

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

Recommendations of the meeting of Tuesday 14th June 2022

Supported or limited support e.g. Specialist recommendation

Uromune sublingual spray – following a medicines evaluation the Committee supports the local use of [Uromune sublingual spray](#) to prevent recurrent UTIs (unlicensed). Restricted use – for hospital prescribing by urology specialists only for prevention of recurrent UTIs for selected adult patients in accordance with agreed treatment pathway (only after prophylactic antibiotics have been trialed and exhausted). Organisations to consider adding Uromune to formularies as Red.

Diltiazem 2% cream for anal fissure – the committee supports the use of diltiazem cream (unlicensed) in accordance with the Priorities Committee guideline on [management of chronic anal fissure in adults](#). Diltiazem is a second line option to rectal GTN ointment and should be used only if there is continued intolerance to GTN after education on proper application of extremely small amounts. Organisations to consider adding to formularies as Green.

Medicines with high-volume prescribing – following a review and analysis of local non-formulary prescribing in primary care and consideration by the Committee of current practice, costs, neighbouring formularies and specialist advice, a number of medicines identified as having high volume prescribing locally have been supported for organisations to consider adding to formularies. For full details please refer to the [Southampton Formulary cumulative update](#).

Not Supported

Intravaginal progesterone for HRT - The Committee does not support the off label use of intravaginal (PV) progesterone for menopausal HRT as there is insufficient evidence demonstrating efficacy of this route in this patient population, thus cannot be sure that patients will be protected against development of endometrial cancer. PV progesterone should be considered as a last resort under **specialist recommendation only** for women unsuitable for licensed use of progestogens (including Mirena[®] IUS). GPs should not initiate treatment with PV progesterone. Clinicians should ensure women opting for PV progesterone are fully informed re: risks vs benefits and unlicensed nature of this treatment.

Tirbanibulin ointment - for field treatment of non-hyperkeratotic, non-hypertrophic actinic keratosis for the face or scalp in adults. Due to lack of comparative data and a possible higher recurrence rate and higher cost vs current treatment options (as detailed in local [Community Dermatology guidelines](#)), the Committee does not support routine use of tirbanibulin ointment (Klisyri) and does not recommend adding to formularies. Exceptional (non-formulary) use of tirbanibulin may be considered for patients intolerant of, or non-compliant with, other treatment options.

Other Information and formulary recommendations

The Committee also endorsed the following new or updated guidelines/information

- **Chronic Pain Prescribing Guidelines.**
- **Pharmacotherapy for CKD**
- **Shared care guidelines for acamprosate, disulfiram and naltrexone (Inclusion).**

<https://gp-portal.westhampshireccg.nhs.uk/medicines/guidance/>

Summarised on behalf of the District Prescribing Committee by Andrea White (Hampshire and Isle of Wight ICB -working in Southampton)