

Basingstoke, Southampton and Winchester

District Prescribing Committee (DPC)

Recommendations of the meeting of 8th August 2017

Supported or limited support e.g. Specialist recommendation

- **Glucodrate sachets for dietary management of short bowel-associated intestinal failure and intestinal insufficiency.**
The Committee support the use Glucodrate sachets (as amber) for dietary management of short bowel-associated intestinal failure and intestinal insufficiency locally. If started in hospital, the hospital should advise any monitoring required on discharge. This should now replace the use of St Mark's solution completely.
- **FIASP (insulin aspart) new formulation.** This is the same cost as NovoRapid, faster acting. This is preferred to Apidra, which is NOT recommended due to less data being available. The Committee supported the recommendation of the Diabetes Sub Group for the use of FIASP in type 1 diabetes *only with specialist recommendation*. Consider adding to formularies as amber.

Not supported

- **Melatonin MR for the treatment of insomnia in adults with dementia.** Based on the lack of clinical evidence of efficacy, potential high costs, and safety concerns the committee did not support the use of Melatonin MR for the treatment of insomnia in adults with dementia locally.
- **Lurasidone for the treatment of depression in patients with bipolar disorder.** The committee's current position, based on unlicensed status, and lack of evidence for superiority and significant additional cost vs. other treatments is not to support the use of Lurasidone for the treatment of depression in patients with bipolar disorder.

Other Information

- **Freestyle Libre glucose monitoring system.** This will have a potentially useful role in patients who need to test >6 times a day. It is not currently in the Drug Tariff as it is a device. The Diabetes Sub Group will review this again once it is in the Drug Tariff and the price is known they will then formulate guidance.
 - **Insulin Detemir (Levemir)** The committee agreed to support the Diabetes Sub Group recommendation for formulary re classification locally from amber to green.
 - **Insulin degludec (Tresiba) and Toujeo U300** to remain amber. All organisations are requested to check their formularies.
 - **Buspirone.** The Committee agreed to amend the recommended classification of buspirone to amber. Organisations to amend their formularies accordingly.
 - **Early breast cancer (preventing recurrence and improving survival): adjuvant bisphosphonates: NICE evidence summary.** The committee noted the extract from the Portsmouth APC notes and support the Portsmouth APC shared care guidelines. These will be uploaded to the WHCCG website. Ibandronic acid 50mg tablets should be included in formularies for this indication under amber with shared care.
 - **Liraglutide.** All organisations to remove maximum dosing recommendations from their formularies. NICE TA is now superseded by updated NICE Guidelines which no longer specify a max dose. However organisations may choose to add a note to consider more cost effective alternatives if the dose is >1.2mg daily.
 - **Shared Care Guidance** for Methylphenidate, atomoxetine, dexamfetamine and lisdexamfetamine for ADHD in children and adolescents was approved and will be upload to the WHCCG website.
 - **Southern Health Guidance:** The general principles in physical health monitoring for psychotropic medication (not High Dose) were agreed as a set of minimum monitoring requirements for all CCGs use
- DPC summaries are available at: <http://www.westhampshireccg.nhs.uk/downloads/categories/medicines/district-prescribing-committee>
- Guidance documents are available at: <http://www.westhampshireccg.nhs.uk/downloads/categories/medicines/guidance>