

**AREA PRESCRIBING COMMITTEE – Birmingham, Sandwell, Solihull and environs**

**Decision Making Support Tool**

The following document supports the committee to consider formulary applications against defined criteria.

Formulary application reference:		APCBSSE/0106
Drug name and formulations:		Ciclosporin 1mg/1ml (Verkazia®)
Criteria	Example	Committee Consensus
Patient Safety	<i>Potential for abuse, toxicity, significant drug interactions</i>	Similar to off-label alternatives
Clinical effectiveness	<i>Established licensed product</i>	Equivalent to alternatives
Strength of evidence		Randomised control trial
Patient factors	<i>Published patient factors</i>	N/A
Cost effectiveness or resource impact	£	Verkazia® only licensed treatment for VKC. Cost neutral to off-label alternative.
Place of therapy relative to available treatments	<i>1/2<sup>nd</sup> tier</i>	First line
National guidance and priorities	<i>NICE, MTRAC</i>	Recommended for use by SMC and AWMSG
Local health priorities	<i>CCG views</i>	CCGs Supportive
Equity of access	<i>Equality assessment</i>	N/A
Stakeholder views	<i>Define wider groups to be engaged</i>	N/A
Implementation requirements	<i>Requires, RICAD ESCA etc.</i>	None required
Prescribing data	<i>Requires 12 months primary or secondary care data</i>	N/A

**Decision Summary**

Resubmission is recommended to complete the information to enable a decision:	
Not approved and rationale:	
Formulary status (RAG) and rationale	Amber Specialist Initiation
Implementation requirements:	