

District Prescribing Committee (DPC)

Recommendations of the meeting of 14th October 2014

Supported or limited support e.g. Specialist recommendation

- **Emerade® adrenaline auto-injector.** The DPC noted sporadic supply problems with EpiPen® and Jext® in the community. An alternative option, Emerade® is now available for emergency treatment of anaphylaxis in a range of strengths including the 500 microgram dose, as recommended by the Working Group of the Resuscitation Council (UK). The device is also very simple to use and has a longer shelf life than other adrenaline auto-injectors currently on the market. The DPC supported this in principle as an option for use in primary care either when other products are not available, or for new patients. A reminder that health care professionals need to ensure patients understand how to use their device should it be required in an emergency.

Not supported currently

- **Nalmefene for reducing alcohol consumption in people with alcohol dependence-** The DPC noted that the MEC had previously considered nalmefene and did not support prescribing locally. NICE are likely to issue guidance very soon supporting use in the community in conjunction with psychological support, in potentially large numbers of patients. The DPC and Local Medical Committee (LMC) was of the opinion that a psychological support service would not fall within General Medical Services (GMS) and would therefore need to be formally commissioned and funded separately by public health teams, as commissioning alcohol services now falls within their remit nationally. For the time being the DPC agreed to reiterate its current position regarding nalmefene, and to highlight to GPs the need for psychological support within the product's marketing authorisation.

Other Information/ Reminders

- **Sildenafil as a future option in secondary Raynaud's phenomenon-** The DPC supported this in principle, on the basis that although unlicensed for this indication, it may prevent admissions for injectable last line alternatives. In addition the DPC asked for an algorithm to show its planned place in the treatment pathway. A short shared care guideline to support GP continuation will be available in due course.
- **Silver Dressings-** Recent large increases in prescribing of these is a concern. The Wound Formulary Group, currently led by a member of Southampton City CCG medicines management team, has reviewed their advice and guidance recently, including clear criteria on appropriate use of silver dressings.
- **Maggot Biobags® for specialist leg ulcer treatment-** The DPC agreed that this area is highly specialist, and that ordering (or prescribing), and use of maggots should only be carried out by an experienced clinician. Primary care clinicians should not normally be asked to arrange a supply for subsequent use in a specialist setting, such as a leg ulcer clinic. These live organisms have a very short shelf-life once dispatched from the manufacturer, and there are strict guidelines around their storage, safe use and disposal.
- **Type 2 Diabetes Stepped Approach Guidance** - Updated and supported for local use. Final guidance is now available via the West Hampshire CCG website (no password required) http://www.westhampshireccg.nhs.uk/documents/cat_view/84-medicines/92-guidance-

Summarised on behalf of the District Prescribing Committee

Julia Bowey (Southampton City CCG) 12.11.14