

Basingstoke, Southampton and Winchester

District Prescribing Committee (DPC)

Recommendations of the meeting of 21st April 2015

Supported or limited support e.g. Specialist recommendation

- **Etoricoxib Tablets:** now classified as 'amber' (usually specialist initiated/recommended but suitable for continuation in primary care) to enable prescribing in rheumatology.
- **Rivaroxaban in the treatment of deep vein thrombosis (DVT) & Pulmonary Embolism (PE)** as a more convenient alternative to low molecular weight heparin (LMWH) and warfarin. UHS presented the agreed local treatment pathways *including a patient counselling checklist for the initiation of Rivaroxaban*. Secondary care clinicians are to prescribe 15mg Twice Daily (BD) for 21 days and provide the whole 21 day course at this strength and advise on the total length of treatment. GPs would then prescribe and continue treatment at 20mg Daily (OD) thereafter: different strength tablets are available (10mg, 15mg and 20mg). Patients will be called for review after 21 days to ensure that treatment had continued at the lower dose. The SPC states: The duration of therapy should be individualised after careful assessment of the treatment benefit against the risk for bleeding. Short duration of therapy (at least 3 months) should be based on transient risk factors (e.g. recent surgery, trauma, immobilisation) and longer durations should be based on permanent risk factors or idiopathic DVT or PE.
- **Jaydess Intrauterine System** This was approved for use second line for women who are unable or unwilling to have Mirena (first choice). The device contains a lower dose of levonorgestrel, provides lower release rates and serum levels and is smaller than Mirena. Its smaller size and suggested ease of fitting may be an advantage, although this has not been robustly demonstrated and should not be a reason for routinely offering the device. Costs with this device are higher per year than with Mirena, (The device remains in situ for a shorter period 3 years) but the product will be cost-effective if it provides effective contraception. Patients should receive counselling about the possible higher rate of ectopic pregnancies observed in some studies.

Not supported currently

- **Sativex Oromucosal spray** since the last DPC review in 2010 a DTB article in 2012 concluded that this product had limitations making it difficult to identify its place in clinical practice. NICE 2014 does not recommend offering Sativex to treat spasticity in people with MS because it is not a cost effective treatment. Due to this lack of evidence Sativex is not recommended.

Other Information/ Reminders

- **Shared Care Guidelines approved:** Denosumab in Osteoporosis & Melatonin for sleep disorders / difficulties in children
- **NRLS** NHS England has recently launched a new general practice e-form, developed specifically to make it quick and easy for all practice staff to report patient safety incidents to the National Reporting and Learning System (NRLS), the NHS' national patient safety incident database. Reporting an incident should only take a few minutes and will help to keep patients safe from avoidable harm. **Link to the GP e form:** https://report.nrls.nhs.uk/GP_eForm **Link to the guide on how to complete a form:** <http://www.england.nhs.uk/wp-content/uploads/2015/02/gp-nrls-rep-guide.pdf> There is also a guide on where to report the different types of medication incidents which has recently been sent out to all GPs

Summarised on behalf of the District Prescribing Committee

Liz Bere (Southampton City CCG) 27.04.15