

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

Recommendations of the meeting of 13th December 2011

Updates

- **VTE Thromboprophylaxis for patients and monitoring for heparin induced thrombocytopenia (HIT) in primary care. Latest information from University Hospital Southampton (UHSFT):**
 1. It has been agreed that one test 'between 5 and 10 days of initiation' will deal with the greatest risk of HIT (low with LMWH). This will reduce the demand on general practice, especially as some patients will reach day 5 in hospital.
 2. UHSFT are committed to undertake baseline monitoring and therefore the most recent platelet count will appear on every HMR form with the date the test was undertaken and the date of surgery.
 3. Trauma & orthopaedics, with haematology support, have agreed to move to using rivaroxaban where possible - thus, in addition to its use as a licensed indication (elective joint surgery) they will extend its use to fractured neck of femur and trauma cases where surgery is required OR where a cast is fitted, BUT NOT where surgery AND cast required - concerns regarding risks in these cases mean they will continue with LMWH. This is an unlicensed use. A full supply (usually a month) will be made by the hospital. Agreement on funding within the hospital is awaited before this change is made.
- **Diabetes: Blood Ketone Monitoring.** The DPC agreed that **self-monitoring of blood ketones** should be reserved for people with type 1 diabetes by exception, e.g. in pregnancy, and should be **specialist recommended at this stage**. All people with type 1 diabetes should have access to urine ketone self monitoring ('K is for Ketostix' on the diabetes A-Z).

Supported

- **Wound Formulary Group Recommendations accepted: Both products are supported for local use**
Aquacel Ribbon (1cm x 45cm) is a more appropriate size for many wounds and is more cost effective than the nearest size product already approved for local use.
Allevyn Gentle (listed sizes only) is recommended for use specifically in patients with friable skin
- **EpiPen** Following discussion with local specialists the Committee supported their recommendation to not switch existing patients from EpiPen to alternative devices. Although there are potential cost savings (because the Jext product has a longer shelf life) the vast majority of patients are currently prescribed the EpiPen and a switch would entail training and familiarisation of patients, parents, carers and teachers. EpiPen remains the preferred device for the self administration of adrenaline in acute anaphylaxis.
- **Vagifem® Estradiol vaginal tablet 10 micrograms** for post menopausal vaginal atrophy. Accepted as an alternative to creams and pessaries and when there are problems obtaining other intra-vaginal oestrogens.
- **Norgeston® Levonorgestrol tablets 30 microgram** supported for use **only** in patients who are already prescribed this and need to continue.
- **Pelvic Toner** for women who need to be taught pelvic floor muscle training. NICE recommends 3 months training for stress or mixed UI. This device is now in the Drug Tariff and is prescribable by GPs. The DPC agreed that this device should be used within an appropriate service and advice context. Individual organisations to add to their formularies as required.
- **Capsaicin 8% patch** This was supported for hospital use only, classified as a RED drug, for use in adults with post herpetic neuralgia without adequate relief by accredited hospital sites. Use of these patches will have service implications regarding patients attending hospital as day cases. The DPC requested feedback and a review of use in 1 year's time.

Shared Care Guidelines (SCG) Approved (Updates of current SCGs)

- **ADHD SCG for Children and adolescents.** Use of Methylphenidate, Atomoxetine and Dexamfetamine.
- **Methotrexate SCG:** the updated version was agreed with no major changes.

Not Supported

- **Pirfenidone in Idiopathic Pulmonary Fibrosis (IPF)** Not supported for use locally but with exceptional cases to be considered through the individual funding review process. The DPC noted such reviews would need to be undertaken urgently to allow treatment window to be met. Only to be initiated and continued in secondary care. Cautions for patients include avoidance / minimisation of exposure to direct sunlight / use of sun block every day.
- **Glycopyrronium Solution 0.05% in Iontophoresis of the plantar and palmar skin for hyperhidrosis.** Not supported on the basis that there is only limited evidence available and the cost. **N.B.**This product is a 'special'