NHS Hampshire, Southampton and Isle of Wight Clinical Commissioning Group
NHS Portsmouth Clinical Commissioning Group

Prescribing and Medicines Optimisation Guidance

Issue: 56 **Date: 13 October 2021**

1. NICE: Inclisiran for treating primary hypercholesterolaemia or mixed dyslipidaemia (TA733) (Link)

NICE recommend 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.

Local prescribing committees are liaising with secondary care to discuss implementation of this guideline.

2. NICE: Cardiovascular disease: risk assessment and reduction, including lipid modification (CG181) - guidance update (Link)

This guidance has been updated to incorporate inclisiran, recommended in NICE TA733 as an option for treating primary hypercholesterolaemia (heterozygous familial and non-familial) or mixed dyslipidaemia in patients with set restrictions.

3. MHRA: Chloral hydrate, cloral betaine (Welldorm): restriction of paediatric indication (Link)

The paediatric indication for chloral hydrate (for children aged 2 years and older) and cloral (previously chloral) betaine (children aged 12 years and older) has been restricted to short-term treatment (maximum 2 weeks) of severe insomnia only when the child or adolescent has a suspected or definite neurodevelopmental disorder and when the insomnia is interfering with normal daily life. Chloral hydrate and cloral betaine should only be used when other therapies (behavioural and pharmacological) have failed.

4. NHS England: Advanced Service Specification – NHS New Medicine Service (NMS) (Link)

NHS England and Improvement (NHSEI) has released a New Medicine Service updated service specification for community pharmacy to be used from 01 September 2021. This service provides support to people who are newly prescribed a medicine to manage a long-term condition, which will generally help them to appropriately improve their medication adherence and self-manage their condition.

The conditions eligible for the service are:

- asthma and COPD
- diabetes (Type 2)
- hypertension
- hypercholesterolaemia
- osteoporosis
- gout
- glaucoma
- epilepsy
- Parkinson's disease
- urinary incontinence/retention
- heart failure
- acute coronary syndromes
- atrial fibrillation
- long term risks of venous thromboembolism/embolism
- stroke / transient ischemic attack
- coronary heart disease

For each condition, a list of eligible medicines has been published on the NHSBSA website (Link)

5. GP information sheet: Solent Initiation of Sayana Press® – Primary Care Continuation.

Solent NHS Trust Sexual Health Service has produced a GP information sheet to support the continuation of Sayana Press® in primary care. Patients can self-administer at home every 13 weeks. GPs should ensure that patients have a 2-yearly review.

GP information sheet
Sayana press final V1

This does not replace the existing Sayana Press guidelines for the initiation and continuation of Sayana Press in primary care (Link)

6. Emerade 300 microgram and 500 microgram adrenaline auto-injectors: re-supply to market – important safety information (Link)

Following satisfactory implementation of corrective actions, MHRA has agreed 300 and 500 microgram strengths of Emerade adrenaline autoinjectors can be re-supplied to market in Oct 2021. Emerade 150 microgram auto-injectors will not be returning to market at this time.

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Previous bulletins can be found at: https://gp-portal.westhampshireccg.nhs.uk/medicines/covid-19-medicines-information/covid-19-medicines-optimisation-bulletins/