

Freedom of Information Act 2000 – Request Reference FoI/24/105
NICE Guidance

Rimegepant for treating migraine

Technology appraisal guidance [TA919] Published 18 October 2023

Cardiff & Vale UHB Inform <https://cavformulary.wales.nhs.uk/> section

04.07.04.01 - Treatment of acute migraine has Rimegepant listed as green, ie, G = General Use – all prescribers.

Question 1.1 – How many prescriptions for Rimegepant were written in Cardiff & Vale UHB in 2023?

There were 23 such prescriptions written in 2023 in secondary care. Data on the prescribing of medication in primary care is available in the public domain and can be found at: [Data and Publications – NHS Wales Shared Services Partnership](#).

Question 1.2 – How do you intend to ensure that all primary care HCPs are aware of Rimegepant, which patients are suitable (as per NICE TA919) and how to confidently prescribe to ensure pressure is taken off secondary care services?

Primary care healthcare professionals are responsible for keeping their own knowledge and skills up to date. Cardiff and Vale University Health Board (the UHB) will support this by updating relevant therapeutic pathways, which are promoted for use within primary care.

Question 1.3 – For the last 12 month period for which you have data, how many patients presented to A&E with migraine, how many patients presented to SDEC with migraine and how many presented to out of hours with migraine?

Please see the below table which reflects the number of visits between 1 January 2023 to 31 December 2023.

Be aware that 'Migraine' is not coded, so the figures represent the number of visits where the keyword 'Migraine' was recorded in the free text fields.

'SDEC Attendance' within the same visit.

	Number of Visits
Non-SDEC Attendance	198
SDEC Attendance	17
General Practitioner, Out of Hours	171
Total	386

Question 1.4 – Will you please provide me with a copy of the minutes of the meeting at which it was decided to list Rimegepant as green, ie, G = General Use – all prescribers?

Please see the attached PDF.

Daridorexant for treating long-term insomnia

Technology appraisal guidance [TA922] Published: 18 October 2023

Cardiff & Vale UHB Inform <https://cavformulary.wales.nhs.uk/> section 04.99 – Other Central Nervous System has Daridorexant listed as Pink, ie, H = Hospital only.

Cwm Taf & Vale UHB Inform <https://cttformulary.wales.nhs.uk/> section 04.99 – Other Central Nervous System has Daridorexant listed as green, ie, G = General Use – all prescribers.

Question 2.1 – Given that a patient in Cwm Taf & Vale UHB who is sat in front of their primary care GP, nurse or pharmacist suffering long-term insomnia (provided they meet NICE criteria) can be prescribed Daridorexant by their primary care HCP, but the same patient from Cardiff & Vale UHB sat in front of their primary care GP, nurse or pharmacist suffering long-term insomnia (provided they meet NICE criteria) must be referred and put on a waiting list (6-12 months) to see a hospital physician to be prescribed Daridorexant, how do you justify and intend to rectify this health inequality?

The current formulary status is 'hospital only'. Its place in the pathway is to be determined with the final position of Daridorexant within the UHB's formulary to be agreed.

Individual prescribing decisions remain the responsibility of the prescriber. For medical prescribers, which includes general practitioners, guidance on prescribing is outlined by the General Medical Council (GMC). Please see the following link which you might find of use: [GMC Prescribing Guidance](#).

Question 2.2 – What are the job titles of the people in Cardiff & Vale UHB responsible for deciding that Daridorexant should be listed as pink for long-term insomnia in Cardiff & Vale UHB and in which departments do they work?

The UHB's formulary decisions are made by the members of the Corporate Medicines Management Group, the membership of which includes senior medical and pharmacy representation from each Clinical Board, and is listed in the attached minutes PDF.

Question 2.3 – What is the job title of the person responsible for waiting lists for long-term insomnia in Cardiff & Vale UHB and what involvement did they have in the decision to list Daridorexant as pink?

Please refer to the UHB's answer to Question 2.2.

Question 2.4 – What is the current waiting time in Cardiff & Vale UHB for a patient referred by their GP with long-term insomnia to be seen in secondary care and not just reviewed, but for the patient to receive a prescription for long-term insomnia?

The UHB does not hold this information.

Question 2.5 – How many patients in Cardiff & Vale UHB meet the criteria for Daridorexant, and if they were all referred to secondary care, (rather than treated by the GP/Practice Nurse/Pharmacist they were in front of suffering there and then with long-term insomnia), what effect would this have on waiting lists, and how long would a patient have to wait to receive a prescription for Daridorexant?

The UHB does not hold this information. The Freedom of Information Act 2000 grants individuals the right to access information which a public authority holds at the time of request; a public authority does not have to create new information which it does not already hold.

Question 2.6 – How could you engage primary care providers in Cardiff & Vale UHB to ensure that they can manage appropriate long-term insomnia patients in primary care with Daridorexant at the point when the patient presents in need of intervention? Would you expect primary care HCPs to just prescribe a new medication, or would there be training interventions from consultants in secondary care?

The UHB does not hold this information.

Question 2.7 – How many prescriptions for Daridorexant were written in Cardiff & Vale UHB in 2023?

There were no such prescriptions written in 2023 in secondary care.

Question 2.8 – Will you please provide me with a copy of the minutes of the meeting at which it was decided to list Daridorexant as Pink, ie, H = Hospital only?

Please see the attached PDF.

Question 2.9 – Do you consider primary care prescribers in Cardiff & Vale too stupid to prescribe a simple and straightforward insomnia treatment, or is there some other reason you prevent them from prescribing medicine to patients in need, when primary care prescribers in other health boards can? If so, what is this other reason? It can't be money, as NICE TA shows that the intervention is cost effective and must be made available. What is the real reason to keep your patients at increased risk of hypertension, diabetes, obesity, depression, heart attack and stroke? Are you deliberately putting pressure on secondary care services in the hope that they will fail? Is this political?

The final position of Daridorexant within the UHB's formulary is still being discussed.

Tirzepatide for treating type 2 diabetes

Technology appraisal guidance [TA924] Published: 25 October 2023

Cardiff & Vale UHB Inform <https://cavformulary.wales.nhs.uk/> does not list Tirzepatide.

Question 3.1 – More than two months has passed since TA924 was published, so why has Tirzepatide not been made available?

Tirzepatide has not yet been commercially launched in the UK by the manufacturer Eli Lilly and is therefore not available for prescribing.

Question 3.2 – How many prescriptions for Tirzepatide were written in Cwm Taf & Vale UHB in 2023?

There were no such prescriptions written in 2023 in secondary care.

Question 3.3 – Will you please provide me with a copy of the minutes of the meeting at which it was decided not to list Tirzepatide on the formulary?

There are no minutes available as this has not yet been considered for addition to the UHB's formulary since Tirzepatide has not yet been commercially launched in the UK.

Question 3.4 – Do you consider primary care prescribers in Cardiff & Vale too stupid to prescribe a simple and straightforward diabetes treatment, or is there some other reason you prevent them from prescribing medicine to patients in need, when primary care prescribers in other health boards can? If so, what is this other reason? It can't be money, as NICE TA shows that the intervention is cost effective and must be made available. What is the real reason to keep your patients at increased risk of a heart attack, stroke, amputation, blindness etc? Are you deliberately putting pressure on secondary care services in the hope that they will fail? Is this political?

Tirzepatide has not been commercially launched in the UK.