

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

Recommendations of the meeting of 11th October 2011

Diabetes Update

- The DPC approved the changes made to the local '**stepped approach**' **guidance to glucose-lowering therapies in type 2 diabetes**
- **Apidra Insulin devices- supply shortage. Local approach.** Although this insulin has been used in exceptional cases locally, mainly to keep uniformity with pen device for those stabilised on Lantus, as part of a basal-bolus regimen. Interruption of supplies will mean conversion to either Humalog or NovoRapid, which would require a change in pen device for either. **There is local agreement to use either of these short acting analogues as a 'dose for dose replacement'. Choice should primarily be governed by the pen device that most suits the patient. The Apidra 10ml vials may still be available for those that can manage that route of delivery.**
- **Insulin Passports** Both the Diabetes and Safety sub groups of the DPC highlighted their concerns over the content of the national (NPSA) work on this. It was agreed not to add this to the map of medicine currently, and to delay local implementation until further work has been done on this. The Diabetes sub group will source alternative information from other specialist centres and adapt for local use.

Updates

- **VTE Thromboprophylaxis for patients and monitoring for heparin induced thrombocytopenia (HIT) in primary care. DPC Recommendations:**
 1. Minimise the use of low molecular weight heparins by using alternative agents where possible, including consideration of rivaroxaban in trauma patients
 2. Ensure a baseline platelet level is undertaken and that this is communicated to the GP for each patient on discharge.
 3. Reduce the number of tests for each patient - monitoring at day 5 may be sufficient in the majority of patients

These recommendations will be confirmed with haematologists at Southampton. The chair of the DPC will take them back to the Medical Director at University Hospital Southampton and discuss with the SHIP Medical Director to agree implementation.

- **Dermsilk garments for children with dermatitis (not supported see Aug 2011) Update Oct 2011: Criteria for 'exceptional' use** The DPC agreed to consider this if specialists came back with clear criteria / a flowchart including appropriate quantities and how to reuse.
- **Pigmanorm Cream (and other unlicensed depigmentation creams). Update Oct 2011:** The committee was not convinced by the evidence for its use. **This cream remains unsupported.** Specialists are not to ask primary care to prescribe.

Not Supported

- **Tapentadol** is an opioid analgesic (CD Schedule 2) with noradrenaline- reuptake inhibitor properties, recently licensed for the management of pain. The immediate release formulation (**not supported**) is licensed for moderate to severe acute pain in adults. The slow release formulation is licensed for severe chronic pain in adults which can only be managed with opioid analgesics. The SR formulation is at present **not routinely supported by the DPC** for local use.. If exceptional use is required initiation is to be made in secondary care only.
- **Collagenase clostridium histolyticum for Dupuytren's contracture** The DPC felt that there was insufficient evidence to support this and that any requests for its use should be directed through the local IFR processes.

Information

- **Discontinuing Medicines in 'Older Persons'** The DPC felt that it was inappropriate to provide a general statement but rather advise that **all medicines should be reviewed regularly on a person by person basis**, only discontinuing medicines where no clear benefit is seen while ensuring that doses are correct to reflect the alterations in age related pharmacokinetics and pharmacodynamics.