

HERPC

Hull & East Riding Prescribing Committee **Newsletter Summer 2016**

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>

CHANGES TO TRAFFIC LIGHT STATUS

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

RED – ADDITIONS

- Lubiprostone
- Natamycin Eye Drops
- Panobinostat
- Droperidol Injection

AMBER – ADDITIONS

- None

GREEN – ADDITIONS

- Nutilis Clear

GUIDELINE LED – ADDITIONS

- Empagliflozin
- Tafluprost Eye Drops
- Sucroferric Oxyhydroxide (Velporo)
- Cutimed Sorbact Gel
- Naloxegol
- Vortioxetine (in line with TA 367)
- Edoxaban
- Fentanyl Nasal Spray (Pecfent) – must be initiated on advice of palliative care specialist
- Ethinylestradiol/Drospirenone (Daylette)
- Sacubital Valsartan (in line with TA 288)

SHARED CARE FRAMEWORKS

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

All updates

- Melatonin
- Mycophenolate for immunosuppression
- Mycophenolate for renal transplant
- Ciclosporin for renal transplant
- Sirolimus for renal transplant
- Tacrolimus for renal transplant
- Colomycin for bronchiectasis
- Tobramycin for bronchiectasis
- Denosumab for osteoporosis

PRESCRIBING GUIDELINES

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

All updates

- Constipation Guideline
- COPD guidelines
- Anticoagulation guidelines
- Type 2 diabetes algorithm
- Erythropoietin Stimulating Agents for Renal Anaemia – Information for Primary Care
- Medicines Supply from Hospital

SAFETY ALERTS

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

- No new local safety alerts – see link for national alerts

CCG COMMISSIONING DECISIONS

In addition to formulary changes listed above:

Amantadine for delayed ejaculation – not for routine commissioning.

AREDS – not routinely commissioned in ERY CCG.
AREDS -2 not routinely commissioning in Hull & ERY CCG.

Brimonidine gel-not routinely commissioned

For further information please contact:

Marie Miller, Senior Principal Pharmacist – Interface, Tel. 01482 675587 or 674731, marie.miller@hey.nhs.uk

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> (right click, "find", enter drug name)

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.