

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

Recommendations of the meeting of Tuesday 8th June 2021

Supported or limited support e.g. Specialist recommendation

Bevespi Aerosphere® (Glycopyrronium 7.2mcg / Formoterol 5mcg) pressurised metered-dose inhaler - Based on evaluation of the evidence for efficacy, safety and cost effectiveness, the Committee supports the availability of Bevespi Aerosphere as an option for prescribing locally in COPD management. Use should be second line to a DPI device due to environmental impact. Consider adding to formularies as Green

Trixeo Aerosphere® (Glycopyrronium 7.2mcg / Formoterol 5mcg / Budesonide 160mcg) pressurised metered-dose inhaler - Based on evaluation of the evidence for efficacy, safety and cost effectiveness, the Committee supports the availability of Trixeo Aerosphere inhaler as an option for prescribing locally in COPD management. Trixeo should be prescribed with a suitable spacer device. Use should be second line to a DPI device due to environmental impact. Consider adding to formularies as Green

Prasugrel tablets- Based on evaluation of the evidence for efficacy, safety and cost effectiveness, the Committee supports the use of prasugrel in conjunction with aspirin for endovascular procedures involving stent placement for unruptured intracranial aneurysms as a second line alternative to clopidogrel where there is confirmed or possible risk of hyporesponse to clopidogrel. Prescribing and first supply should be initiated by secondary care, but may be continued for **up to 6 months** post procedure in primary care (aspirin to continue long-term). Consider adding to formularies as Amber

Bempedoic acid (Nilemdo®) and Bempedoic acid with ezetimibe (Nustendi®) tablets. In line with NICE TA694 the Committee supports the availability of these preparations for primary hypercholesterolaemia or mixed dyslipidaemia. They are recommended as an adjunct to diet only if:

- statins are contraindicated or not tolerated
- ezetimibe alone does not control LDL cholesterol well enough

Consider adding to formularies as Amber

Other Information and formulary updates

Buprenorphine (Buvidal®) prolonged-release injection – the committee noted [RMOC guidance](#) on this new formulation of buprenorphine for opioid substitution treatment. Since it is not currently in use in the DPC locality, it will remain Non-formulary, but will be made available for prescribing in acute hospital trusts if required in an individual patient. Primary care healthcare professionals should not prescribe Buvidal and should refer to the [SmPC](#) and RMOC guidance if treating patients receiving this product. In particular, potential interactions should be considered when prescribing for patients on Buvidal (refer to SmPC section 4.5). Take-home use or self-administration of Buvidal is not permitted.

Human normal Immunoglobulin (IVIg) supply issues- due to global shortage following reduction in plasma donations over the COVID pandemic, hospital Trusts are receiving reduced supplies of all brands of intravenous human normal immunoglobulin (IVIg). Every effort is being made to minimise

impact on patient care, and Trusts are following NHS England / Improvement guidance to manage the shortage. Patients concerned about the shortage should seek further advice from their secondary care clinician/specialist nurse.

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

Sayana Press – A guide for primary care.

Use of topical steroids in wound care- developed by the Wound Formulary Group.

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

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