Exenatide Prolonged Release (Once Weekly) (Bydureon®) (Bcise)

N.B. Please ensure that the correct preparation of exenatide is selected from GP Prescribing Systems.

Prescribing Information Sheet – Updated November 2020

This document provides general prescribing information on the use of Exenatide Once Weekly. For the most up to date information, consult the summary of product characteristics

The information on place in therapy, prescribing and monitoring requirements and responsibilities, please see the 'Overarching Shared Care Guideline for the use of Glucagon-like peptide 1 (GLP 1) agonists.' Document.

Licensed Indication	Prolonged –release Exenatide is indicated in adults 18 years and older with type 2 diabetes mellitus to improve glycaemic control in combination with other glucose-lowering medicinal products including basal insulin, when the therapy in use, together with diet and exercise, does not provide adequate glycaemic control. For study results with respect to combinations, effects on glycaemic control and cardiovascular events, and the populations studied consult the summary of product characteristics.
Drug dose	• 2 milligrams once weekly (on same day each week) • The day of weekly administration can be changed if necessary as long as the last dose was administered at least three days before. Prolonged-release exenatide can be administered at any time of day, with or without meals. • If a dose is missed, it should be administered as soon as practical, provided the next regularly scheduled dose is due in 3 days or more. Thereafter, patients can resume their usual once weekly dosing schedule. • If a dose is missed and the next regularly scheduled dose is due 1 or 2 days later, the patient should not administer the missed dose, but instead resume prolonged-release exenatide on the next regularly scheduled dosing day. The use of prolonged-release exenatide does not require additional self-monitoring. Blood glucose self-monitoring is necessary to adjust the dose of sulphonylurea and of insulin, particularly when prolonged-release exenatide therapy is started and insulin is reduced. A stepwise approach to insulin dose reduction is recommended. If a different glucose-lowering treatment is started after the discontinuation of prolonged-release exenatide, consideration should be given to the prolonged release of the product. **Counselling** Patients changing from standard-release exenatide formulation may experience initial transient increase in blood glucose concentrations,

	which generally improve within the first two weeks after initiation therapy. **Important** Effect of *Bydureon*® may persist for 10 weeks after discontinuation. **Added to other hypoglycaemic agents** When prolonged-release exenatide is added to existing metformin and/or thiazolidinedione therapy, the current dose of metformin and/or thiazolidinedione can be continued. When prolonged-release exenatide is added to sulphonylurea therapy, a reduction in the dose of sulphonylurea should be considered to reduce the risk of hypoglycaemia. If a different glucose-lowering treatment is started after the discontinuation of prolonged-release exenatide, consideration should be given to the prolonged release of the product
Drug modifications in Special populations	**Elderly:** • No dose adjustment is required based on age. However, as renal function generally declines with age, consideration should be given to the patient's renal function. **Renal impairment** • No dose adjustment is necessary for patients with mild or moderate renal impairment. • Prolonged-release exenatide is not recommended for use in patients with end stage renal disease or severe renal impairment (glomerular filtration rate [GFR] < 30mL/min) **Hepatic Impairment:** • No dosage adjustment is necessary in patients with hepatic impairment.
Administration details	• Each dose should be administered in the abdomen, thigh, or the back of the upper arm as a **subcutaneous injection** immediately after suspension of the powder in the solvent. • Prolonged-release exenatide is for self-administration by the patient. Each penshould be used by one person only and is for single use. • Prolonged release exenatide (Bydureon®) must **not** be administered intravenously or intramuscularly. • When used with insulin, prolonged-release exenatide and insulin must be administered as two separate injections.
Formulations	Exenatide 2mg powder and solvent for prolonged-release suspension for injection single-use pre-filled pens (4 pens) .
Contra-indication / Cautions	**Contraindications -** ketoacidosis; severe gastro-intestinal disease; renal disease (not recommended in severe or end stage) **Cautions -** elderly; history of pancreatitis; pancreatitis (see below); may cause weight loss greater than 1.5 kg weekly; **Pancreatitis** Severe pancreatitis (sometimes fatal), including haemorrhagic or necrotising pancreatitis, has been reported rarely. Patients or their carers should be told how to recognise signs and symptoms of

	pancreatitis and advised to seek prompt medical attention if symptoms such as abdominal pain, nausea, and vomiting develop; discontinue permanently if pancreatitis is diagnosed. Prolonged-release exenatide should not be used in patients with type 1 diabetes mellitus or for the treatment of diabetic ketoacidosis. Prolonged-release exenatide is not a substitute for insulin. Diabetic ketoacidosis has been reported in insulin-dependent patients after rapid discontinuation or dose reduction of insulin Clinicians should refer to the Summary of Product Characteristics (SPC) and current electronic BNF for full details.
Side effects	Clinicians should refer to the current electronic BNF or Summary of Product Characteristics (SPC's) for full details. The most frequent adverse reactions were mainly gastrointestinal related (nausea which was the most frequent reaction and associated with the initiation of treatment and decreased over time, and diarrhoea). In addition, injection site reactions (pruritus, nodules, erythema), hypoglycaemia (with a sulphonylurea), and headache occurred. Most adverse reactions associated with prolonged-release exenatide were mild to moderate in intensity. Weight loss has been observed and patients with a rapid weight loss should be monitored for signs and symptoms of chlolelithiasis. **MHRA warning (June 2019)** – GLP-1 receptor agonists: reports of diabetic ketoacidosis when concomitant insulin was rapidly reduced or discontinued. Report all suspected reactions to established drugs that are serious, medically significant, or result in harm to the MHRA using the yellow card scheme. http://yellowcard.mhra.gov.uk/
Drug Interactions	The dose of a sulphonylurea may require adjustment due to the increased risk of hypoglycaemia associated with sulphonylurea therapy. The results of a study using paracetamol as a marker of gastric emptying suggest that the effect of prolonged-release exenatide to slow gastric emptying is minor and not expected to cause clinically significant reductions in the rate and extent of absorption of concomitantly administered oral medicinal products. Therefore, no dose adjustments for medicinal products sensitive to delayed gastric emptying are required. Clinicians should refer to the Summary of Product Characteristics (SPC) and current electronic BNF for full details.
Pregnancy and breast feeding	**Pregnancy** - avoid—toxicity in *animal* studies. Women of child-bearing age should use effective contraception during treatment with modified-release exenatide and for 3 months after discontinuation. **Breast feeding -** avoid—no information available.

Effects on ability to drive and use machines	Prolonged-release exenatide has minor influence on the ability to drive and use machines. When prolonged-release exenatide is used in combination with a sulphonylurea, patients should be advised to take precautions to avoid hypoglycaemia while driving and using machines
Storage	Exenatide should be stored in a refrigerator (2°C - 8°C). The pens may be kept for up to 4 weeks below 30°C prior to use. At the end of this period the pens must be used or discarded. Store in the original package in order to protect from light. Do not freeze.

References:-

1. Summary of Product Characteristics for Bydureon® Pre-filled Pen (Bcise) (Exenatide Prolonged Release), accessed 30/10/20.

2. eBNF, accessed 30/10/2020

3. Drug Safety Update, MHRA, June 2019