Basingstoke, Southampton and Winchester

District Prescribing Committee (DPC)

Recommendations of the meeting of 14th February 2017

Supported or limited support e.g. Specialist recommendation

- **Ivermectin** (Soolantra®) cream - supported as a first line treatment alternative to metronidazole gel for treating Papulopustular Rosacea. Evidence suggests improved tolerability, efficacy and compliance compared to current options.

- **Tafluprost/timolol** (Taptiqom®) preservative free eye drops- supported for use in adult patients with open angle glaucoma or ocular hypertension who are insufficiently responsive to topical monotherapy with beta-blockers or prostaglandin analogues and require a combination therapy, and who would benefit from preservative free eye drops. These offer a more cost-effective alternative to current options.

- **Rasagiline** tablets – These were supported for use as a treatment option in the management of Parkinson's disease locally. They are now available generically and are the most cost effective option in this class (selective MAO-B inhibitors). They should be classed as an amber drug.

- **Apremilast** (Otezla®) tablets- following NICE TA419 this phosphodiesterase 4 (PDE4) inhibitor is supported for use in moderate to severe Plaque Psoriasis. It should be classed as a red drug.

Not supported

- **Safinamide** (Xadago®) tablets- these were not supported for use as an add on therapy to levodopa for Parkinson's disease due to a lack of long term safety data, lack of evidence demonstrating benefit over current options and would be at greater cost.

Other Information / reminders

- **Vitamins in Age Related Macular Degeneration, local guidance updated to reflect current trial evidence -** Following a further detailed appraisal of the evidence (previously done 2006) , it was agreed that, while awaiting guidance from NICE (due October 2017), the previous recommendations of the DPC will remain, i.e. certain antioxidant vitamin supplements may be prescribed locally (although unlicensed) for a very specific group of patients in whom there is stronger evidence, albeit limited, of benefit. **Specifically, patients with advanced 'category 4' disease in one eye only (advanced lesions or visual acuity <20/32).** In these patients vitamins may help delay progression to advanced disease and deterioration of visual acuity in the other eye. **'Viteyes 2 formula'** (capsules or softgels) is the only product supported for prescribing as it is least expensive and contains the correct combination of vitamins and zinc (AREDS 2 formula). In other patient groups, (categories 1-3), and for any other formulations (including other Viteyes formulations), there is no convincing evidence to support prescribing currently, but patients may opt to purchase these over the counter (OTC). **Prescribing in 'category 4' patients should only be initiated following Ophthalmologist recommendation, Patients should be reviewed regularly and 'treatment' discontinued if found to be of no benefit** (e.g. patients who develop advanced AMD in both eyes)**. If a request is made, other than from an Ophthalmologist, patients should be advised they are not supported on prescription but they may opt to purchase OTC.**

- **Vitamin D in the treatment of multiple sclerosis**
  Use of vitamin D for this indication was discussed by the District Prescribing Committee (DPC) in February 2015. At this time the following statement was provided by specialists from the neurology department:

  > ''There is a reasonable weight of evidence to support using Vitamin D supplementation in MS but we appreciate the guidance provided by NICE. We will therefore no longer be asking GPs to prescribe Vitamin D but we will rather discuss the matter with patients and the patient can choose to self-fund Vitamin D supplementation if they wish. The dose (*of 4000units a day that)* we recommend is regarded as being perfectly safe."

  This statement is still current and where supplementation is desired patients should continue to purchase this item themselves.

Summarised on behalf of the District Prescribing Committee - Andrea White (Southampton City CCG) 20/2/17