

## Apremilast FOI request V3.0 – CCG

Dear Colleague,

Please see the below Freedom of Information request:

1. Has a shared care agreement/arrangement been established between the CCG, secondary care and local primary care services (e.g. general practitioners) for the treatment of Psoriasis and Psoriatic Arthritis? **Psoriasis: No Psoriatic Arthritis: No**  
**Our shared care agreements are based on the specific medicines used; they are not based on the clinical indication or therapeutic area.**
2. If you answered 'Yes' to Q1, what are the names and/or roles of the signatories of the shared care agreement? *n/a*
3. If you answered 'Yes' to Q1, which of the following medicines can be prescribed within the shared care agreement? *n/a*

Psoriasis			Psoriatic Arthritis		
Apremilast	Methotrexate	Dimethyl Fumarate	Apremilast	Methotrexate	Tofacitinib

4. How many consultant-led **community-based** Dermatology or Rheumatology services has your CCG commissioned that treat Psoriasis or Psoriatic Arthritis? **0**
5. Who/where are these services commissioned from? *N/a*
6. Which of the following treatments can be prescribed by these services? [These treatments can be prescribed as per the RAG rating on the formulary although Vale of York CCG do not have any community based commissioned services to prescribe these.](#)  
<http://www.yorkandscarboroughformulary.nhs.uk/>

Treatment	Y/N
Methotrexate	
Ciclosporin	
PUVA	
Apremilast (PDE4i)	
Dimethyl Fumarate (Psoriasis)	
Tofacitinib (Psoriatic Arthritis)	
Biologics* (*See annex 1 for list of biologic therapies)	

7. How many GPwERs has your CCG commissioned for Dermatology, and Rheumatology? Please provide the geographical locations of these commissioned services.

	How many GPwERs has your CCG commissioned?	Please provide the geographic locations of these commissioned services
<b>Dermatology</b>	<b>0</b>	
<b>Rheumatology</b>	<b>0</b>	

8. Are digital services commissioned by the CCG for the management of Dermatology and Rheumatology?

If so, please specify the digital services provided? This may include teledermatology services (various levels) and/or virtual clinics.

	<b>Dermatology</b>	<b>Rheumatology</b>
Are digital services commissioned by the CCG within Dermatology and Rheumatology in your area? (Y, N, N/A)	N	N
Please specify the type and level of digital services provided?	N/a	N/a

### **Annex 1**

adalimumab (Amgevita®, Humira®, Hyrimoz® or Imraldi®)
brodalumab (Siliq®)
certolizumab (Cimzia®)
etanercept (Benepali®)
golimumab (Simponi®)
guselkumab (Tremfya®)
infliximab (Remicade®)
ixekizumab (Taltz®)
risankizumab (Skyrizi®)
secukinumab (Cosentyx®)
tildrakizumab (Ilumya®)
ustekinumab (Stelara®)

Please let us know if you require any further information to process this request or if this request needs to be directed elsewhere. Many thanks.