

**Basingstoke, Southampton and Winchester
District Prescribing Committee
Recommendations of the meeting of 21st February 2012**

Limited support, e.g. specialist recommendation/initiation

- **Exenatide once weekly (Bydureon®)** - The DPC agreed with the diabetes subgroup **specialist recommendation** that (pending NICE) this product should be reserved for specific niche use in patients who need a health care professional to administer injectables, where weekly dosing would be a more practical option. It is difficult to administer and therefore probably not an option for self-administration.
- **Rotigotine patch-** for **specialist initiation or recommendation** as a replacement for oral dopamine agonists in patients with inadequate control of nocturnal or early morning symptoms. Also in patients with inadequate compliance of complex regimens (e.g. cognitive problems, unable to swallow oral medication, motor problems) and as a sole treatment in emergency situations when patients are unable to swallow oral drugs.
- **Interferon alfa eye drops-** it was agreed that this should be reserved for **specialist only prescribing** locally (i.e. red). It should therefore normally be supplied as a special order product via hospital pharmacies.

Not Supported currently

- **Dermasilk®-** not supported for routine use locally. There should be no new patients initiated on these garments in primary care, and specialists should no longer ask GPs to prescribe for new patients. It was proposed that prescribing via secondary care for new patients will need to be considered through the IFR route. These arrangements will continue until a niche role is agreed locally, and adhered to.
- **Linagliptin-**The DPC agreed with the diabetes subgroup recommendation that this product should not be added to local formularies currently. It may have a very small niche use in dialysis patients only. Formulary options include sitagliptin and saxagliptin, which is already licensed in renal impairment. Class safety of 'the gliptins' in longer term use is yet to be established.
- **Tapentadol-** this new opioid has not yet been approved for local use. A niche use is currently being considered, following specialist recommendation only. Further DPC advice will follow.
- **Rasagiline tablets-** there is no evidence that rasagiline is more effective than selegiline, but it is significantly more expensive. It is therefore not recommended for use locally in Parkinson's disease
- The **RespeRate** slow deep breathing device is now available on FP10, at a cost of £132 each. The DPC agreed not to support prescribing at NHS cost while we await a local review of the evidence.

Information / Reminders / Updates/ Safety Messages / NICE

- **Gonadorelin analogues-** There is little to separate the various injectables in this class. Most are licensed for a wide range of indications. When monthly use is required (e.g. for gynae indications such as uterine fibroids), goserelin is the most cost-effective product. For most other indications triptorelin (as Decapeptyl SR) is a cost effective choice, and is available as a 3-monthly and 6-monthly injection.
- **Denosumab-** the DPC agreed that this relatively new agent would remain amber for the time being, usually specialist recommended. However initiation in primary care in line with DPC approved local guidance is an option in those GPs confident to prescribe it. The DPC position will be reviewed again in the summer
- **Pavalizumab-** not recommended for GP prescribing or administration in primary care, due to the specialist nature of this agent, and the small number of patients involved.
- **Fulvestrant injection** in breast cancer- NICE has recently agreed that this treatment is not supported for use in the NHS. GPs should therefore not be asked to prescribe this on FP10 by specialists.
- **Roflumilast-** NICE has recommended that this should only be prescribed as part of a formal clinical trial. In addition, the DPC has previously not supported this medicine for use locally.

**Summarised on behalf of the District Prescribing Committee
Julia Bowey (NHS Southampton City) 29.02.12**