

➤ **Glucagon-like peptide-1 (GLP-1) agonists and contraception**

A reminder that patients should be advised to use contraception whilst using GLP-1 agonists. These medications should not be used in pregnancy and should also be avoided for a number of weeks prior to a planned pregnancy.

Tirzepatide has a clinically significant effect on the bioavailability of oral contraceptives.

*Patients using tirzepatide and oral contraception should switch to a non-oral contraceptive method, or add a barrier method of contraception, for four weeks after initiation and for four weeks after each dose increase.*

There is no need to add a barrier method of contraception when using semaglutide, dulaglutide, exenatide, lixisenatide or liraglutide.

Please refer to the [Faculty of Sexual and Reproductive Health for further information](#) and a [Patient Information Leaflet](#).

➤ **Colchicine maximum quantity to supply for acute gout treatment**

Colchicine can be very toxic in overdose due to its narrow therapeutic window. A course of colchicine for acute gout should not exceed a maximum of 12 tablets (6mg) in total. Over 60% of the prescriptions for colchicine 500microgram tablets in Northamptonshire are for quantities above 12 tablets. Please refer to the MHRA Drug Safety Update (Nov 2009) for further advice: [Colchicine: extremely toxic in overdose - GOV.UK](#)

Larger quantities may be appropriate for other indications.

➤ **Topiramate resources to support the pregnancy prevention programme**

In June 2024 pregnancy prevention measures were introduced for women of child bearing potential prescribed topiramate. [New pregnancy prevention measures introduced for topiramate - GOV.UK](#).

Resources to support the pregnancy prevention programme, including Annual Risk Awareness Forms, Health Professional Guides, Patient Guides and Patient Cards are available with the product literature on [www.medicines.org.uk](http://www.medicines.org.uk)

➤ **Prescribing of enoxaparin as Inhixa brand**

To avoid confusion and ensure correct device use, enoxaparin should be prescribed by brand name, not generically. Inhixa is the most cost-effective brand for both primary and secondary care settings and is the brand patients are usually trained on in secondary care.

➤ **Using Standardised Concentrations of Liquid Medicines in Children**

The Neonatal and Paediatric Pharmacy Group have updated the [position statement](#) on standard concentrations of oral liquids for children. Prescribers are reminded to prescribe the 15 medicines listed by the agreed standard concentration to reduce the risk of dosing errors. However existing prescriptions should not be changed without informing patients/carers and making sure they understand how to measure the correct dose.

➤ **Yellow card reporting**

A reminder to fill in a Yellow Card Report for any suspected side effects, fake or defective medicines, or medical device incidents via <https://yellowcard.mhra.gov.uk/>. Your Yellow Card report plays a key part in keeping others safe, by helping the MHRA identify new safety issues as early as possible.