

**Surrey (East Surrey, Guildford and Waverley, Surrey Downs, North West Surrey) and North West Sussex (Crawley, Horsham and Mid-Sussex) NHS Clinical Commissioning Groups**

**ZERO COST MEDICINES PRIOR TO NICE OR SURREY & NORTH WEST SUSSEX AREA PRESCRIBING COMMITTEE (APC) REVIEW**

In recent years several pharmaceutical companies have made offers to supply newly licensed, high cost medicines through schemes designed to provide the medicines free of charge for patients considered eligible under the terms of a written agreement. These schemes are invariably for medicines falling outside of the Payment by Results (PBR) tariff and commissioned for use by Clinical Commissioning Groups (CCGs). These products have been offered at reduced or no cost when prescribed for licensed indications currently being reviewed by the National Institute for Health & Care Excellence (NICE). The price reductions are typically offered up until the publication of a NICE Technical Appraisal and for a limited period (e.g. 30-90 days) after publication.

The offers have normally been made to provider trusts as well as CCGs, although there are examples where this has not been the case.

As a collaborative the CCGs within the Surrey and North West Sussex area wish to make clear that they will **not routinely commission** for use, a medicine under review by NICE, for which no appraisal or guideline has been published, regardless of the existence of a zero-cost scheme (unless there is a local written agreement in place between CCG and NHS Trust). Any NHS Trust signing up to such an offer does so at their own risk and should follow advice issued by the Regional Medicines Optimisation Committee ([January 2020](#)). Trusts are requested to report back to APC if they are approached to take part in any zero-cost medicines schemes. Trusts should understand that where the final published guidance does not recommend the therapy, or where the individual patient does not meet the NICE recommended criteria for use, the CCG is not bound to fund on-going treatment. Where a medicine receives a positive appraisal and recommendation for use by NICE, local procedures for adoption of NICE recommended medicines must be followed.

Treatment prior to NICE approval for a cohort of patients can be considered through submission of a business case as a service development.

Access to treatment via Individual Funding Request pathways remains an option for any high cost medicine that is not routinely commissioned by the CCG. The patient's clinician would be required to demonstrate clinical exceptionality or an individual ability to benefit from the new medicine over and above standard commissioned therapy.

Unless formally approved by the CCG in question, there is no duty for a CCG to fund medicines commenced prior to the final publication of NICE guidance, irrespective of whether they are used in accordance with, or outside a market authorisation, or draft NICE guidance. Surrey and North West Sussex Clinical Commissioning Groups advise pharmaceutical companies against the continued use of such offers.

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