

**Basingstoke, Southampton and Winchester
District Prescribing Committee
Recommendations of the meeting of 24th April 2012**

Supported or limited support, e.g. specialist recommendation/initiation

- **Wound care formulary-** proposed changes were accepted, however the DPC agreed that a better understanding of the rationale for using lymphoedema (e.g. Actilymph) garments was required.
- **Qlaira** (quadriphasic CoC) - A new indication for use in heavy menstrual bleeding was discussed. The DPC agreed that Qlaira should not be used routinely by clinicians and that use should be limited to specialist recommendation only on an exceptional basis, due to lack of evidence compared to other current treatment options. The DPC requested that the specialist services audit use over the next 6 months.
- **Subcutaneous administration of Omalizumab in asthma patients-** Although 'red' locally (specialist only prescribing) it was agreed that in order to reduce day case attendances, the six local patients receiving this medication may be considered for subcutaneous administration in primary care as an interim measure, prior to teaching self-administration to these patients, by GP agreement. The specialists agreed to make contact with the small number of primary care colleagues involved to seek individual agreement. Prescribing responsibility will be retained by the specialists long term, with future consideration of a homecare supply service once patients are happy to self-administer.
- **Avamys (fluticasone furoate) nasal spray in chronic allergic rhinitis-** This has been supported for second or third line use locally in preference to Flixonase (non-formulary)
- **Tapentadol prolonged release-** this new opioid has not been approved for routine local use. The prolonged release formulation has been approved locally for third or fourth line niche use, following specialist recommendation only, with audit to demonstrate appropriate use.
- **Pioglitazone generics-** The DPC agreed that pioglitazone should continue to be prescribed generically. The licensed indications for branded and generic versions are different, due solely to patent protection issues. Generic pioglitazone has demonstrated bioequivalence with the branded version and there is no clinical rationale to suggest that the generic versions should not be prescribed in combination with metformin and other agents.
- **Paliperidone depot Injection for schizophrenia-** recommended for specialist prescribing only locally, i.e. 'red'.

Not Supported currently

- **Asenapine, new medicine for bipolar disorder-** Southern Health FT has not supported local use of this new agent in bipolar disorder at this stage, due to lack of clinical evidence.
- **Rivaroxaban in DVT Treatment-** Following a local review of the evidence the DPC agreed to wait for NICE guidance before agreeing to a place in treatment for this locally. Concerns were voiced over bleeding risks and the cost of an effective antidote to reverse such problems.
- **The RESPeRATE slow deep breathing device-** now available on FP10, at a cost of £132 each. Following a review of the 'efficacy', the DPC agreed not to support prescribing at NHS cost currently.
- **Duraphat toothpaste-** In line with Wessex LMC recommendations, this high fluoride toothpaste is not recommended for GP prescribing locally. It may be prescribed by NHS dentists in exceptional cases, in line with the Dental Practitioners Formulary (DPF).

Information / Reminders / Updates/ Safety Messages / NICE

- **Dabigatran use in AF, following NICE guidance-** Interim local guidance was issued in November 2011. Following final NICE guidance (March 2012) this is now under review and an update will be issued following the June DPC. Concerns exist locally around bleeding risk and the lack of a readily available antidote, in the acute setting in particular

**Summarised on behalf of the District Prescribing Committee
Julia Bowey (NHS Southampton City) 30.04.12**