

Ref no: 230240817
From: Commercial
Date: 24/08/17
Subject: Use of biologics in Dermatology and activity in Atopic Dermatitis - St Helen's Hospital

REQUEST & RESPONSE

Please find below questions being asked via Freedom of Information for St Helen's Hospital

These questions aim to understand the use of biologics in Dermatology and activity in Atopic Dermatitis.

Funding pre-NICE:

For the attention of (FAO): Pharmacy / Dermatology Department Clinical Director

1. Is it your Trust/CCG policy to wait until 90 days post NICE guidance to fund new drugs or do they fund earlier?

The Trust would prescribe in accordance to funding arrangements put into place from our commissioners.

2. What is your Trust/CCG policy re use of Zero Risk (ZR)/Early Use Schemes (EUS), i.e. where a medicine is made available free of charge or at a reduced price to the NHS whilst awaiting NICE/SMC approval, in lieu of NICE?

The Trust does not routinely participate in such schemes following Area Prescribing Committee policy.

3. What is the process for getting such ZR/EUS schemes implemented/approved/signed off within your Trust/hospital? Who needs to sign the contracts for such schemes?

Not applicable

IFR/Cohort Funding:


FOA: Dermatology Lead Pharmacist / Dermatology Department Clinical Director

4. What is your Trust's policy re Individual Funding Request and/or Cohort Funding policy? Ref: IFR/Cohort Funding

Applications would be made following NHS England / Area Prescribing Committee policy

https://www.engage.england.nhs.uk/consultation/af642939/supporting_documents/genericcommissioningpolicies.pdf

5. Do you have a pathway/preferential prescribing list, illustrating sequential use of Biologics in Dermatology? What does this recommend?

 PAN MERSEY AREA PRESCRIBING COMMITTEE PRESCRIBING POLICY STATEMENT: SEQUENTIAL USE OF BIOLOGICAL AGENTS IN THE MANAGEMENT OF PSORIASIS IN ADULTS

6. How many lines/trials of biologics are allowed/funded for the management of psoriasis within your trust/CCG? What happens if a clinician needs to exceed this?

Lines/trials as detailed in policy referred to in Q5.

7. If there is a biologics psoriasis pathway - how often is it updated to reflect changes to NICE status of new therapies?

See above policy – updated in response to the publication of NICE guidance.

8. If there is no formulary/pathway - what do the Trust/CCG utilise in order to guide use of biologics in the management of psoriasis?

Not applicable

Atopic Dermatitis

FAO: Dermatology Service Manager

9. How many patients attended for a new outpatient appointment in dermatology Utilising ICD-10 classification - L20 Atopic Dermatitis (Eczema) - from April 2015 - March 2016?

We are unable to respond to this question as we do not use ICD-10 codes in Outpatients.

10. The number of paediatric attendances of patients utilising ICD-10 classification - L20 for Atopic Dermatitis (Eczema) - from April 2015 - March 2016?

We are unable to respond to this question as we do not use ICD-10 codes in Outpatients.

11. Does your Trust have a paediatric dermatologist? Does your Trust have a paediatrician with a dermatology interest/specialism? **All the dermatology consultant team see pediatric patients but we have 3 consultants with a special interest who have dedicated clinics**