

## Apixaban Price Change

NHSE have published their commissioning recommendations for Direct Oral Anticoagulants (DOACs). In summary:

- 1) generic Apixaban is now the best value (twice a day) DOAC for non-valvular AF at a cost of £4.92 for 60 apixaban 2.5mg tablets and £4.97 for 56 apixaban 5mg tablets.
- 2) Edoxaban is still recommended as the first choice (once daily) DOAC for non-valvular AF patient this would cost £637 per patient per year.

NHSE advise that for patients commencing treatment for AF, subject to the criteria specified in the relevant NICE technology appraisal guidance, clinicians should use the best value DOAC that is clinically appropriate for the patient. See [NHSE Commissioning recommendations](#) for national procurement for DOACs. Where apixaban is contraindicated or not clinically appropriate for a specific patient then subject to NICE technology appraisal guidance clinicians should consider the next NHSE highest ranked DOAC and so on. Currently nationally NHSE are not advising anything about switching patients to apixaban who are already on a DOAC.

## Fluoroquinolone antibiotics must now only be prescribed when other commonly recommended antibiotics are inappropriate

Systemic fluoroquinolones can cause long-lasting, disabling and potentially irreversible side effects. The UK indications for systemic fluoroquinolones (e.g. ciprofloxacin, levofloxacin and ofloxacin) have been updated so they must only be used in situations when other antibiotics, that are commonly recommended for the infection, are inappropriate, for example:

- There is resistance to other first-line antibiotics recommended for the infection
- Other first-line antibiotics are contraindicated in an individual patient
- Other first-line antibiotics have caused side effects in the patient requiring treatment to be stopped
- Treatment with other first-line antibiotics has failed

This new restriction goes further than previous measures, set out in [August 2023](#) and [September 2023](#) MHRA Drug Safety Updates, that also remain in place:

- Fluoroquinolones should not be prescribed for non-bacterial conditions, e.g. non-bacterial (chronic) prostatitis, or non-severe conditions, e.g. exacerbations of COPD.
- Avoid fluoroquinolone use in patients who have previously had serious adverse reactions with a quinolone antibiotic (for example, nalidixic acid) or a fluoroquinolone antibiotic
- Prescribe fluoroquinolones with special caution for people older than 60 years and for those with renal impairment or solid-organ transplants, because they are at a higher risk of tendon injury
- Avoid coadministration of a corticosteroid with a fluoroquinolone since this could exacerbate fluoroquinolone-induced tendinitis and tendon rupture
- Remain alert to the risk of suicidal thoughts and behaviours with use of fluoroquinolone antibiotics.

An [information sheet for patients](#) has been published by the MHRA to share with patients.

## MHRA drug safety update

### [Aripiprazole \(Abilify and generic brands\): risk of pathological gambling](#)

There has been an increase in the number of Yellow Card reports of gambling disorder and pathological gambling associated with aripiprazole use. Healthcare professionals prescribing aripiprazole are reminded to be alert to the risk of addictive gambling and other impulse control disorders, and should advise patients, their families and friends to be alert to these risks.

## Potential inappropriate insulin dosing when switching insulin degludec (Tresiba®) products

A Medicine Supply Notification issued in May 2023 detailed a shortage of Tresiba® (insulin degludec) FlexTouch® 100units/ml solution for injection 3ml pre-filled pens.

In response to this shortage, some patients may have been switched to Tresiba® FlexTouch® 200units/ml solution for injection 3ml pre-filled pens. Tresiba® FlexTouch® pen delivery devices dial up in unit increments rather than volume. However, a small number of patients have been incorrectly advised to administer half the number of units.

Nationally, Medication Safety Officers have highlighted five reports of patients being incorrectly advised to reduce the number of units of insulin to be administered. These reports suggest that errors have occurred at the prescribing, dispensing and administration stages of the medicine journey. One case described a patient requiring treatment in hospital for diabetic ketoacidosis because of a reduced insulin dose.

This [National Patient Safety Alert](#) provides further background and clinical information and advice on how to manage this supply issue can be found on the [SPS Medicine Supply Tool](#) (free login needed).

## Freestyle Libre 3 – non-formulary

The Freestyle Libre 3 has been added to the drug tariff. Locally it is non-formulary and should not be prescribed. The sensor has not been assessed by the System, and would cost an extra £600,000 annually, as they are 20% more expensive than existing sensors. Any requests to prescribe Freestyle Libre 3 should be returned to the specialist and if you receive a request to prescribe, please notify us at [medicine.question@nhs.dorset.nhs.uk](mailto:medicine.question@nhs.dorset.nhs.uk).

### Quick bites

- The Dorset Formulary is available at: [www.dorsetformulary.nhs.uk](http://www.dorsetformulary.nhs.uk).
- [Vitamin B12: advise patients with known cobalt allergy to be vigilant for sensitivity reactions](#)
- [Omega-3-acid ethyl ester medicines \(Omacor/Teromeg 1000mg capsules\): increased risk of AF in patients with established cardiovascular diseases or cardiovascular risk factors](#) A reminder that omega-3 acid ethyl ester products are 'BLACK' (not recommended) on Dorset Formulary.
- Naseptin cream has undergone a formulation change, the excipient arachis oil has been removed. However, both the original formulation containing arachis oil and the revised formulation without arachis oil will be in circulation in the supply chain until November 2025. Extra care regarding patient allergy to either peanut or soya must be taken when prescribing and dispensing Naseptin® during this time.
- Generic Apixaban is now available to prescribe at a 70% reduction in cost to Primary Care in the UK. This presents best value in the system for NEW patients diagnosed with Atrial Fibrillation. The formulary entry has been adjusted to reflect this and a reminder in SystmOne has been activated. For further information please contact [medicine.question@nhsdorset.nhs.uk](mailto:medicine.question@nhsdorset.nhs.uk).
- As you may be aware there are reports of Mycoplasma pneumoniae infection in some European countries and in China and South Korea. While there is no need to change the usual clinical management of respiratory tract infections, surveillance suggests this winter is likely to be a Mycoplasma pneumoniae infection epidemic as is seen on a ~4 year cyclical basis.
- The Joint Committee on Vaccination and Immunisation (JCVI) has recommended a vaccine against chickenpox should be added to the UK's routine childhood immunisation programme. Read the information in the [press release issued by the UK Health Security Agency](#).
- The [SCAN guidance on MicroGuide](#) has been updated to version 8.6. An important update was the addition of a new statement regarding ivermectin being prescribed under advice of microbiology only and multidisciplinary discussion must take place for outbreaks in a closed setting.

This newsletter is for healthcare professionals. It represents what is known at the time of writing so information may be subsequently superseded.