

Prescribing and Medicines Optimisation Guidance

Issue: 95

Date: 17th January 2024

Safety guidance

1. NPSA: Shortage of GLP-1 receptor agonists update [LINK](#)

This national patient safety alert (dated 3rd January 2024) supersedes the previous alert from July 2023. Supply of glucagon-like peptide-1 receptor agonists (GLP-1 RAs) continues to be limited, with supply not expected to return to normal until at least end of 2024. GLP-1 RAs licensed for type 2 diabetes should not be prescribed for off-licensed uses. Existing stock must be conserved for treatment of type 2 diabetes.

Oral semaglutide (Rybelsus) is now currently available for new patients requiring a GLP-1 RA and for some switches. The alert advises to identify patients prescribed Byetta®, Bydureon® (exenatide) and Victoza® (liraglutide) injections and (in line with NICE NG28) switch to Rybelsus® tablets.

Link to HIOW ICB website for summary of latest information : [LINK](#)

Link to SPS for summary of latest supply situation [LINK](#)

2. Tresiba® (insulin degludec) - safety information for healthcare professionals regarding two product strengths [LINK](#) and poster [LINK](#)

An NPSA alert was published in December 2023 ([LINK](#)) following five reports of patients being incorrectly advised to reduce the number of units of insulin (Tresiba Flex Touch) to be administered when switching to the 200 units/mL product owing to a shortage of the 100 units/mL Flex Touch pen.

These new materials from Novo Nordisk highlight that the Tresiba FlexTouch pens come as 100units/mL and 200units/mL strengths and that both pens have dose display set in the dial in units, so no dose conversion is required, if transferring patients from one strength to another.

National guidance

3. NHSE Operational note: Commissioning recommendations for national procurement for direct-acting oral anticoagulant(s) (DOACs) [LINK](#)

These revised commissioning recommendations (updated 16th January 2024) reflect the loss of exclusivity of apixaban, enabling sufficient stock of generic product to be available to the NHS. The recommendations restate the commitment to ensure undiagnosed and untreated atrial fibrillation (AF) are addressed, as a priority for the improvement of national cardiovascular disease (CVD) outcomes.

It is for the prescribing clinician to determine which direct-acting oral anticoagulant(s) (DOACs) are clinically appropriate for an individual patient based upon the relevant NICE technology appraisal guidance.

For patients commencing treatment for AF: subject to NICE guidance, clinicians should use the best value DOAC that is clinically appropriate for the patient. The table below provides the available DOACs ranked from highest to lowest best value according to the November 2023 Drug Tariff and confidential framework prices.

Overall rank	DOAC	Notes
1 (Best value)	generic apixaban	Best value twice a day treatment
2	Edoxaban (Lixiana®)	Best value once a day treatment
3	Rivaroxaban (Xarelto®)	
4	Dabigatran (Pradaxa®)	
5	Eliquis® (branded apixaban)	

4. Perinatal mental health conditions: SIGN 169 [LINK](#)

The new Scottish Intercollegiate Guidelines Network (SIGN) guideline covers screening and treatment for women or birthing parents who are at risk of, or experiencing, a mental health condition (anxiety and mood disorders, postpartum psychosis, borderline personality disorder) during pregnancy or within the year following childbirth.

NICE guidelines

5. Bipolar disorder: assessment and management - updated guidance (CG185) [LINK](#)

Valproate recommendations updated in line with MHRA advice: that it must not be initiated in people (male or female) aged <55 years unless two specialists independently document no other effective or tolerated treatment or there are compelling reasons that reproductive risks do not apply.

6. Cardiovascular disease: risk assessment and reduction, including lipid modification - updated guidance (NG238) [LINK](#)

This guideline updates and replaces CG181 (July 2014). There is a new recommendation on target lipid level for secondary prevention of CVD for adults on lipid-lowering treatment, to aim for LDL cholesterol levels of ≤ 2.0 mmol/L, or non-HDL cholesterol levels of ≤ 2.6 mmol/L.

Other

7. Antimicrobial stewardship (AMS) webinars 2024

To support ongoing antimicrobial stewardship, please find details of national webinars:

- Improving antibiotic management of respiratory tract infections: cough and sore throat
23rd January 2024 | 18:30—19:30 [Register here](#)
- Reducing antibiotic use in primary care:
30th January 2024 | 13:00 [Register here](#)
- Urinary tract infections: Applying diagnostic and prescribing guidance in practice
21st March 2024 | 18:30—19:30 [Register here](#)

8. Mirena product licensing change to 8 years for contraception indication [LINK](#)

The Medicines Health Regulatory Authority (MHRA) has approved an extension to the Mirena intrauterine device (IUD) licence from 5 years to 8 years for contraception.

There has not been an extension to the licensed duration of use when being used for the management of heavy menstrual bleeding (5 years) or for endometrial protection as part of hormone replacement therapy (4 years). See revised SPC [LINK](#)

9. SPS: Complex medication regimens: supporting adherence [LINK](#)

This new Specialist Pharmacy Service (SPS) resource covers interventions and tools to help improve medication adherence, where complex regimens (capability) have been identified as a factor, including medication review, pill organisers, and multi-compartment compliance aids (MCAs).

**Prepared by Anita Bhardwaj, Sue Wakelin and Dr Emma Harris
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](#)