



CCG Approved Area Prescribing Committee	1
Medicines Supply Issues Update	4

CCG Approved Area Prescribing Committee Recommendations

RECOMMENDATIONS SPECIFICALLY RELEVANT TO PRIMARY CARE

BLACK Lidocaine plaster (Ralvo®, Versatis®)

The Pan Mersey Area Prescribing Committee does not recommend the prescribing of lidocaine plaster 5% (Ralvo®, Versatis®), except in limited circumstances outlined below.

NHS England guidance “Items which should not routinely be prescribed in primary care: Guidance for GPs”

<https://www.england.nhs.uk/wp-content/uploads/2017/11/items-which-should-not-be-routinely-prescribed-in-pc-cg-guidance.pdf>

Advises that:

- Prescribers in primary care should **not** initiate lidocaine plasters for any new patients, unless for post-herpetic neuralgia (PHN) as described below and should be supported in deprescribing lidocaine plasters in all patients.
- Where there are exceptional circumstances with a clinical need for lidocaine plasters to be prescribed in primary care this should be undertaken in a cooperation arrangement with a multi-disciplinary team and / or other healthcare professional.

Current annual expenditure on lidocaine plasters in Pan Mersey area is £2 million. Seven out of the nine Pan Mersey CCGs are in the top 12 highest prescribing CCGs in England (as cost per 1000 patient population). NHS Halton CCG is one of these seven CCGs with expenditure on lidocaine plasters approx. £183,000 for the latest 12 months. Deprescribing should be the default for all patients unless they fall into the specific categories detailed within the CCG approved Pan Mersey statement.

Post Herpetic Neuralgia (PHN)

The Pan Mersey Area Prescribing Committee recommends the prescribing of lidocaine plaster 5% (Ralvo®, Versatis®) for PHN **ONLY** in patients who have been treated in line with NICE CG173 Neuropathic pain in adults: pharmacological management in non-specialist settings but are still experiencing neuropathic pain associated with previous herpes zoster infection. Where a GP has initiated treatment for PHN they must review the patient for effectiveness after 2 – 4 weeks to ensure the patient has gained worthwhile clinical benefit. Re-assess treatment at regular intervals e.g. every 6 months.

Neuropathic Pain

Lidocaine plasters are **ONLY** licensed for post-herpetic neuralgia (PHN). Evidence for the effectiveness of lidocaine plasters is weak and limited. A 2014 Cochrane review found no evidence from good quality randomised controlled trials (RCTs) to support the use of topical lidocaine to treat neuropathic pain in adults. All 12 studies in the review were judged to be at high risk of bias because of the small size or incomplete outcome assessment, or both. Very low-quality evidence indicated that lidocaine was better than placebo for some measures of pain relief, in all but one study (which showed no difference between topical lidocaine and placebo). For NICE CG173 on the management of neuropathic pain in non-specialist settings, data from one double-blind crossover RCT (n=28) that compared lidocaine plasters with placebo for post-surgical neuropathic pain after surgery for cancer was considered. No significant intergroup differences were detected in pain intensity ratings. NICE CG 173 does not make a recommendation about the use of lidocaine plasters for neuropathic pain. This is because the Guideline Development Group (GDG) felt that there was not enough evidence on lidocaine that met the review protocol inclusion criteria to warrant a specific recommendation.

The Pan Mersey Area Prescribing Committee recommends the prescribing of lidocaine plaster 5% (Ralvo®, Versatis®) for neuropathic pain **ONLY following pain specialist or palliative care specialist initiation**, and ONLY in the limited circumstances described in the CCG approved Pan Mersey statement.

Prescribing for patients living or travelling abroad or otherwise absent from the UK

Pan Mersey Area Prescribing Committee recommends that prescribers should NOT supply treatment durations in excess of THREE MONTHS for patients who are going to live or travelling abroad or otherwise absent from the UK. Patients should make local arrangements in their country of residence for on-going medical care.

GREY ELECTROMAGNETIC PULSE THERAPY (Actipatch®)

The Pan Mersey Area Prescribing Committee does not currently recommend the prescribing of electromagnetic pulse therapy (Actipatch®) for pain relief.

NEW MEDICINES & FORMULARY

BLACK E-Cigarettes

The Pan Mersey Area Prescribing Committee does not recommend the prescribing of E - Cigarettes, except as part of Local Authority commissioned Stop Smoking Service arrangements.

GREY Tofacitinib film-coated tablets (Xeljanz®▼) tablets for ulcerative colitis

The Pan Mersey Area Prescribing Committee does not currently recommend the prescribing of TOFACITINIB film-coated tablets (Xeljanz®▼) for the treatment of Ulcerative Colitis.

GREY Certolizumab pegol solution for injection (Cimzia®)

The Pan Mersey Area Prescribing Committee does not currently recommend the prescribing of CERTOLIZUMAB PEGOL solution for injection (Cimzia®) for the treatment of Plaque Psoriasis.

GREY Denosumab solution for injection (Prolia®)

The Pan Mersey Area Prescribing Committee does not currently recommend the prescribing of DENOSUMAB solution for injection (Prolia®) for the treatment of bone loss associated with long-term systemic glucocorticoid therapy.

GREY Cariprazine hard capsules (Reagila®▼)

The Pan Mersey Area Prescribing Committee does not currently recommend the prescribing of Cariprazine capsules (Reagila®▼), for the treatment of schizophrenia in adult patients.

GREY Erenumab solution for injection (Aimovig®▼)

The Pan Mersey Area Prescribing Committee does not currently recommend the prescribing of ERENUMAB pre-filled syringes (Aimovig®▼) for prophylaxis of migraine.

GREY BRIVARACETAM tablets and oral solution (Briviact®▼) for the treatment of epilepsy in children and adolescents

The Pan Mersey Area Prescribing Committee does not currently recommend the prescribing of BRIVARACETAM tablets or oral solution (Briviact®▼) for the treatment of epilepsy in children and adolescents.

GREY TOFACITINIB film-coated tablets (Xeljanz®▼) for Psoriatic Arthritis

The Pan Mersey Area Prescribing Committee does not currently recommend the prescribing of TOFACITINIB film-coated tablets (Xeljanz®▼) for the treatment of Psoriatic Arthritis.

Chapter 13 Review - Skin

Routine review of chapter. Some costs savings anticipated from removal of bath emollient and shower preparations from formulary.

RED Dupilumab solution for injection (Dupixent®▼)

The Pan Mersey Area Prescribing Committee recommends the prescribing of Dupilumab solution for injection (Dupixent®▼), by specialists only, for the treatment of moderate to severe atopic dermatitis in adults in accordance with NICE TA534.

RED Ixekizumab subcutaneous injection (Taltz®▼)

The Pan Mersey Area Prescribing Committee recommends the prescribing of IXEKIZUMAB subcutaneous injection (Taltz®▼), by specialists only, for active psoriatic arthritis in adults after inadequate response to DMARDs in accordance with NICE TA537.

RED Probenecid

Addition to formulary in line with BSR gout guideline – Alternatives to sulfinpyrazone or benzbromarone where allopurinol or febuxostat are unsuitable. No additional drug cost for primary care.

RED Sequential use of biological agents in the management of psoriasis in adults

The Pan Mersey Area Prescribing Committee recommends the sequential use of biological agents, adalimumab (Humira®), brodalumab (Kyntheum®▼), etanercept (Benepali®▼, Enbrel®), guselkumab (Tremfya®▼), infliximab (Inflectra®▼, Remicade®, Remsima®▼), ixekizumab (Taltz®▼), secukinumab (Cosentyx®▼) and ustekinumab (Stelara®), in the management of psoriasis according to the attached flowchart.

AMBER RETAINED Degarelix subcutaneous injection (Firmagon®)

The Pan Mersey Area Prescribing Committee recommends the prescribing of DEGARELIX SC injection (Firmagon®) following specialist initiation for treating advanced hormone-dependent prostate cancer in people with spinal metastases in accordance with NICE TA404.

AMBER INITIATED Brivaracetam tablets and oral solution (Briviact®▼)

The Pan Mersey Area Prescribing Committee recommends the prescribing of BRIVARACETAM tablets/oral solution (Briviact®▼) for adjunctive treatment of focal seizures following initiation by a consultant neurologist.

AMBER INITIATED Quetiapine I/R tablets

The Pan Mersey Area Prescribing Committee recommends that IMMEDIATE RELEASE QUETIAPINE is the preferred formulation of quetiapine for prescribing across the Pan Mersey Area.

AMBER INITIATED Insulin lispro (Humalog Junior®)

Additional formulation suitable for administering 0.5-unit increments. No cost implication.

GREEN PHOSPHODIESTERASE TYPE-5 INHIBITORS for the treatment of erectile dysfunction

The Pan Mersey Area Prescribing Committee recommends generic sildenafil as the first choice phosphodiesterase type-5 inhibitor for the treatment of erectile dysfunction.

GREEN Nefopam

Change of designation to 2nd line therapy after simple analgesics, NSAIDs and mild opiates in view of greater cost. Possible small cost reduction.

GUIDELINES

Pharmacological management of gastro-oesophageal reflux disease (GORD) in children and young people in primary and secondary care

Issued: July 2018 | Review: July 2021

Opioids and Gabapentinoids for Chronic Pain in Adults

Issued: July 2018 | Review: July 2021

Vitamin D Deficiency, Treatment in Adults

Issued: March 2018 | Updated: July 2018 | Review: February 2021

Vitamin D Deficiency: Primary and Secondary Care Prevention and Treatment in Paediatrics

Issued: July 2018 | Review: July 2021

PRESCRIBING SUPPORT INFORMATION

AMBER INITIATED DENOSUMAB 60mg in 1ml prefilled syringe

Issued: January 2017 | Updated: July 2018 | Review: January 2020

AMBER RETAINED Gonadorelin analogues Prescribing Support Information

Addition of supporting information for the prescribing of add-back tibolone (see below) plus the addition of precocious puberty in children to the list of indications.

AMBER RECOMMENDED Tibolone 2.5mg tablets

Addition to the formulary. To be prescribed for the duration of treatment with a gonadorelin analogue. The first month to be prescribed by the specialist.

SHARED CARE

PURPLE Lithium Shared Care Framework: Routine review of the existing shared care framework.

SAFETY

Safe Prescribing and Dispensing of Methotrexate: Exceptional specialist co-prescription of trimethoprim with methotrexate amended to accurately reflect APC discussion. Three- day treatment of UTI removed.

ANTIMICROBIALS

Genital tract infections: Revision of antimicrobial formulary section.

ENT update: Ciprofloxacin ear drops (Cetraxal®): licensed product replaces Otomize® as preferred second line option, and off-label use of eye drops in tympanic perforation. Perichondritis: ciprofloxacin replaces flucloxacillin.

Medicines Supply Issues Update

Below is a link to the October/November issue of the 'Supply issues update for primary care'. This report has been produced by the Department of Health and Social Care (DHSC) Medicine Supply team and provides an update on current primary care medicine supplies issues.

<http://www.haltonccg.nhs.uk/members-practices/medicines-management/medicines-supply-issues>

Becky Birchall 01928 593010 Becky.birchall@haltonccg.nhs.uk	Lucy Reid 01928 593452 Lucy.reid@haltonccg.nhs.uk	Nathan O'Brien 01928 593010 Nathan.O'Brien@haltonccg.nhs.uk
---	---	---