

Basingstoke, Southampton and Winchester District Prescribing Committee

Recommendations of the meeting of 12th April 2011

Supported/Limited support

- **GlucoRx blood glucose testing strips**-These strips are around 35% less expensive than most other brands on the market currently. A pot of fifty test strips costs less than £10, compared to £14 to £15 for most others. Following positive local experience, the DPC supported them for use locally as a very cost-effective option, particularly in new patients, who will have yet to purchase a meter. However, the DPC agreed it couldn't at this stage ask clinicians to consider a large scale switch to this product in existing users who may have purchased other machines, or with providers who are committed to supply contracts with other manufacturers. Future consideration is however expected during review of contracts by providers, and recommended opportunistically for individual patients in the community.
- **Raltegravir and Maraviroc in HIV infection**- The criteria for 'exceptional use' was broadened, and in these cases the specialist will no longer require individual funding approval prior to initiating therapy. A reminder that prescribing should be carried out by local HIV specialists only ('red' drug), and the situation will be kept under review by commissioners.
- **Saxagliptin and Sitagliptin**- A formulary review of the 'gliptins' was discussed, with similar efficacy and costs noted for the three agents currently marketed. The newest, Saxagliptin, was supported for prescribing locally as an option in patients with moderate to severe renal failure, prescribed as a reduced dose. Sitagliptin is licensed for triple therapy and in combination with insulin so remains a formulary option. Vildagliptin was not recommended as it has the disadvantage of twice-daily administration. Saxagliptin and Sitagliptin are administered once daily.

Not Supported

- **Ulipristal acetate (EllaOne®) not recommended for first line use after 'mid-cycle' UPSI**- An application was received to review Ulipristal acetate to be offered first line after 'mid-cycle' UPSI when an IUCD is declined, contraindicated or not possible to fit. Following a review of the evidence, the DPC agreed that EllaOne could not currently be recommended as a first line option in these circumstances. Superiority over Levonelle has not been demonstrated, and medication costs are currently three times that of Levonelle on prescription. EllaOne remains a licensed option for local prescribing between 72 and 120 hours post UPSI when an IUCD cannot be used.

Information / Reminders / Safety Messages / NICE

- **Newer Insulin Analogues and high local use**- Concerns were raised over the high percentage of longer acting insulins now being prescribed as the newer more expensive analogues. National indicators have been developed that show relatively high use in both Southampton City and Hampshire, both with 85% of long acting insulins prescribed in this way (Portsmouth City's figure is 64% by comparison). This issue will be addressed in 2011/12 as part of the national QIPP workstreams for medicines management.
- **Thromboprophylaxis with LMW heparin and the need for platelet monitoring**- The DPC noted that the BNF advises prescribers that it is unnecessary to monitor platelets in patients on standard prophylactic doses of LMW heparin. SUHT will reconsider its guidance to primary care on this in patients post discharge. There is controversy nationally, and the DPC have requested that the MHRA and BNF Joint Formulary Committee review their safety advice.
- **Dabigatran and Rivaroxaban- new oral anticoagulants awaiting marketing authorisations in Atrial Fibrillation**- The DPC noted the conclusions of the H&IOW Clinical Priorities Committee, who suggested 'low priority for use' earlier this year. Despite this, the DPC felt that there would be clinical interest in these medicines, as an alternative to warfarin for exceptional use. Further advice will follow after the June DPC meeting. In the meantime it should be noted that although these newer agents do not require INR monitoring there remains a significant risk of bleeding, and currently the effects of 'over-anticoagulation' are irreversible.
- **Osvaren® (calcium acetate/magnesium carbonate) tablets in renal failure**- These have been added to Portsmouth District Prescribing Formulary as another treatment option in hyperphosphataemia of chronic renal failure in patients undergoing dialysis. Initiation and dosage adjustment will take place at the Wessex Renal Unit, but GPs may be asked to share care once stable. A shared care guideline is being developed.