

**Basingstoke, Southampton and Winchester  
District Prescribing Committee (DPC)**

**Recommendations of the meeting of 10th December 2013**

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

- **Linacotide in IBS** - This was not supported for routine GP initiation at the October meeting. A niche role was discussed and supported for specialist recommendation by lower GI specialists initially in small numbers of patients.
- **Denosumab short shared care guidelines** - approved.
- **NICE CG 171 urinary incontinence in women** - very slight changes to first line medicines options were noted by the DPC.
- **ADHD short shared care guidelines** - approved. An updated policy for **melatonin** prescribing in Southampton City was also noted.
- **Mercaptopurine shared care guidelines in Inflammatory Bowel Disease (IBD)** - approved

**Not Supported currently**

- **Dapoxetine and Lidocaine/Prilocaine spray (Tempe®), new drugs for premature ejaculation (PE)** - not supported for routine use currently by GPs. When depression co-exists with PE (as is often the case) there is some experience of successful GP prescribing of certain SSRI's (unlicensed).

**Information / Reminders / Updates/ Safety Messages / NICE**

- **Apomorphine in Parkinsons Disease (PD)** -This is a highly specialist medicine with very small numbers of patients prescribed it in very severe PD. A suggestion was welcomed to move this medicine from 'amber' back to 'red' for new patients, with the injection to be supplied by the home care route in future. It was also recommended that the small number of existing patients should be transferred back to specialist prescribing in a managed way.
- **Erectile Dysfunction-** sildenafil remains the first line oral option. The other oral medicines are a similar price and all could be considered second line.
- **Coagucheck, warfarin patient self-monitoring-** Locally developed safety information was received with thanks.
- **Oral magnesium supplements** - Preferred 'special order' products were noted for primary care prescribing. These supplements are usually specialist recommended (amber) but prescribing may be continued in primary care.
- **Fidaxomicin in Clostridium Difficile treatment** - it was agreed that this new treatment will move from 'red' to 'amber' for practical reasons in the community. It will remain third line choice on microbiologist recommendation only.
- **Antibiotic use for 100 days in back pain-** The DPC supported use in up to 5 patients per year in line with recent national recommendations. Prescribing should be retained by pain specialists or spinal surgeons, and a database will be kept to feed into national experience.
- **NICE Neuropathic pain guidelines (CG173) updated November 2013-** medicines changes are being incorporated into the local map of medicine.

**Summarised on behalf of the District Prescribing Committee  
Julia Bowey (Southampton City CCG 31.12.13)**