

Prescribing Hints & Tips

July 2025

CLINICAL INCIDENT: EDOXABAN AND CLOPIDOGREL

A 75yr old patient was admitted to NUH in June 2025 with upper GI bleed after being on edoxaban and clopidogrel since 2022. Although the discharge summary advised stopping clopidogrel in 2023, the patient continued to receive and take both medications – a combination that significantly increases bleeding risk – until admission. This was missed by both the GP practice and community pharmacy and went unchallenged for over two years. How does your practice manage patients on dual antithrombotic therapy?

Best practice recommendations to reduce risk include:

- adding directions to the script note and label with a 12 month review/stop date if appropriate
 - informing patients at initiation when one agent is to be stopped
- regular audit of patients on DOAC or dual antiplatelet combinations

REMINDER: PATIENTS ON DISCONTINUED INSULIN PRESENTATIONS NEED REVIEWING

Patients who are still currently prescribed any of the Novo Nordisk insulin presentations affected by discontinuation need to be reviewed by the clinical team undertaking the diabetes management. Data suggests there are significant numbers of patients affected in Nottinghamshire. Information to support the review of patients has previously been provided and is available at <https://teamnet.clarity.co.uk/qt1-stp-napc/Files/DataItemDownload/f407f214-f347-485b-a76f-b27b00a1d195/e2cbebb4-e6af-4e07-a559-b27b00a1d026>

Novo Nordisk Ltd has announced the discontinuation of below insulin presentations with the planned dates:

- **Novorapid FlexTouch pre-filled pen** only – March 2025, stock to be exhausted by March 2025 (other Novorapid devices/presentations remain available)
- **Insulatard Penfill** – March 2025, stock to be exhausted by June 2025 (no other Insulatard devices/presentations will be available)
- **Levemir** – December 2026 (affecting all Levemir devices/presentations)

REMINDER: THE UNDER-RECOGNISED RISK OF PROPRANOLOL TOXICITY IN OVERDOSE

A [Health Services Safety Investigations Body \(HSSIB\) investigation report](#) into the potential under-recognised risk of harm from the use of propranolol highlighted that there is a specific group of patients who may be at an increased risk of using propranolol for self-harm, because they have co-existing migraine, depression or anxiety. Clinicians are reminded to be aware of the risks associated with propranolol prescribing and if a

patient is recognised as being potentially at greater risk, take measures to try and safeguard the patient. These may include:

- considering whether propranolol could be switched to a different agent
- prescribing smaller quantities
- dispensing weekly or reduced frequencies
- referring the person to a specialist

REMINDER: PANCREATIC ENZYME REPLACEMENT THERAPY (PERT) PRESCRIBING

- There is currently an ongoing shortage of licensed PERT, with limited, intermittent supplies being available until 2026.
- PERT should be prescribed on a standalone prescription and not grouped with other medications. This enables patients to try different pharmacies or the prescription be returned to the GP practice as needed, increasing flexibility and likelihood of supply.
- **Licensed PERT** (Creon) remains first-line and should always be prescribed where available. Please prescribe a maximum of ONE month's supply.
- **Unlicensed PERT** should only be prescribed when it is not possible to obtain the licensed version after reasonable attempts:
 - Issue as an ACUTE prescription only.
 - Prescribe a maximum of two weeks supply (community pharmacies may challenge longer durations).
 - Do NOT add to a patient's repeat prescription record.
- Please refer to the Nottinghamshire Guidance on the Management of PERT Shortages on the [Nottinghamshire Area Prescribing Committee Formulary](#)

DIRECT ACTING ORAL ANTICOAGULANTS (DOACS) USE IN NON-VALVULAR ATRIAL FIBRILLATION (NVAf) – EDOXABAN

Data within Nottingham and Nottinghamshire ICB is showing that prescribing for Edoxaban may not be aligned to the [Nottinghamshire Area Prescribing Committee \(Notts APC\) Atrial Fibrillation \(Non-valvular\): prescriber decision support](#).

There are more than 500 patients in Nottingham and Nottinghamshire receiving Edoxaban 60mg where creatinine clearance (CrCL) is >95ml/min. Notts APC guidance recommends where CrCl >95ml/min: **DO NOT use edoxaban**, as there is decreased efficacy at high creatinine clearance.

Further criteria for dosing are: reduce to 30mg once daily if CrCl is between 15-50mL/min or low body weight (≤ 60 kg) or concomitant use of potent GP inhibitors (e.g. dronaderone, erythromycin, ketoconazole, ciclosporin).

Practice level patient data is available through eHealthscope, SystmOne and EMIS searches as described in the [DOAC information sheet](#).

APC AND INTERFACE UPDATE

The latest updates from APC can be found on their website [here](#), including the most recent [APC Bulletin](#).

MAILING LIST

If you wish to be added or removed from the Prescribing Hints and Tips mailing list, please email e.moncrieff@nhs.net