NHS Wyre Forest Clinical Commissioning Group
NHS South Worcestershire Clinical Commissioning Group
NHS Redditch and Bromsgrove Clinical Commissioning Group

MEDICINES COMMISSIONING NEWS

OCTOBER 2019

Area Prescribing Committee (APC) Update: Semaglutide

Semaglutide has been considered by APC and is APPROVED for use as the product of choice in Worcestershire when a once weekly GLP-1 agonist is indicated.

This decision has been made based on the following information:

- In the key efficacy trials, both semaglutide 0.5mg and 1.0mg were superior in lowering HbA1c and body weight compared with placebo (both as monotherapy and in combination with insulin) or the respective comparators (i.e. dulaglutide, Bydureon®, sitagliptin and insulin glargine). The reductions in HbA1c and body weight were sustained throughout the course of the treatment in all trials (up to 104 weeks in SUSTAIN 6).
- The acquisition cost of semaglutide is equal to that of dulaglutide and less than the acquisition cost of weekly exenatide.

Clinicians should be aware of the following:

- When **administration is with insulin**, initiation and maintenance **prescribing must be retained by secondary care**. This reflects the SPC statement that caution should be exercised when considering use in patients with diabetic retinopathy treated with insulin.
- Patients with diabetic retinopathy treated with insulin and semaglutide should be monitored closely and treated according to clinical guidelines because an increased risk of developing diabetic retinopathy complications has been observed in this patient group. Rapid improvement in glucose control has been associated with a temporary worsening of diabetic retinopathy, but other mechanisms cannot be excluded.

Addition of Utrogestan®

Due to HRT stock availability issues, Utrogestan® (micronised progesterone) is now available on the Worcestershire formulary, recommended as an option if combination patches are not available; thus enabling the option of oestrogen as a patch or gel with an oral progesterone.

Eflornithine Position Statement

The Area Prescribing Committee has approved an updated eflornithine position statement; eflornithine continues to be NOT SUPPORTED for use in Worcestershire. Clinicians should note that treatment of facial hirsutism from any cause is a cosmetic procedure which is not routinely funded within Worcestershire in line with the Aesthetic surgery commissioning policy.

Aspirin Use in Pregnancy – DOSE CHANGE

In line with **Version 2 of Saving Babies' Lives Care Bundle**, published by NHS England, the recommended dose for aspirin in pregnancy is now **150mg orally at night** for women with risk factors, commenced at 12 weeks and continued until 36 weeks gestation as follows:

Indications for aspirin in pregnancy, based on NICE guideline (CG107):

High - Recommend low dosage aspirin if the woman has ≥1 of these risk factors:

- Hypertensive disease during a previous pregnancy
- Chronic kidney disease
- Autoimmune disease such as systemic lupus erythematosus or antiphospholipid syndrome
- Type 1 or Type 2 diabetes
- Chronic hypertension
- Placental histology confirming placental dysfunction in a previous pregnancy

Moderate - Consider aspirin if the woman has ≥2 of these risk factors:

- First pregnancy
- Are 40 years or older at booking
- Pregnancy interval of more than 10 years
- Body mass index (BMI) of 35kg/m² or more at first visit
- Family history of preeclampsia in a first degree relative
- Multiple pregnancy

Medicines and Healthcare Products Regulatory Agency (MHRA) Alert: Montelukast (Singulair): Reminder of the risk of Neuropsychiatric Reactions

The risk of neuropsychiatric reactions with montelukast is already known but a recent EU review identified some cases in which there had been a delay in neuropsychiatric reactions being recognised as a possible adverse drug reaction. The MHRA is therefore reminding clinicians to be alert for neuropsychiatric reactions in patients taking montelukast and to evaluate the risks and benefits of continuing treatment if neuropsychiatric reactions occur. They also need to be aware of newly recognised neuropsychiatric reactions of speech impairment (stuttering) and obsessive–compulsive symptoms and report suspected adverse drug reactions associated with montelukast via the Yellow Card Scheme.
MHRA alert montelukast