

# HERPC

## Hull & East Riding Prescribing Committee **Newsletter September 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-list.htm>

#### RED – ADDITIONS

- Apremilast (psoriasis, psoriatic arthritis)
- Daclatasvir (hepatitis C)
- Dolutegravir (HIV)
- Dolutegravir/Abacavir/Lamivudine (HIV)
- Eculizumab (Atypical Haemolytic Uraemic Syndrome)
- Everolimus (IFR only, organ transplant)
- Golimumab (ulcerative colitis)
- Nalmefene (alcohol dependence TA325)
- Peginterferon beta-1a (Plegridy) – (IFR only, MS)
- Secukinumab (psoriasis)
- Vedolizumab (ulcerative colitis)

#### AMBER – ADDITIONS

- none

#### GUIDELINE LED – ADDITIONS

- Alprostadil cream (Erectile Dysfunction)
- Cyanocobalamin tablets (b12 deficiency)

#### GREEN – ADDITIONS

- Alogliptin (Type 2 diabetes)
- Millinette Tablets (oral contraceptive)

### SHARED CARE FRAMEWORKS

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

1. Acamprosate in Alcohol Relapse Prevention (update)
2. Naltrexone in Alcohol Relapse Prevention (new)
3. Naltrexone in Opioid Relapse Prevention (update)
4. Testosterone SCF (new)
5. Dementia SCF (combined Memantine, Galantamine, Rivastigmine and Donepezil)

### PRESCRIBING GUIDELINES

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

1. Drugs requiring ECG (new)
2. Chronic Pain Guidelines
3. Chronic Pain Leaflets
4. Erectile Dysfunction Guidelines (update)
4. Anticoagulation (Update)
5. Lipid Guidelines (Update)
6. Testosterone Leaflet (New)
7. B12 and Folate Deficiency (New)
8. Primary Care Infection Guidelines (Update)
9. Respiratory Guidelines (Update)
10. Oxygen Guidelines (Update)

**For further information please contact:**

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## SAFETY ALERTS

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

- Chlorhexidine
- Insulin Awareness
- Know Your Clopixon

## CCG COMMISSIONING DECISIONS

*In addition to formulary changes listed above:*

- Rituximab** – recommended second line for commissioning after corticosteroids
- Tocilizumab (Subcutaneous)** – no change to current practice
- Tiotropium respimat for asthma** – for routine commissioning at Step 4
- Verteprofin photodynamic therapy** – no change to current practice
- Tapentadol** – not for routine commissioning
- Rheumatoid arthritis** pathway for biologicals

Particular points to note:

**Primary care infection guidelines** – changes include

- Acetic acid 2% spray recommended 1<sup>st</sup> line for Otitis externa
- Doxycycline 200mg STAT then 100mg OD-BD for 7-10 days recommended as 1<sup>st</sup> line treatment for Community Acquired Pneumonia with CRB65 > 0, managed in primary care
- MRSA/MSSA eradication – first and second line options now listed in guidance

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

**Substance misuse shared care frameworks (Acamprosate & Naltrexone)** – for clinical information only. Drug and alcohol treatment services in Hull and East Riding are directly commissioned by Public Health with specialists and GPs, who prescribe treatment for opioid/ alcohol dependence as part of this locally commissioned Public Health service. GPs prescribing outside of these arrangements using this framework should do so in accordance with NICE guidance.

**Anticoagulation guidelines** – please note significant changes to guidelines. See

<http://www.hey.nhs.uk/herpc/guidelines/CommissioningAnticoagulants.pdf>

**Respiratory guidelines** – please note significant changes to COPD guidelines. Training to be arranged for primary care. See <http://www.hey.nhs.uk/herpc/guidelines/COPDGuideline.pdf>

**Clomifene** - There has been some confusion regarding traffic light status for patients who are not receiving IVF treatment. Committee confirmed that, due to monitoring requirements, clomifene is RED for all patient groups.

**Insulin safety alert** – A number of new insulin preparations have been launched in UK. This includes products with different concentration of insulin and new brands of existing insulins which may or may not be biosimilar. It is recommended that insulins are prescribed by BRAND and where possible, a visual check is performed with patient when prescribing, supplying or administering insulin.

See <http://www.hey.nhs.uk/herpc/safetyAlerts/insulinAwareness.pdf> and [Drug Safety Update volume 8 issue 9 April 2015: 3](#)

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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.

**The easiest method to check Traffic light classification for an individual drug is via Joint Formulary <http://www.hey.nhs.uk/herpc/joint-formulary.htm> (right click, "find", enter drug name)**

**For further 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](http://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.