Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Hertfordshire & West Essex Area Prescribing Committee (HWE APC)

Medicines Optimisation Newsletter

Newsletter Number 16

Welcome to the Hertfordshire and West Essex Area Prescribing Committee (HWE APC) newsletter. HWE APC is the local decision-making group with responsibility to promote rational, evidence-based, high quality, safe and cost-effective medicines use and optimisation across Hertfordshire and West Essex Integrated Care System.

This newsletter contains a summary of recommendations from the March 2025 meeting.

If you have any comments or queries, please contact your local Medicines Optimisation Team or speak to your Local Pharmaceutical Advisor.

HWE Prescribing, Policies and Pathways Website (hweclinicalguidance.nhs.uk)

This website provides clinical and prescribing information to healthcare workers within HWE ICS.

HWE APC documents are uploaded to this website.

General Treatment & Prescribing Guidelines

Proton pump inhibitor (PPI) guidance for paediatrics - update

Guidelines reviewed, reformatted and updated with local specialists, key updates include:

- lansoprazole orodispersible tablets and capsules (off-label) remain 1st line for most patients
- lansoprazole liquid (unlicensed specials) restricted use including in babies<3.5kg and rarely in older children where orodispersible tablets/capsules not suitable/tolerated
- omeprazole liquid (licensed and unlicensed specials) generally not recommended for use [restricted to **RED** status (not recommended for Primary Care prescribing (prescribing by Secondary Care specialists only) only if stock shortage with lansoprazole liquid]
- reinforces need for regular review of PPI use

Other relevant policies/guidance noted at the meeting.

Oral anticoagulation of patients with non-valvular atrial fibrillation guidance update - minor updates to DOAC monitoring to align with updated advice published by NICE Clinical Knowledge Summaries and Specialist Pharmacy Services SPS recommending 4 monthly monitoring for patients over 75yrs old or frail (amended from 6 monthly) and to align with GP clinical systems.

Treatment requiring Specialist Initiation

Zonisamide for epilepsy

Zonisamide capsules recommended for restricted use as an option for the treatment of epilepsies in children, young people and adults in line with NICE Guideline NG217.

AMBER INITIATION status: Initiation by specialists with ongoing prescribing in primary care following stabilisation of therapy, and after an assessment of tolerability and efficacy by specialist.

It is not always possible to precisely achieve calculated dose with commercially available capsule strengths. In these cases it is therefore recommended that the capsules total dose should be rounded up or down to the nearest available dose that can be achieved with commercially available capsule strengths (25 mg, 50 mg and 100 mg) SPC. All dosage adjustments are responsibility of specialist.

Zonisamide capsules can be opened and contents mixed into a teaspoonful of soft food (e.g. honey or jam) to swallow straight away, without chewing [Medicines for Children]

Zonisamide liquid preparations (licensed & unlicensed) - NOT recommended for use.

DOUBLE RED status: Not recommended for prescribing by either Community/Secondary/Tertiary or Primary care; NOT a priority for funding (very high cost) except on rare occasion where cases are managed on individual patient basis only.

Existing patients on *zonisamide licensed oral suspension* 100mg/5ml (Desizon) **-** regular reviews by specialist must be undertaken on whether switching to capsule formulation is appropriate or provide justification for ongoing clinical need to primary care.

Existing patients on *zonisamide unlicensed liquid preparations* - regular reviews by specialist must be undertaken on whether switching to capsule formulation or in exceptional circumstances to licensed oral suspension appropriate or provide justification for ongoing clinical need to primary care.

Shared care principles and template update

Shared care principles - minor update to reflect monitoring for shared care medicines may include other investigations/tests including bloods, and that specialist can confirm patient agreement to shared care if patients' signatures cannot be obtained.

Shared care templates - reordered/formatted to allow all editable sections of template to be at the beginning, and the standard information of the medication to follow this. Existing templates being reformatted to updated template within coming months.

Specialist Treatment & Prescribing Guidelines

Ulcerative colitis adult high cost drug treatment pathway - update

Pathway updated to incorporate ustekinumab biosimilars earlier in the pathway for use after TNF inhibitors (usually adalimumab or infliximab biosimilars) or first line if TNF inhibitors contraindicated.

Ustekinumab biosimilars recently available and lower cost than originator biologic and most other biologics/HCDs in the pathway.

JAK inhibitors reordered on cost basis - tofacitinib lower cost than upadacitinib at standard doses.

Andexanet alfa for reversing anticoagulation in people with intracranial haemorrhage (terminated appraisal)

Andexanet alfa NOT recommended for use in line with TA1029 for reversing anticoagulation in people with intracranial haemorrhage (in line with HWE APC terms of reference for terminated appraisals). **DOUBLE RED** status: Not recommended for prescribing by either Community / Secondary / Tertiary or Primary care; NOT a priority for funding.

Andexanet alfa for reversing anticoagulation from apixaban or rivaroxaban

NICE TA697 Andexanet alfa for reversing anticoagulation from apixaban or rivaroxaban partially updated by NICE TA1029 (terminated appraisal) on andexanet alfa for reversing anticoagulation in people with intracranial haemorrhage

No change to RAG status (**RED**) for NICE TA697 recommended indication (option for reversing anticoagulation from apixaban or rivaroxaban in adults with life-threatening or uncontrolled bleeding only if the bleed is in the gastrointestinal tract).

12 SQ-HDM SLIT for treating allergic rhinitis and allergic asthma caused by house dust mites

12 SQ-HDM SLIT [Acarizax®] recommended for restricted use within marketing authorisation as an option in line with TA1045 **for treating moderate to severe allergic rhinitis** caused by house dust mites in people 12 to 65 years that is:

- diagnosed by clinical history and a positive test of house dust mite sensitisation (skin prick test or specific immunoglobulin E [IgE]) and
- persistent despite use of symptom-relieving medicine.

Interim RED status: Not recommended for Primary Care prescribing (prescribing by Secondary / Tertiary care specialists only).

12 SQ-HDM SLIT [Acarizax®] NOT recommended for use in line with TA1045 **for treating house dust mite allergic asthma** in adults.

DOUBLE RED status: Not recommended for prescribing by either Community/Secondary/Tertiary or Primary care; NOT a priority for funding.

Summary of RAG rating classification

RAG rating	Description
DOUBLE RED	Not recommended for prescribing by either Community/Secondary/Tertiary or Primary Care; NOT a priority for funding. Such a treatment should only be used in exceptional cases (refer to Individual Funding Request policy) and prescribing may be subject to challenge.
RED	Not recommended for prescribing in Primary Care (for prescribing by Community/Secondary/ Tertiary care as agreed) because of clinical or other issues and/or treatments are specialist national tariff excluded, or funding responsibility lies with NHS England; Prescribing may be subject to challenge.
AMBER INITIATION	Recommended for prescribing but only considered suitable for initial prescribing by specialists in Community, Secondary and Tertiary care (as agreed) with prescribing (and monitoring, where applicable) continued by GPs. GPs must be supplied with sufficient information on the prescribed medication. Examples include where dose stabilisation is needed, or treatments are complex but monitoring is not sufficient to require amber protocol status.
AMBER PROTOCOL	Recommended for prescribing but only considered suitable for initial prescribing by specialists in Community, Secondary and Tertiary care (as agreed) with prescribing and monitoring continued by GPs and Primary Care Clinicians in conjunction with a Shared Care Agreement. The Shared Care Agreement must follow HWE APC Shared Care Principles in order for it to be accepted.
GREEN	Recommended for prescribing and treatment considered to be suitable for initiation in Primary, Community, Secondary or Tertiary care and continuation in Primary Care. Prescribers must recognise and work within the limits of their competence and must maintain and develop knowledge and skills relevant to their role and practice, including prescribing and managing medicines. Green status does not mean that a treatment must be initiated by a prescriber if they consider it is not within the limits of their competence and they do not have the current clinical knowledge and skills. This may be particularly relevant for recently licensed/approved medicines/new indication(s) for existing medicine. Advice can be sought from an appropriate experienced colleague, or advice and guidance can be sought from an appropriate specialist to support a prescribing decision.