

2. Vitamins in Age Related Macular Degeneration

In light of the results of the AREDS 2 study, the District Prescribing Committee, together with Professor Lotery, has updated its guidance on the choice of vitamin preparation:

It was agreed that these may be prescribed locally (although unlicensed) for a very specific group of patients in whom there is some evidence of benefit. Specifically, patients with 'category 4' disease who have advanced disease in one eye only (advanced lesions or visual acuity <20/32). In these patients vitamins may help prevent advanced disease and deterioration of visual acuity in the other eye. **Viteyes 2 formula** is the preferred product as it is the least expensive preparation that contains the correct combination of vitamins and zinc. Unlike previous AMD vitamins it can be given to previous or current smokers as it no longer contains beta-carotene. In other patient groups, (categories 1-3), there is no convincing evidence to support prescribing currently, but patients may opt to purchase these over the counter. Prescribing in 'category 4' patients is normally initiated on secondary care advice. Patients should be reviewed regularly and 'treatment' discontinued if found to be of no benefit.

3. West Hampshire CCG Website Medicines Page

The West Hampshire CCG public website now has a dedicated "Medicines" tab on the front page. The pages include; shared care guidelines, DPC summaries, Medicines Optimisation News Headlines, team contact details, audits and detail aids and formulary information. The website is at <http://www.westhampshireccg.nhs.uk/>

4. Metoclopramide: risk of neurological adverse effects—MHRA restricts dose and duration of use

- In adults, metoclopramide remains indicated for: prevention of postoperative nausea and vomiting; radiotherapy-induced nausea and vomiting; delayed (but not acute) chemotherapy-induced nausea and vomiting; and symptomatic treatment of nausea and vomiting, including that associated with acute migraine (where it may also be used to improve absorption of oral analgesics)
- In children, age 1–18 years, metoclopramide should only be used as a second-line option for prevention of delayed chemotherapy-induced nausea and vomiting, and for treatment of established postoperative nausea and vomiting
- Use of metoclopramide is contraindicated in children younger than 1 year
- Metoclopramide should only be prescribed for short-term use (up to 5 days)

[Link](#)

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Basingstoke, Southampton and Winchester District Prescribing Committee (DPC)

Recommendations of the meeting of August 2013

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

- **Medihoney (honey) antibacterial dressing and wound gel** - This has recently been supported by the local wound formulary subgroup, for use in managing critically colonized cavity wounds.
- **Fidaxomicin for the treatment of C.diff in adults** - Supported for local use as a third line option, and classified as a 'red' drug locally (i.e. specialist only prescribing).
- **Testosterone gels**- The DPC supported the niche availability of gel formulations locally. It was agreed that testosterone preparations should be classified as 'amber' and a reminder issued to prescribers that they should only be prescribed in patients with proven hypogonadism and marked clinical symptoms of testosterone deficiency. An additional reminder that erectile dysfunction in middle-aged and older men with naturally declining testosterone levels will often respond to a trial of sildenafil. See local Map of Medicine for Testosterone Deficiency and/or Erectile Dysfunction for further information.
- **Leflunomide Shared Care Guidelines**- Updated and approved, including added clarity around the need to record the patients weight, and more specific guidance on dealing with uncontrolled hypertension.
- **Ceftaroline, new IV antibiotic**- supported for local use by specialists only ('red')

Not Supported currently

- **Fluticasone plus azelastine (Dymista) nasal spray**- Not routinely supported for use locally, due to weak evidence of efficacy, and relatively high cost.
- **Nalmefene tablets for 'reduction of problem drinking'**- The DPC was unable to support local use of this new agent currently. Evidence was relatively poor with high drop-out rates in clinical trials. In addition local alcohol services are not currently commissioned to support prescribing of nalmefene in this way.
- **MolluDab (5% potassium hydroxide solution) for the treatment of molluscum contagiosum**- This product was not supported for local prescribing as little information on efficacy is available, and most cases are asymptomatic and self-limiting. This product can be purchased over the counter (OTC) but clinicians should usually reassure 'watchful waiting' for spontaneous resolution.

Information / Reminders / Updates/ Safety Messages / NICE

- **Diclofenac Prescribing** - It was noted that DPC membership organisations had taken action to reduce the use of diclofenac, suggesting alternatives such as naproxen or lower dose ibuprofen in preference. Recent MHRA guidance has reminded prescribers about cardiovascular risks <http://www.mhra.gov.uk/Safetyinformation/DrugSafetyUpdate/CON286975>. Although Diclofenac remains available OTC from pharmacies the MHRA is now currently reconsidering its' legal status.
- **Strontium and Denosumab Safety issues** - UHS guidance on managing patients who have contraindications to strontium, or patients who have received three years treatment with denosumab, was noted. CCG leads agreed to cascade to GPs. The DPC also clarified that when denosumab is being recommended for bony metastases prescribing should be retained by the specialist (i.e. red)
- **Familial Breast Cancer (NICE CG 164)** - The DPC noted that the guideline recommends offering chemo protection with raloxifene or tamoxifen to women at high risk. GPs may be asked to prescribe longer term in such cases, following specialist advice.
- **Mirabegron in Overactive Bladder (NICE TA 290)**- NICE has recommended this as an option for treating symptoms only for people in whom antimuscarinic drugs are contraindicated or clinically

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ineffective, or have unacceptable side effects. The DPC agreed that mirabegron should be classified as 'green'.

- **Dapagliflozin in type 2 diabetes-** The local Diabetes DPC subgroup has recommended that this new agent remains 'amber' (specialist recommendation only) for the time being, until further local experience is gained.

**Summarised on behalf of the District Prescribing Committee
Julia Bowey (Southampton City CCG) 12.09.13**

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