locally commissioned criteria – separate tick box form) ▪ Notification  Surrey Downs CCG - RA biologic treatment
Rituximab	Refractory Systemic Lupus Erythematosus	- April 2011 APC	▪ Tick box form – as per Surrey Downs CCG locally commissioned criteria ▪ Notification
Rituximab	All other indications for adults excluding: cancer treatment / ITP / AIHA / ANCA vasculitis / renal / lung which are commissioned via the SCG	-	▪ Individual Funding Requests ▪ Prior approval essential
Tocilizumab	Rheumatoid Arthritis	Aug 2010 TA 198 Feb 2012 TA247	**Adults as per Surrey Downs CCG RA biologic drugs treatment pathway (NOTE children commissioned via the SCG <18 years)** ▪ Tick box form ▪ Notification  Surrey Downs CCG - RA biologic treatment
Tocilizumab	All other indications for adults (>18 years)	-	▪ Individual Funding Requests ▪ Prior approval essential
Tofacitinib	Rheumatoid Arthritis – currently unlicensed	- (on work plan expected date	Once licensed prior to NICE / Prescribing Clinical Network decision adults only

		TBC)	▪ Individual Funding Requests ▪ Prior approval essential
Teduglutide	Short Bowel Syndrome – currently unlicensed	- (not on work plan in Jan 2013)	Once licensed prior to NICE / PCN decision ▪ Individual Funding Requests ▪ Prior approval essential
BNF Category Fibrinolytic drugs Section 2.10.2 blood Alteplase (dealt with as a top-up under PbR in 2013-14)			
Drug/Drug type	**Approved Indication**	**NICE**	**Surrey Downs CCG Management strategy**
Alteplase	Stroke	TA122 Sept 2012 TA264	Alteplase for stroke will continue to receive a targeted adjustment of £828 when HRG AA22Z (non-transcient stroke or cerebrovascular accident, nervous systems infection or encephalopathy) is coded with unbundled HRG XD07Z (fibrinolytic drugs band 1). This is paid for through contracting and therefore should **NOT** be invoiced with the PbR excluded drugs.
BNF Category Anti-fibrinolytic Drugs / Haemostatics Blood Products Section 2.11 blood products			
Fibrin Sealants		-	▪ Invoice
BNF Category Hypnotics and anxiolytics Sections 4.1.1			
Sodium oxybate	Narcolepsy with cataplexy (under specialist supervision)	Supported by Surrey APC June 2010 for a defined group of pts	**Initiation by a specialist** ▪ Tick box form ▪ Notification

	Shared care with GPs not supported		
BNF Category Neurodegenerative Conditions Sections 4.9.1			
Co-careldopa internal tube intestinal gel (when used as intestinal gel with internal tube)	Advanced levodopa-responsive Parkinson's disease with severe motor fluctuations and hyper-/dyskinesia when available combinations of Parkinson medicinal products have not given satisfactory results	- HPSU guidance PR 2009-03	▪ Individual Funding Requests ▪ Prior approval essentia
Tafamidis	Transthyretin amyloidosis in adult patients with stage 1 symptomatic polyneuropathy to delay peripheral neurologic impairment	- Not on NICE work plan 2013	Until requested to be considered by the PCN ▪ Individual Funding Requests ▪ Prior approval essential
BNF Category Torsion Dystonias and other involuntary movements Sections 4.9.3 riluzole, 4.9.3 torsion dystonias and other involuntary movements			
Drug/Drug type	**Approved Indication**	**NICE**	**Surrey Downs CCG Management strategy**
Botulinum toxin	Hyperhidrosis	- Surrey PCN 11-2012	▪ Individual Funding Requests ▪ Prior approval essential
Botulinum toxin	Facial lines	-	

		PR 2010-03	▪ Individual Funding Requests ▪ Prior approval essential
Botulinum toxin	Sialorrhoea	-	▪ Individual Funding Requests ▪ Prior approval essential
Botulinum toxin	Headache and migraine	June 2012 TA260	▪ Tick box form ▪ Notification
Botulinum toxin	Blepharospasm	PR 2010-05	▪ Invoice
Botulinum toxin	Overactive Bladder	Surrey PCN 10-12	▪ Invoice
Botulinum toxin	Use for other licensed indications as agreed in local Trust guidelines – focal spasticity, hemifacial spasm and spasmodic torticollis	-	**Use as agreed for other licensed indications as per local Trust guidelines:** ▪ Invoice **Use for other unlicensed indications:** ▪ Individual Funding Requests ▪ Prior approval essential
Botulinum toxin	Anal fissures	-	This treatment is only funded for the treatment of chronic anal fissures for adults whose condition has failed to heal spontaneously, and chronic symptoms have persisted for more than 6 weeks. Symptoms of chronicity may include the presence of papilla, visible internal sphincter, chronic inersphincteric abscess, pain and bleeding. One treatment with botulinum toxin will be funded if the anal fissure fails to heal during the three month period of chemical sphincterotomy effectiveness, and chronic symptoms persist, surgical sphincterotomy may be indicated. To be eligible for treatment with botulinum toxin all

			other appropriate non-surgical, pharmacological and dietary treatments for chronic anal fissure must have been tried and failed ▪ Invoice **Uses outside of agreed criteria above:** ▪ Individual Funding Requests ▪ Prior approval essential
BNF Category Torsion Dystonias and other involuntary movements Sections 4.9.3 riluzole, 4.9.3 torsion dystonias and other involuntary movements			
Drug/Drug type	**Approved Indication**	**NICE**	**Surrey Downs CCG Management strategy**
Riluzole	ALS form of Motor Neurone Disease (MND)	Jan 2001 TA 20	▪ Tick box form ▪ Notification Shared Care with GPs supported by Surrey Downs CCG: Acute Trust must inform Surrey Downs CCG once prescribing has been transferred to primary care
BNF Category Growth hormone and growth hormone receptor antagonists & Vasopressin Analogue Sections 6.5.1 growth hormone & growth hormone receptor antagonists.			
Pegvisomant	Acromegaly	-	▪ Individual Funding Requests ▪ Prior approval essential ▪ Shared care with GPs not currently supported by Surrey Downs CCG

BNF Category Growth hormone and growth hormone receptor antagonists & Vasopressin Analogue Sections 6.5.1 growth hormone & growth hormone receptor antagonists.			
Somatropin (adults)	NICE approved uses only **Omnitrope® is Surrey Downs CCG's first line growth hormone**	Aug 2003 TA 64	▪ Tick box form ▪ Notification ▪ Shared care with GPs supported by Surrey Downs CCG if funding already in place
Somatropin (children)	NICE approved uses only **Omnitrope® is Surrey Downs CCG's first line growth hormone**	May 2010 TA 188	▪ Tick box form ▪ Notification ▪ Shared care with GPs supported by Surrey Downs CCG if funding already in place
Lixivaptan	Currently unlicensed	-	**To be reviewed by PCN once licence obtained:** ▪ Individual Funding Requests ▪ Prior approval essential
BNF Category Drugs affecting bone metabolism Section 6.6.1 teriparatide & parathyroid hormone.			
Drug/Drug type	**Approved Indication**	**NICE**	**Surrey Downs CCG Management strategy**
Teriparatide	Post menopausal osteoporosis – up to 18 months treatment	Oct 2008 TA 161	▪ Tick box form (does not include license extension to 24 months for which funding is not routinely supported – APC Jan 2011) ▪ Notification For treatment up to 24 months: ▪ Individual Funding Requests

			▪ Prior approval essential
	Adult Males – for the secondary prevention of osteoporotic fragility fractures	-	As per Surrey APC recommendations 2010 ▪ Tick box form (does not include license extension to 24 months for which funding is not routinely supported – APC Jan 2011) ▪ Notification For treatment up to 24 months: ▪ Individual Funding Requests ▪ Prior approval essential
Parathyroid Hormone	Post menopausal osteoporosis	-	▪ Individual Funding Requests ▪ Prior approval essential
BNF Category Antineoplastic drugs for non-chemotherapy indications Section 8.1.5 Bevacizumab, bortezomib & cetuximab			
Bevacizumab	Wet Age related macular degeneration (AMD)	-	As per Surrey APC decision August 2011 ▪ Tick box form ▪ Notification
Bevacizumab	Diabetic Macular Oedema	-	As per Surrey APC decision Oct 2010 – for patients with laser failure / who are unsuitable for laser due to proximity to the fovea providing they are not eligible for entry into a clinical trial (NOTE: TA274 for ranibizumab which is the licensed NICE approved treatment option if the eye has a central retinal thickness of 400 micrometres or more at the start of treatment. Bevacizumab may be a treatment option for patients if this specified criteria is not met). ▪ Tick box form ▪ Notification
Bevacizumab	Macular Oedema secondary to central or branch retinal vein occlusion	-	Funding not routinely supported by Surrey APC Feb 2011 ▪ Individual Funding Requests ▪ Prior approval essential

Bevacizumab	Myopic Choroidal Neovascularisation (CNV)	-	Funding not routinely supported by Surrey APC Oct 2010 ▪ Individual Funding Requests ▪ Prior approval essential
BNF Category Antineoplastic drugs for non-chemotherapy indications Section 8.1.5 Bevacizumab, bortezomib & cetuximab			
Drug/Drug type	**Approved Indication**	**NICE**	**Surrey Downs CCG Management strategy**
Bevacizumab	Other non-AMD CNV	-	Funding not routinely supported by Surrey APC Oct 2010 ▪ Individual Funding Requests ▪ Prior approval essential
BNF Category Hormone Antagonists Section 8.3.4 Octreotide, lanreotide and pasireotide – non cancer use only (use in cancer commissioned by NHS England)			
Drug/Drug type	**Approved Indication**	**NICE**	**Surrey Downs CCG Management strategy**
Lanreotide	▪ Acromegaly ▪ Other non-cancer use	-	**Uses as agreed in local Trust guidelines** ▪ Invoice **Uses outside of local Trust guidelines** ▪ Individual Funding Requests ▪ Prior approval essential **Palliative care** Notification – shared care with GPs
Octreotide	▪ Acromegaly ▪ Other non-cancer use	-	
Pasireotide	▪ Cushing's disease	-	▪ Individual Funding Requests ▪ Prior approval essential
BNF category Platelet Disorder Drugs 9.1.4 Eltrombopag, Romiplostim			

Eltrombopag	▪ Chronic idiopathic ITP	Oct 2010 TA 205 (Negative)	Current negative NICE guidance is being reviewed – updated guidance expected May 2013 when this recommendation will be reviewed ▪ Individual Funding Requests ▪ Prior approval essential
Romiplostim	▪ Chronic idiopathic ITP	April 2011 TA 221	**To be considered by PCN 2013 if requested by Consultant Haematologists** ▪ Individual Funding Requests ▪ Prior approval essential
BNF category retinal disease Ocriplasmin (no BNF category)			
Ocriplasmin	Currently unlicensed	- (expected October 2013)	**To be reviewed by Surrey APC once licence obtained:** ▪ Individual Funding Requests ▪ Prior approval essential
BNF Category Enzymes Section 10.3.1 Collagenase (only when used in outpatients)			
Collagenase	Dupuytren's contracture	-	In line with Surrey PCN recommendation June 2012 (PCN 21-2012) ▪ Tick box form ▪ Notification
BNF Category Macular Oedema Section 11.4.1			
Dexamethasone intravitreal implant (Ozurdex®)	▪ Macular oedema (RVO)	July 2011 TA229	▪ Tick box form

			▪ Notification
Fluocinolone acetonide (intravitreal implant)	▪ Diabetic macular oedema	January 2013 TA271 (negative)	▪ Individual Funding Requests ▪ Prior approval essential
BNF category Subfoveal choroidal neovascularisation Section 11.8.2			
Drug/Drug type	**Approved Indication**	**NICE**	**Surrey Downs CCG Management strategy**
Ranibizumab (Lucentis®)	Wet Age related macular degeneration (AMD)	Aug 2008 TA 155	**Providers are required to have registered with Novartis to receive a discounted price from listed (new discount expected Feb 2013)** ▪ Tick box form ▪ Notification
Ranibizumab (Lucentis®)	Diabetic Macular oedema	Nov 2011 TA 274	▪ Tick box form ▪ Notification
Ranibizumab (Lucentis®)	All other indications	- (RVO date TBC Pathological Myopia Feb 2014)	▪ Individual Funding Requests ▪ Prior approval essential
BNF category Subfoveal choroidal neovascularisation Section 11.8.2			
Pegaptanib	Wet Age related macular degeneration (AMD)	Aug 2008 TA 155 (negative)	▪ Individual Funding Requests ▪ Prior approval essential
Aflibercept	Wet Age related macular degeneration (AMD)	- (expected August 2013)	**To be reviewed by PCN once NICE approved:** ▪ Individual Funding Requests ▪ Prior approval essential
Verteporfin	Wet Age related	-	

	macular degeneration (AMD)		▪ Individual Funding Requests ▪ Prior approval essential
BNF Category Skin Conditions Section 13.5.1 Preparations for eczema & no category			
Afamelanotide (not currently licensed)	Erythropoietic proto-porphyria (EPP)	-	**To be reviewed by Surrey PCN once licence obtained:** ▪ Individual Funding Requests ▪ Prior approval essential
Alitretinoin	Severe chronic hand eczema refractory to potent corticosteroids	Aug 2009 TA177	▪ Tick box form ▪ Notification
BNF category Drugs Affecting the Immune Response Section 13.5.3			
Drug/Drug type	**Approved Indication**	**NICE**	**Surrey Downs CCG Management strategy**
Ustekinumab	Psoriasis	Sept 2009 TA180	**As per Surrey Downs CCG guidelines on use of biologics in psoriasis** ▪ Tick box form ▪ Notification  CCG Guidelines for the treatment of Psor
No BNF category available			
Dibotermin alfa Epototermin alfa	▪ Bone morphogenetic	-	**In line with the EoE commissioning policy which was supported by Surrey APC August 2010**

	protein		▪ Tick box form ▪ Prior approval essential  APPENDIX 2 East of England Bone Morphc
Poisoning: Emergency treatment of poisoning			
Fomepizole	▪ Ethylene glycol poisoning	-	**Use on the recommendation of London poisons unit** ▪ Invoice
Devices & Procedures			
Insulin pump therapy (package of care to include pump & consumables)	Type 1 diabetes	July 2008 TA 151	Commission the following pumps: D-Tron plus, Spirit, Combo, Animas Vibe, Paradigm VEO, Dana-R ▪ Tick box form ▪ Notification **Omnipod Insulin Pump System**: **To be considered by PCN 2013 if requested by Diabetic Consultant** ▪ Individual Funding Requests ▪ Prior approval essential
Continuous Blood Glucose Monitoring with insulin pump	Type 1 diabetes	-	Not routinely funded following Surrey APC Feb 2010. ▪ Individual Funding Requests ▪ Prior approval essential

This Appendix is for PbRe drugs that are commissioned via the CCGs. For other PbRe drugs not included within this Appendix please contact specialised commissioning within NHS England