Basingstoke, Southampton and Winchester

District Prescribing Committee (DPC)

Recommendations of the meeting of Tuesday 13 February 2018

Supported or limited support e.g. Specialist recommendation

- **Dupilumab inj for atopic dermatitis** – on the balance of efficacy and safety, the Committee supported the use of dupilumab for atopic dermatitis for those who meet the eligibility criteria outlined in the formulary application. It is not licensed in children. The Committee noted that it may offer advantages over current treatment options. Cost effectiveness is less clear but there would seem to be evidence for improvement in quality of life for patients and a potential for reduction in hospital appointments/monitoring. This recommendation will be reviewed following final publication of the NICE TA, due in August 2018. Meanwhile, patients already being treated under the early access to medicines scheme (EAMS) will continue to receive dupilumab free of charge. CCGs need to agree funding for new patients with UHSFT and HHFT. Dupilumab should be classed as Red on formularies,

- **Lidocaine plasters for analgesic management of rib fractures** – This is an unlicensed indication and has limited evidence to support efficacy. Lidocaine plasters are not routinely supported for prescribing in primary care, in accordance with the recent NHS England guidance for CCGs with the exception of patients still experiencing neuropathic pain associated with post-herpetic neuralgia - 'Items which should not routinely be prescribed in primary care' It may, however, be considered for restricted use in secondary care so may be included on formularies with Red classification. Use should be limited, and preferably involve acute pain specialist teams, and the need to continue regularly reviewed. The Committee will review prescribing data in three months' time. Reminder that the formulary status of lidocaine plasters is Amber for focal neuralgia where other treatment options have failed or cannot be used due to co-morbidities in line with local chronic pain guidelines and non-formulary for all other indications.

Not supported

- **Alendronic acid effervescent tablets (Binosto)** – as there is a lack of evidence to support any benefits in safety of this formulation and a significantly higher cost, this was not supported for patients experiencing upper GI side effects with conventional oral bisphosphonates (e.g. alendronate/risedronate). The Committee would recommend parenteral therapy as the preferred option for these patients which would seem safer and similar in cost to Binosto. However organisations *may* consider adding Binosto to formularies (as green) for use in patients *unable to swallow* conventional oral bisphosphonates and *for whom parenteral therapy is not suitable.* CCGs to monitor and report back on use.

Other Information and formulary updates

- **Shared Care Guidelines now only available electronically**. The Committee agreed that specialists will not routinely send paper copies of shared care guidelines to GPs for each patient. The guidelines are available via WHCCG website here and via DXS. The guidelines can be uploaded to the patient's clinical notes from DXS.

- **Updated shared care guidelines –** include **Leflunomide** and **Mycophenolate**

- **Topiramate** – NICE guidelines recommend as a first-line option for use in *migraine* – the committee recommend organisations change to green on formularies for this indication only (to remain amber for epilepsy).

- **Azithromycin** – A reminder from UHS microbiologists that a *three day course* is almost always sufficient. Longer courses are rarely required.

➢ Guidance documents are available Here (hosted by West Hampshire CCG)

Summarised on behalf of the District Prescribing Committee by Liz Bere (Southampton City CCG)