

# Prescribing and Medicines Optimisation Guidance

Issue: 85

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## Safety guidance

### 1. European Medicines Agency (EMA) issue healthcare professional letter to remind prescribers about restrictions on use of systemic and inhaled fluoroquinolones [LINK](#)

The EMA state that despite previous warnings there is evidence that fluoroquinolone antibiotics continue to be prescribed outside of their restricted indications potentially exposing patients to the risk of serious, disabling and long-lasting or irreversible side effects.

### 2. MHRA drug safety update: Non-steroidal anti-inflammatory drugs (NSAIDs): potential risks following prolonged use after 20 weeks of pregnancy [LINK](#)

Healthcare professionals are reminded that systemic NSAIDs are contraindicated during the last trimester of pregnancy. Prolonged use of NSAIDs from week 20 of pregnancy onwards may be associated with an increased risk of:

- oligohydramnios resulting from fetal renal dysfunction; this may occur shortly after initiation, although it is usually reversible upon discontinuation.
- cases of constriction of the ductus arteriosus, most of which resolved after treatment cessation

## Local guidance

### 3. Formulary update: Bempedoic acid [LINK](#)

Bempedoic acid formulary status has been updated to “suitable for prescribing in primary and secondary care” (green). Treatment would be second line after statins if patient not at target. Prescribers are referred to the AHSN Lipid Management pathways ([Link](#)) which provide clear and simple guidance for clinicians on how optimal lipid management may be achieved.

### 4. Anticoagulant decision aid for non-valvular atrial fibrillation [LINK](#)

This decision aid has been updated by Hampshire Hospitals NHS Foundation Trust and is available on the ICB website. Edoxaban still remains the direct oral anticoagulant (DOAC) of choice. Prescribers may be aware of generic preparations of apixaban. However, under the national procurement framework, edoxaban still remains the best value DOAC.

## 5. Management of GLP-1 RA shortage [LINK](#)

There are very limited, intermittent supplies of all glucagon-like peptide-1 receptor agonists (GLP-1 RAs) licensed in the management of type 2 diabetes mellitus (T2DM) currently. Supply is not expected to return to normal until at least mid-2024.

Please see the link above for advice on managing the shortage which also includes advice specific to primary care as well as clinical guidance.

Key messages are:

- Ensure GLP-1 RA prescribed only for licensed indications
- GLP-1 RA prescribed for weight loss will be suspended (no alternative)
  - Consider weight management referral if not in place
- Dulaglutide supply may be able to maintain current patients
- Patients should have equal quantities supplied on prescription e.g. 1 month
- For complex patients refer to usual diabetes advice line/team
- Use NICE NG28, [LINK](#) choosing medicines summary to guide escalating treatment
- Once GLP-1 RA unavailable/stopped by patient do not restart
  - Intermittent use will lead to drug related side effects
- Consider permanent stop of GLP-1 RA for patients not meeting NG28 criteria

A patient information leaflet , hosted on the ICB website is also available [LINK](#)

## 6. New Wessex Opioid resource: Why does my GP want to reduce my painkillers? [LINK](#)

This latest resource has been developed by the Wessex Opioid Group, which is made up of primary and secondary care clinicians from across HIOW and Dorset. This is available on the ICB website ([LINK](#)) along with opioid checklists, podcasts and other useful resources.

## National guidance

### 7. Direct oral anticoagulants (DOAC) infographic - updated [LINK](#)

This infographic, which supports the national initiative to expand the use of direct DOACs in people with atrial fibrillation, has been updated to highlight changes to the quality and outcomes framework.

### 8. Summary of antimicrobial prescribing guidance - managing common infections [LINK](#)

UKHSA, NICE and other collaborators are discussing options for continued production of the Summary of Antimicrobial Prescribing Guidance (previously hosted by BNF Publications). In the interim they have produced a list of the conditions in the table linked to available national guidance. Please contact the TARGET team at [TARGETantibiotics@UKHSA.gov.uk](mailto:TARGETantibiotics@UKHSA.gov.uk) for additional information if required.

Local guidelines which take local resistance patterns into account can be found in South Central Antibiotic Network (SCAN) guidelines. [LINK](#)

## **NICE guidelines**

### **9. Decision aid to guide healthcare professional-patient discussions on sleeping pill prescriptions [LINK](#)**

This a new resource from NICE is aimed to support patient discussions about medicines associated with dependence or withdrawal symptoms, as per NICE NG215 guidelines. It is intended to help patients understand benefits and risks of benzodiazepines and z-drugs.

### **10. Atopic eczema in under 12s: diagnosis and management [LINK](#)**

This guideline covers diagnosing and managing atopic eczema in children under 12. It aims to improve care for children with atopic eczema by making detailed recommendations on treatment and specialist referral. The guideline also explains how healthcare professionals should assess the effect eczema has on quality of life, in addition to its physical severity.

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On behalf of Hampshire and Isle of Wight ICB Medicines Optimisation Teams**

Local medicines optimisation teams can be contacted via their generic team mailbox: See [LINK](#)

*Previous bulletins can be found hosted on the ICS website here: [link](#)*