

Date: 9th April 2020

GM CCG commissioned high cost drugs management in the context of the COVID-19 pandemic

Following the circulation of the letter from NHSE/I Chief Executive and Chief Operating Officer [dated 17th March 2020](#) and [its supporting information](#) GMMMGM wish to support providers during the COVID-19 pandemic by standing down as many non-essential activities as possible. This includes modification to the currently commissioned tariff excluded drugs processes. The following statement from GMMMGM seeks to clarify the expectations of providers during this time.

Initiation of tariff excluded drugs

The initiation of new patients starting on high cost drugs (HCDs) remains in line with the routinely commissioned GMMMGM HCD pathways. These are available on the [GMMMGM website](#). Due to the lack of face to face clinical reviews occurring, NICE criteria achievement that cannot be done remotely is suspended; as described below.

Review schedules

GMMMGM recommends that the current NICE 12-16 week review schedules are relaxed and trusts can review and monitor patient response to biologic and HCD treatment according to their new remote clinic pathways and in line with individual product license safety requirements. Assessment of NICE criteria for continuation is modified as below and specialist clinician judgement will be required to assess disease response and continuation of treatment, for the duration of the COVID-19 pandemic changes to outpatient pathways.

Blueteq continues to be operational and GMMMGM would advise it continues to be used for the initiation of new patients. Continuation forms should be completed if possible (as this will make the recovery phase more manageable) in line with adapted scoring criteria, but Blueteq completion is suspended as a contractual requirement until 31st July 2020.

Disease severity criteria and response monitoring

Where a NICE technology appraisal (TA) has been published for a treatment which details criteria for initiation and continuation of HCDs, these NICE recommendations are still applicable. However it is recognised that where a temporary shift away from the traditional outpatient face-to-face clinic has taken place for social distancing or shielding reasons, disease monitoring may not be possible in the usual sense. .

The following NICE criteria can still be completed remotely if clinicians have access to previous scores and video consultation equipment

- Psoriasis area and severity index (PASI)& dermatology life quality index (DLQI)- for psoriasis
- Eczema Area and Severity Index score (EASI 50) and DLQI – for atopic dermatitis

The following scores cannot be completed remotely and so will be suspended at the current time

- Disease activity score 28 (DAS28) for rheumatoid arthritis
- Psoriatic arthritis response criteria (PAsRC) for psoriatic arthritis
- Bath ankylosing spondylitis disease activity index (BASDAI) & spinal pain visual analogue scale (VAS) – for ankylosing spondylitis and non-radiographic axial spondyloarthritis
- Crohn’s disease response measurements
- Ulcerative colitis disease activity index (UCDAI)
- All ophthalmology visual acuity scoring
- Cholesterol testing for hypercholesterolaemia and mixed dyslipidaemia

Payments, challenges and outcome frameworks

Payments for CCG commissioned HCDs are contained in the CCG block contracts for 1st April – 31st July 2020. To enable a focus on patient-facing activity for pharmacy staff, the challenge process will cease for the duration of this block contract period. This includes the outcome framework in place for monitoring the psoriasis pathway which will also be suspended for the duration of the block contract arrangements.