

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

**Recommendations of the meeting of Tuesday 9<sup>th</sup> February 2021**

**Supported or limited support e.g. Specialist recommendation**

**Estradiol/dydrogesterone (Femoston/Femoston Conti) tablets**- Based on evaluation of the evidence for efficacy, safety and cost effectiveness, the Committee supports the use of Femoston tablets as an option for HRT in postmenopausal women and would suggest organisations add it to formularies with GREEN rating. Similarly to micronised progesterone (Utrogestan), Femoston offers potential safety advantages and reduced side effects versus other HRT products due to the non-androgenic properties of the progestogen, dydrogesterone.

**Droperidol (Xomolix) intravenous injection** - Based on evaluation of the evidence for efficacy, safety and cost effectiveness, the Committee supports the use of IV droperidol as a second-line option to ondansetron ± dexamethasone for post-operative nausea and vomiting (PONV) in paediatrics. A RED rating would be recommended on formularies with Trusts to consider restricting use to paediatric anaesthetists only. The Committee would recommend Trusts proposing to use droperidol also produce guidance to include a treatment pathway for PONV in children highlighting the place of droperidol, and details of recommended doses, cautions/contraindications/adverse effects etc.

**Other Information and formulary updates**

**Vitamin B compound strong tablets** -The Committee supports changing formulary status of these tablets to AMBER for use following specialist recommendation in patients with refeeding syndrome (short term only) or for rare cases in patients with medically diagnosed deficiency or chronic malabsorption. A reminder that vitamin B co-strong should not be prescribed for prevention of Wernicke's encephalopathy in patients with alcohol dependence, in accordance with regional medicines optimisation committee ([RMOC](#)) and [NICE](#) guidance which recommend thiamine only for this indication. Prescribers concerned about the overall nutritional status of these patients may consider prescribing a complete multivitamin and mineral supplement if they feel there is a need (and if the patient is unlikely to buy them) as per [NICE CG32: Nutrition support for adults](#).

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