Drugs of Limited Clinical Value (DLCV) Policy

Purpose
The purpose of this policy is to support the decision making process associated with the allocation of resources for prescribing of drugs and appliances, establishing a framework within which the CCG can demonstrate that their decision making processes are fair, equitable and legally sound.

This policy is designed to help the CCG meet their obligation in providing equitable access to healthcare.

Background
The NHS Constitution identifies two key patient rights with regard to medicines:

“You have the right to drugs and treatments that have been recommended by NICE for use in the NHS, if your doctor says they are clinically appropriate for you.”

And

“You have the right to expect local decisions on funding of other drugs and treatments to be made rationally following a proper consideration of the evidence. If the local NHS decides not to fund a drug or treatment you and your doctor feel would be right for you, they will explain that decision to you.”

The courts have established that a CCG is not under an absolute obligation to provide every treatment that a patient requests. A CCG can develop a policy which prioritises treatment to take account of the resources available to it and the competing demands on those resources. Prescribing of medicines in the NHS is on the basis of clinical need. Shropshire CCG supports cost effective prescribing to ensure fair use of resources.

The local formulary decision making process take these obligations into account. Medicines recommended by NICE are included on the formulary; all other medicines are assessed on their clinical evidence when presented to the formulary committee, which will decide whether a medicine should be available locally. Where a medicine is not included on the formulary, there are mechanisms in place for considering individual circumstances.

Implementation
Medicines classified in the BNF as ‘not NHS’ or that are considered by the ‘Joint Formulary Committee’ of the British National Formulary (BNF) as less suitable for prescribing should not be prescribed.

In addition medicines reviewed by the formulary group and deemed of low clinical value and not suitable for prescribing for adults and children in primary care within Shropshire, form a ‘SHOULD NOT PRESCRIBE’ (SNP) list.

The decisions on medicines which comprise the ‘should not prescribe’ list have been made by the Shropshire CCG formulary group on the basis of safety, efficacy and cost-effectiveness of the products. This list will be reviewed by the formulary group annually. Lack of inclusion in the list does not imply that prescribing of the drug is supported.

There is an addendum to the SNP list “The Grey List” which includes medicines that are not suitable for routine prescribing but may be suitable for a defined patient population. The
formulary group (or a committee of the group) will evaluate the evidence and define the population group and criteria where a Grey List drug may be considered suitable for routine prescribing by the GP.

Figure 1 below demonstrates how the SNP and grey lists are developed and how additions will be made to the list.

**Figure 1: Criteria for inclusion in ‘Should Not Prescribe’ or Grey List**

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Reason for inclusion on SNP list Or Reason for inclusion on Grey List and defined population</th>
</tr>
</thead>
<tbody>
<tr>
<td>The drug is considered to have safety concerns</td>
<td>YES</td>
</tr>
<tr>
<td>The drug is considered to have a poor evidence base for the indication listed</td>
<td>YES</td>
</tr>
<tr>
<td>The drug is considered to be a cost effective use of NHS resources for the licensed indication</td>
<td>No</td>
</tr>
</tbody>
</table>

Not to be added to Grey List or SNP List; i.e. this drug will be non-formulary

Please see appendix 2 for draft SNP and grey list.

**Individual Funding Requests**

Where an individual patient falls outside of the defined population in the grey list or a clinician feels that prescribing of any of the drugs included in the policy is required, a request should be sent to Su Mulhall, IFR manager, for exceptionality to be considered in line with the CCG IFR policy and procedure. Prescribing may only commence after a successful IFR application.

A patient is deemed exceptional if they have a clinical picture that is significantly different to the general population of patients with that condition and as a result of that difference; the patient is likely to derive greater benefit from the intervention than might normally be expected. The ‘Individual funding request operating policy’ will support these exceptional individual patient circumstances.