

Prescribing Clinical Network

Surrey (East Surrey CCG, Guildford & Waverley CCG, North West Surrey CCG, Surrey Downs CCG & Surrey Heath), Crawley CCG and Horsham & Mid-Sussex CCG

Application for change in colour classification

GREEN - Non-Specialist Drugs

GPs (or non-medical prescribers in primary care) are able to take full responsibility for initiation and continuation of prescribing

BLUE - Specialist Input WITHOUT Formal Shared Care Agreement

Prescribing initiated and stabilised by specialist but has potential to transfer to primary care WITHOUT a formal shared care agreement

AMBER - Specialist Initiation WITH Shared Care Guidelines

Prescribing initiated and stabilised by specialist but has potential to transfer to primary care under a formal shared care agreement

RED - Specialist ONLY drugs

Treatment initiated and continued by specialist clinicians

BLACK – NOT recommended

Not recommended for use in any health setting across Surrey and NW Sussex health economy

Medicine details^{1,2}

Name, brand name	Penicillamine No branded product available	
Manufacturer	Various generic manufacturers	
Licensed indication	Severe active rheumatoid arthritis (administered on expert advice)	
Formulation	125mg and 250mg tablets	
Usual dosage	By mouth Adult: Initially 125–250 mg daily for 1 month, then increased in steps of 125–250 mg, at intervals of not less than 4 weeks; maintenance 500–750 mg daily in divided doses, then reduced in steps of 125–250 mg every 12 weeks, dose reduction attempted only if remission sustained for 6 months; maximum 1.5 g per day. Elderly: Initially up to 125 mg daily for 1 month, then increased in steps of up to 125 mg, at intervals of at least 4 weeks; maximum 1 g per day.	
Traffic Light Status	Current status	Proposed status
	AMBER	For NEW patients only. RED - Specialist ONLY drugs Treatment initiated and continued by specialist clinicians.

Reason for requested change

As part of the review of expired documents on the PAD, the shared care guideline for the use of penicillamine in rheumatoid arthritis was identified as requiring revision.

Penicillamine was given an AMBER status in October 2011 by the Surrey Area Prescribing Committee and shared care guidelines are available on the PAD.

In the interim:

1. Nationally, the British Society for Rheumatology (BSR) and the British Healthcare Professionals in Rheumatology (BHPR) guideline for the prescription and monitoring of non-biologic disease-modifying anti-rheumatic drugs, published in 2017 stated that:

'Monitoring guidance for penicillamine is no longer included in this document because this drug has disappeared from routine use as a DMARD in contemporary practice.'

2. Locally, when asked for their views and usage of penicillamine:
 - a. the members of the Rheumatology Network responded in May 2017 that:
 - Four consultants have not used/initiated penicillamine (in the previous 5 – 8 years)
 - One consultant had one patient
 - One trust had not issued any penicillamine in the last 5 years
 - One trust had issued six packs of penicillamine between 2010 -17.
 - b. GPs felt that due to extremely limited patient numbers their experience of monitoring had much reduced and they were no longer in a strong position to take on shared care and recommended that a red status be awarded.
3. At the Rheumatology Network meeting in February 2018, members confirmed that shared care guidelines for penicillamine were no longer required.

Proposed changes:

1. The traffic light status for penicillamine is changed from AMBER to RED - specialist ONLY drugs - treatment initiated and continued by specialist clinicians.
2. For any new patients initiated on penicillamine, prescribing should be retained by the specialist.
3. For the small number of patients currently taking penicillamine in primary care, monitoring requirements should be as described in the current BNF and SPC. Primary care monitoring requirements for people on penicillamine are available from CKS at: <https://cks.nice.org.uk/dmards#!scenario:12>

Key Considerations

Cost implications to the local health economy

Cost of product³:

Penicillamine 125mg tablets 56 £45.00

Penicillamine 250mg tablets 56 £88.75

Annual cost per patient:

Dose dependant £22.50 - £266.31 per month

Impact to current prescriber or medication initiator

- The current initiator is the consultant/specialist rheumatologist, which will not change as a result of this proposed change in traffic light status. Consultant/specialist rheumatologists will now continue to prescribe for NEW patients – there is no shared care.
- Monitoring guidance for penicillamine is no longer included in national guidance from the BSR and the BHPR (see above) and local consultant rheumatologists have confirmed that they no longer require shared care guidelines.

- GPs felt that due to extremely limited patient numbers their experience of monitoring had much reduced and they were no longer in a strong position to take on shared care and recommended that a red status be awarded.
- For any new patients initiated on penicillamine, prescribing should be retained by the specialist.
- For the small number of patients currently taking penicillamine in primary care, monitoring requirements should be as described in the current BNF and SPC. Primary care monitoring requirements for people on penicillamine are available from CKS at: <https://cks.nice.org.uk/dmards#!scenario:12>

Impact to proposed prescriber or medication initiator

See above.

Impact to patients

- Penicillamine remains as an option for prescribing by specialists in those patients where it is appropriate.
- Any established patients may continue to receive penicillamine from their primary care prescribers.

Additional comments

PCN is asked to:

1. Agree that the traffic light status for penicillamine should change to RED - specialist ONLY drugs - treatment initiated and continued by specialist clinicians.
2. Review the draft policy statement and agree any amendments
3. Agree that the entry on the PAD for penicillamine is updated and the shared care guidelines currently available on the PAD are removed.

Identified lead for development of necessary documents e.g. shared care agreement

Name:

Designation:

Organisation:

Estimated date of preparation:

Appendix 1: Number of items and cost for penicillamine prescribing (ePACT, including prescribing for Wilson’s disease and other indications).

	CCG	ePACT items	ePACT cost
March 16 – Feb 17	NWS, ES, G&W, SD and SH	151	£22,767
	CHMS		
March 17 – Feb 18	NWS, ES, G&W, SD and SH	141	£24,175
April 17 – Feb 18	CHMS	29	£4,539

References:

1. Summary of Product Characteristics. eMC. Distamine tablets 125mg. Available at: <https://www.medicines.org.uk/emc/product/1629/smpc> <accessed 3.5.18>
2. BNF. Penicillamine. Medicines Complete. Available at: <https://www.new.medicinescomplete.com/#/content/bnf/346052577> <accessed 3.5.18>
3. NHS Electronic Drug Tariff. Available at: http://www.drugtariff.nhsbsa.nhs.uk/#/00446515-DC_2/DC00446179/Part_VIIIA_products_P <accessed 3.5.18>

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Declaration of Interest: None

Date: 15.5.18

Reviewed by:

Declaration of Interest:

Date:

VERSION CONTROL SHEET

Version	Date	Author	Status	Comment
v1	15.5.18	T. Bahra	Draft	Out for consultation
v2	31.7.18	T. Bahra	Draft	Change of traffic light status
V3	16.8.18	T. Bahra	Final	Add clinical comments