

Basingstoke, Southampton and Winchester District Prescribing Committee (DPC)

Recommendations of the meeting of Tuesday 11th December 2018

Supported or limited support e.g. Specialist recommendation

Ranolazine (Ranexa®) prolonged-release tablets- Based on scientific evaluation of the evidence for efficacy, safety and cost effectiveness the committee would support use of ranolazine for stable angina in accordance with NICE Guidelines ([CG126](#)). Use is restricted to specialist recommendation only, as a third line agent where other anti-anginals are not tolerated/unsuitable due to their hypotensive and/or bradycardic effects and where revascularisation options are not available to the patient. Patients and GPs should be advised by specialists of risks associated with ranolazine, e.g. interactions, QT prolongation. Consider adding to formularies as 'AMBER'

Desmopressin (Noqdirna®) lyophilisate orodispersible tablet is the first desmopressin preparation licensed for symptomatic treatment of nocturia due to idiopathic nocturnal polyuria in adults, including those over 65 years of age. The committee support the use for this indication following Specialist recommendation. Shared care Guidelines are to be developed. Consider adding to formularies as 'AMBER'

Guanfacine (Intuniv®) prolonged-release tablets for the treatment of attention deficit hyperactivity disorder (ADHD) in children and adolescents 6-17 years old. Based on scientific evaluation of the evidence for efficacy, safety and cost effectiveness the committee would support use of guanfacine, but would restrict use to specialist initiation, and would position it as third or fourth line choice for all patients. It should be added to current shared care guidelines, with prescribing to remain in secondary care until patients are on a stable dose and efficacy and tolerability has been confirmed. Clear instructions should be provided for GPs and patients on how to manage missed doses and adverse effects. Consider adding to formularies as 'AMBER'.

Not supported

Clobetasone butyrate, oxytetracycline and nystatin (Trimovate®) cream – following recent review for use in chronic wound management and consultation with local specialists re: use in acute indications, due to lack of evidence for efficacy, safety and cost effectiveness versus alternative licensed preparations, the committee no longer support the use of Trimovate cream and recommend it should be considered non-formulary.

Other Information and formulary updates

Lidocaine Medicated Plasters - Lidocaine plasters are not routinely supported for prescribing in primary care, in accordance with the recent NHS England guidance for CCGs - 'Items which should not routinely be prescribed in primary care'. The recommendations are summarised below

- prescribers in primary care should not initiate lidocaine plasters for any new patient (apart from exceptions below)
- support prescribers in de-prescribing lidocaine plasters in all patients
- in exceptional circumstances, if there is a clinical need for lidocaine plasters to be prescribed in primary care, this should be undertaken in a co-operation arrangement with a multi-disciplinary team and/or other healthcare professional

An **exception** to this is patients' still experiencing neuropathic pain associated with post-herpetic neuralgia

Note: the committee continues to support restricted use in secondary care for acute rib fracture pain, with 'RED' classification on formularies.

Chronic pain- a revised version of the Guidelines for the Pharmacological Management of Chronic, Non-malignant, Non-palliative Pain in Primary Care / Non-specialist Centres was agreed and will be available on the website below

Otitis externa preparations – the committee recommend all preparations for otitis externa should be 'GREEN' on formularies. Please see the local Antibiotic guidelines for current recommendations. <http://www.nhsantibioticguidelines.org.uk>

Pregabalin – the committee recommend this should be classified as 'GREEN' on formularies for use in neuropathic pain or generalised anxiety disorder, and remain as 'AMBER' for use in epilepsy.

Nurseries, schools and OTC meds- new guidance from the Local Medical Committee state that Non-prescription (OTC) medication does not need a GP signature in order for the school/nursery/childminder to give it. See link for more details <https://www.wessexlmcs.com/prescribingnurseriesschoolsandotcmedications>

Cinacalcet for complex primary hyperparathyroidism in adults- shared care guidelines now available at the link below

SGLT-2 inhibitors - Based on scientific evaluation of the evidence for efficacy, safety and cost effectiveness the committee would support use of empagliflozin, canagliflozin and dapagliflozin. All 3 should be available on formularies locally, and are suitable for prescribing in primary or secondary care (i.e. 'GREEN'). In view of the latest data indicating safety and possible cardiovascular (CV) benefits for all available SGLT-2 inhibitors, previous annotations to formularies indicating a preference for empagliflozin in patients with established CV disease should be removed. For a summary of the evaluation see link below.

Guidance documents are available [Here](#) (hosted by West Hampshire CCG)