

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

**Recommendations of the meeting of Tuesday 12<sup>th</sup> October 2021**

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

**Quinagolide tablets** - the Committee supports the use of quinagolide for hyperprolactinaemia as a second line treatment option to cabergoline. Suitable for prescribing in primary care following specialist recommendation. Consider adding to formularies as AMBER, with note around ensuring maintenance dosing is in increments of 75 micrograms (lower strengths are significantly higher cost and are reserved for initiation and dose titration only).

**Flunarizine tablets/capsules** -the Committee supports the availability of flunarizine (unlicensed – available as an import) for migraine prophylaxis, with use restricted only to patients who have failed or unable to tolerate/unsuitable for all other licensed, NICE-recommended treatment options, including botulinum toxin and injectables. For specialist prescribing in hospital only, with regular review and monitoring required from the specialist team, and all supplies to come from hospital pharmacies (flunarizine is significantly higher cost in community pharmacies). Consider adding to formularies as RED.

**Lyumjev®▼ (insulin lispro) s/c injection 100units/ml** - the Committee supports the use of the ultra-rapid insulin, Lyumjev, locally. Suitable for prescribing in primary care following specialist recommendation. Consider adding to formularies as AMBER. Note: the higher strength, 200units/ml formulation should remain NON-FORMULARY (not for routine use – prescribing in exceptional circumstances only).

**Nortriptyline tablets**– the committee supports the restricted use of nortriptyline for use in chronic neuropathic pain only when NICE-supported (see [NICE CG173](#)), licensed options are not suitable/not tolerated (i.e. amitriptyline, duloxetine, gabapentin, pregabalin). Suitable for prescribing in primary care following specialist recommendation. Consider adding to formularies as AMBER. Nortriptyline to remain NON-FORMULARY for all other indications, including depression and insomnia.

**Inclisiran (Leqvio® ▼) s/c injection-** [NICE TA733](#) guidance recommends inclisiran as an option for primary hypercholesterolaemia /mixed dyslipidaemia as an adjunct to diet in adults, if there is history of a specific CV event and where the LDL-C concentrations are persistently above 2.6mmol/L despite max tolerated lipid lowering therapy. Organisations to add inclisiran to formularies with RAG rating status as “to be confirmed”. Discussions are taking place with local specialists to agree the implementation of the NICE guidance locally.

**Not supported**

**QV emollients-** as a higher cost treatment option, with no evidence for benefits in efficacy or safety versus current formulary choices, the Committee does not support the routine use of QV emollients (including QV Gentle Wash) and does not recommend organisations add QV emollients to formularies.

**Other Information and formulary updates**

***The Committee also noted the following new or updated guidelines/information***

NICE TA 723– **Bimekizumab** for treating moderate to severe plaque psoriasis. See link:  
<https://www.nice.org.uk/guidance/ta723>

**Southern Health Integrated care team (ICT)** Insulin dose adjustment protocol.

**South RMOC advisory statement** – combination use of biologics for different co-morbidities.  
<https://www.sps.nhs.uk/articles/rmoc-south-combination-use-of-biologics-for-different-co-morbidities/>

**Summarised on behalf of the District Prescribing Committee by Andrea White (Hampshire, Southampton and Isle of Wight CCG)**