

**Basingstoke, Southampton and Winchester
District Prescribing Committee**

Recommendations of the meeting of 8th August 2011

Supported/Limited support

- **Triptorelin 3-monthly injection** - This may be prescribed within license, following specialist recommendation of GnRH analogue treatment, as the least expensive option currently.
- **Osteoporosis Guidelines 2011**- Approved for circulation.
- **Guidelines for the Management of Persistent (Chronic) Pain 2011**- Approved as an update to the 2009 version. Tricyclic antidepressants continue to be a first line option in neuropathic pain. Gabapentin continues to appear as a second line option, ahead of pregabalin. The DPC has issued the following statement, included in the updated Guideline. ***“Considerable controversy persists regarding the economic analysis in NICE CG 96 on neuropathic pain. Whilst this remains it has been agreed not to fully adopt the NICE guideline, and given the significant cost implications, the DPC continues to support the use of gabapentin over pregabalin.”***

Not Supported

- **Dermsilk garments for children with dermatitis**- These relatively expensive silk garments, prescribable on the NHS, are not supported for use locally other than in very exceptional circumstances when all other options have been considered. Clinifast elasticated viscose stockinette remains the preferred local wound formulary option for retaining and securing dressings in the treatment of paediatric atopic eczema. Further advice may follow in due course on exceptional use but it is important to emphasize that these garments are not intended for 'once only use' and any prescribing should be minimal.

Information / Reminders / Safety Messages / NICE

- **ACE Inhibitor Induced Cough and the Place of A2RA's** - Please see attached the following weblink, which provides a review of the evidence as well as helpful information on management options http://www.npc.nhs.uk/merec/cardio/cdhyper/merec_bulletin_vol20_no2.php#WAC
- **Dabigatran in Atrial Fibrillation**- The Priorities Committee's current recommendation is that dabigatran for the prevention of stroke and systemic embolism in AF is considered 'low priority'. NICE Guidance is expected in December 2011. In view of this the DPC have recommended that clinicians should not routinely initiate treatment at this stage, as any widespread use of this agent needs planning and disinvestment from current anticoagulation monitoring services. The DPC is currently considering guidance on exceptional use. Further advice will follow.
- **Omalizumab**- It was agreed that this specialist treatment for asthma will not be a candidate for shared care locally. It is rarely used and remains under close surveillance by the MHRA for safety reasons. Patients are reviewed every 12 weeks by the specialist. A pre-filled injection device may soon be available, which may allow self-administration and reduce outpatient attendances.
- **Pigmanorm Cream (and other unlicensed depigmentation creams)** - The DPC agreed that this is not supported for prescribing in primary care until evidence for the product is evaluated. These products are not licensed and therefore do not feature on the ACBS list of borderline substances allowable for NHS prescribing in primary care. In addition the cost may be very high in the community as they are treated as 'special order' products with high on-costs attached. They may have a place for exceptional use, but prescribing and supply should be retained by the specialist ('red') for the time being. Further advice may follow.
- **Ciclosporin eye preparations**- It was agreed that these unlicensed 'special order' products are not suitable for prescribing in primary care on the grounds of both safety and cost. They are used rarely under specialist supervision and should be prescribed and supplied directly through secondary care from henceforth.

Summarised on behalf of the District Prescribing Committee

Julia Bowey (NHS Southampton City) 16.08.11