

HERPC

Hull & East Riding Prescribing Committee **Newsletter January 2015**

Hull and East Riding Prescribing Committee (HERPC) is a patch wide committee which works to improve safety, quality and efficiency of medicines use across the local health community by development, approval and implementation of prescribing guidelines and other medicines management initiatives.

For further information on HERPC and details of approved guidelines go to:

<http://www.hey.nhs.uk/herpc>

For Joint Formulary go to <http://www.hey.nhs.uk/herpc/joint-formulary.htm>

CHANGES TO TRAFFIC LIGHT STATUS

<http://www.hey.nhs.uk/herpc/red-amber-list-of-medicines.htm>

RED – ADDITIONS

- Pentoxifylline (Alcohol Related Hepatitis)
- Macitentan (Pulmonary Fibrosis)
- Evicef Fibrin Sealant
- Riociguat (PH/PAH)
- Amphotericin Eye Drops
- Polihexanide Eye Drops
- Pollinex Quatro

AMBER – ADDITIONS

- Nalmefene as per TA325
(shared care framework in development)

GUIDELINE LED – ADDITIONS

- Brimonidine/Brinzolamide (Simbrinza®) Eye Drops

GREEN – ADDITIONS

- Fostair Nexthaler
- Duoresp Spiromax
- Irbesartan
- Lercanidipine
- Ganciclovir Eye Gel
- Octenadine Wound Gel

SHARED CARE FRAMEWORKS

<http://www.hey.nhs.uk/herpc/amber.htm>

- Tamoxifen for familial breast cancer (new)
- Raloxifene for familial breast cancer (new)
- Lithium In Affective Disorders and Cluster Headaches (Update)

PRESCRIBING GUIDELINES

<http://www.hey.nhs.uk/herpc/prescribing-guidelines.htm>

1. [Unlicensed Medicines Guideline \(Update\)](#)
2. [Palliative Care Guidelines \(new\)](#)
3. [Management of Parkinsons in Patients with swallowing difficulty \(New\)](#)
4. [Antipsychotics in the Treatment of First Episode Schizophrenia \(new\)](#)
5. [VTE Prophylaxis on Discharge from Secondary Care \(update\)](#)
6. [Dalteparin Prescribing Guideline \(update\)](#)
7. [Ticagrelor Prescribing Guideline \(update\)](#)
8. [Appropriate Prescribing of Specialist Infant Formula \(New\)](#)
9. [Catheter Formulary \(Update\)](#)

SAFETY ALERTS

<http://www.hey.nhs.uk/herpc/safety-alerts.htm>

- [Potassium permanganate](#)

CCG COMMISSIONING DECISIONS

In addition to formulary changes listed above:

Brimonidine Gel – not for routine commissioning
Ketamine Liquid – commissioned for palliative care use and existing patients for chronic pain
Potassium Hydroxide for Molluscum Contagiosum – not for routine commissioning
AREds – commissioned for patients on wet AMD pathway

For further information please contact:

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EXPLANATION OF TRAFFIC LIGHT SYSTEM

When new drugs are approved for use by local drug and therapeutics or medicines management committees, **Traffic Light** status is agreed by Hull and East Riding Prescribing Committee using the criteria listed below.

For details on classification for individual drugs visit our web page:

<http://www.hey.nhs.uk/herpc/red-amber-list-of-medicines.htm>

CRITERIA FOR CLASSIFICATION OF DRUGS AS RED, AMBER OR GUIDELINE LED

RED

Drugs only to be prescribed by a specialist.

Those drugs:

- Requiring long-term specialist monitoring of efficacy
- Requiring long-term specialist monitoring of toxicity (either because of difficulty in recognising side effects or high cost/availability of investigations to identify toxicity)
- Designated as 'hospital only' by product licence, by DOH or by the company
- That are new or a new indication for an existing drug that needs evaluation to be undertaken to establish the place in therapy, with a recommendation that a formal review process be undertaken
- That are hospital initiated unlicensed or clinical trial materials
- That are not licensed for any indication in the UK

Prescribing in Children

General practitioners may prescribe unlicensed medicines (e.g. liquid formulations prepared by a "Specials Manufacturer" or licensed medicines for unlicensed uses (off-label) in children. Prescribing should follow specialist advice and/or indications and doses recommended in the BNF for Children.

Please refer to current edition of BNF for Children (www.bnfc.org) for further information and guidance.

AMBER

Drugs requiring initiation by a specialist, but with the potential to transfer to primary care, within written and agreed shared care frameworks, and according to the agreed process for transfer of care. Transfer to primary care is expected to be the normal practice.

Those drugs:

- Requiring short or medium term specialist monitoring of efficacy
- Requiring short or medium term specialist monitoring of toxicity
- Requiring specialist assessment to enable patient selection

The front page of this form should be completed by the specialist and the form sent to the patient's general practitioner. The patient's GP should sign and send back to specialist, to confirm agreement to enter into shared care arrangement. If the General Practitioner is **unwilling** to accept prescribing responsibility for the above patient the specialist should be informed within two weeks of receipt of this framework and specialist's letter.

Primary care prescribers are advised to contact the relevant specialist team by telephone for any patient specific queries regarding an existing shared care framework, including patients discharged from service.

GUIDELINE LED / SPECIALIST ADVISED

Drugs to be prescribed in accordance with NICE guidance or locally approved guidelines with the expectation that initiation will normally be advised by specialist.

These drugs do **not** require a Shared Care Framework. For drugs and indications which are not covered by NICE guidance, local prescribing guidelines will be available for general practitioners.