

| General Information | |
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| Ministerial Decision Type | Miscellaneous |
| Report Title | Amendment to the Prescribed List 1 May 2023 |
| Minister | Social Security |
| Signatory | Minister |
| Lead Department | Strategic Policy, Planning and Performance (SP3) |
| Lead Directorate | Public Policy (SP3) |
| Ministerial Decision Summary: Public or Absolutely/Qualified Exempt | Public Select if more than one Absolutely/Qualified Exemption. |
| Date decision made if different to date 'Ministerial Decision Summary' signed. | Select date. |
| Report and Supplemental Report Details | |
| Report Author | Senior Policy Officer |
| Date of Report | 04/04/2023 |
| Supplementary Report Title <i>(If applicable)</i> | SD report PBAC 09 February 2023 |
| Supplementary Report Author <i>(If applicable)</i> | Prescribing Advisor |
| Date of Supplementary Report <i>(If applicable)</i> | 17/03/2023 |
| Ministerial Decision Report: Public or Absolutely/Qualified Exempt | Public Select if more than one Absolutely/Qualified Exemption. |
| Relevant Case/Application/URN <i>(Only complete if making a decision related to an appeal where appropriate or allowed under legislation/case/application)</i> | Insert Relevant Case/Application. |
| Relevant Proposition Number <i>(Only complete if presenting Comments or if lodging an Amendment)</i> | Insert P. number. |
| Relevant Scrutiny Report <i>(Only complete if presenting a ministerial response)</i> | Insert S.R. number. |
| Associated Law(s) and/or Subordinate Legislation | Health Insurance (Jersey) Law 1967 |
| Action required if recommendation agreed | Department to take necessary action. |

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| Resource Implications | There are additional financial and/or manpower implications. Further detail is included in the detail section of the report. |
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Introduction

Further to Article 15, paragraphs (11) and (12), of the Health Insurance (Jersey) Law 1967, and having consulted with the Pharmaceutical Benefit Advisory Committee, the Minister decided to make amendments to the Prescribed List with effect from 1 May 2023

The Pharmaceutical Benefit Advisory Committee (PBAC) met on 9 February 2023 to consider applications for changes to the Prescribed List and recommended changes.

Recommendation

Other

Only insert text if 'Other' selected above.

The Minister accepted recommendations from the PBAC in respect of the following additions and deletions.

Additions

Fluoxetine 20mg dispersible tablet

Deletions

Each of the following are discontinued or less suitable for prescribing in primary care. Alternative products are available on the List where necessary.

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| Cefixime 200mg tablets |
| Cefotaxime 500mg and 2g powder for solution for injection vials |
| Ceftazidime 500mg, 1g, 2g powder for solution for injection vials |
| Ceftriaxone 250mg powder for solution for injection vials |
| Clonazepam 1mg/1ml solution for injection ampoule and diluent |
| Clonidine 150micrograms/ 1ml solution for injection ampoules |
| Dithranol 0.1% cream |
| Liquid paraffin eye ointment |
| VitA-POS eye ointment preservative free |
| Morphine sulfate 15mg/ml, 20mg/ml solution for injection ampoules |
| Prednisolone acetate 0.5% eye drops preservative free |
| Phenytoin sodium 250mg/5ml solution for injection ampoules |
| Pneumococcal polysaccharide vaccine solution for injection 0.5ml vials |
| Povidone Iodine 2.5% dry powder spray (betadine) |
| Prochlorperazine (Stemetil) 5mg/5ml syrup |
| Salicylic acid 50% ointment |
| Sodium chloride 0.9% solution for injection 10ml |
| Vancomycin injection 500mg powder for solution for infusion vials |

Under Consideration

The Minister considered a recommendation to add Medicines for Attention Deficit Hyperactivity Disorder (ADHD) in adults to the prescribed list comprising: lisdexamfetamine, methylphenidate, dexamfetamine, atomoxetine, guanfacine.

It was noted that these medicines could be prescribed safely in primary care by General Practitioners under a shared care agreement. This arrangement would incur additional cost for patients who would access these medicines having paid a general practice fee. It was also noted that the medicines themselves are expensive and the creation of shared care agreements to allow prescribing in primary care would place an additional substantial burden on the Health Insurance Fund.

The Minister has held the recommendation to add medicines for ADHD under consideration pending an exploration of cost impacts and access.

Financial impact

Minor cost impact.