Basingstoke, Southampton and Winchester
District Prescribing Committee (DPC)

Recommendations of the meeting of Tuesday 9th June 2020

Supported or limited support e.g. Specialist recommendation

Boric acid vaginal pessaries 600mg- Supported for restricted use in the treatment of chronic/recurrent vaginal candida for which other treatments (including azoles, clotrimazole and nystatin) have failed. They are unlicensed and should only be prescribed by a specialist in sexual health. Consider adding to formularies as RED.

Camellia sensis (Catephen®) 10% ointment- This herbal medicinal licensed product containing green tea leaf extract is supported for restricted use in the treatment of external genital and perianal warts in immunocompetent patients >18 years. The treatment should only be prescribed by a specialist in sexual health. Consider adding to formularies as RED.

Dequalinium Chloride (Fluomizin®) 10mg vaginal tablets- This licensed product used to treat bacterial vaginosis is supported for restricted use when other treatments have failed in sexual health clinics only. Consider adding to formularies as RED.

Benzathine benzylpenicillin IM 1.2million unit injection– This licensed product is supported for restricted use as a first line treatment of syphilis. The treatment should only be prescribed by a specialist in sexual health. Consider adding to formularies as RED

Not Supported

Prasterone (Intrarosa®) intravaginal pessary - Based on evaluation of the evidence for efficacy, safety and cost effectiveness the committee do not support the use of these pessaries for the treatment of vulvar and vaginal atrophy in postmenopausal women having moderate to severe symptoms.

Other Information and formulary updates

Shared care guidelines – the following guidelines have been developed or updated and are available on the website below

- Riluzole
- Melatonin
- Mycophenolate mofetil

DOAC COVID update – following a national procurement process to ensure availability of DOAC medication during the COVID-19 pandemic the DPC has made the following recommendations (in place until 31st December 2020):

- For patients switching directly from warfarin to a DOAC (unless there is a patient specific clinical reason to do otherwise) clinicians should consider prescribing apixaban or rivaroxaban. Where either apixaban or rivaroxaban is appropriate, clinicians could initiate those patients broadly based on 4 apixaban to 1 rivaroxaban (80:20 split).

- For patients who have already been switched from warfarin to a DOAC other than apixaban or rivaroxaban there is no requirement to switch them again.

- For new (anticoagulant naïve) patients being initiated on a DOAC for the management of atrial fibrillation, edoxaban remains the first choice DOAC locally.

- If warfarin is the most clinically appropriate treatment option consider supporting patients to self-test using a home machine. Protocols and support are available from CCG Medicines Management teams. There is a cost to the patient for the machine.

Dolutegravir/lamivudine (Dovato®) tablets for the treatment of Human Immunodeficiency Virus (HIV-1) infected adults and adolescents over 12 years of age. This is supported for use in accordance with the NHS England commissioning policy (link) and should be added to formularies as a RED drug (specialist prescribing only).

Dolutegravir/rilpivirine (Juluca®) tablets for the treatment of Human Immunodeficiency Virus (HIV-1) infected adults. This is supported for use in accordance with the NHS England commissioning policy (link) and should be added to formularies as a RED drug (specialist prescribing only).

Guidance documents are available Here (hosted by West Hampshire CCG)

Summarised on behalf of the District Prescribing Committee by Andrea White (Southampton City CCG)