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 01

Welcome to the Hertfordshire and West Essex Area Prescribing Committee (HWE APC) newsletter. The 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. HWE APC replaces Hertfordshire Medicines Management Committee (HMMC) and West Essex Medicines Optimisation Programme Board (WEMOPB).

This newsletter contains a summary of the recommendations from the July 2022 meeting. The section header normally includes a link to the HWE APC document.

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

HWE Medicines Optimisation Team Website: HWE APC documents will be uploaded to the interim website: Pharmacy and Medicines Optimisation – Hertfordshire and West Essex ICB

Previous HMMC/WEMOPB documents available on legacy ENHCCG, HVCCG, WECCG websites

General Treatment & Prescribing Guidelines

Chronic Kidney Disease (CKD) treatment pathway

Dapagliflozin recommended as an option for treating CKD in adults as add-on to optimised standard care with the highest tolerated licensed dose of ACE inhibitors or angiotensin-receptor blockers, unless these are contraindicated.

CKD with type 2 diabetes - Without insulin – **GREEN** / With insulin – **AMBER INITIATION**

- Dapagliflozin (preferred option) – for people with eGFR 25-75 ml/min/1.73 m^2 at the start of treatment (in line with NICE TA775)
- Canagliflozin (alternative option) – for people with urine albumin-to-creatinine ratio (uACR) ≥ 30 mg/mmol and eGFR 30-90 ml/min/1.73m^2 (in line with NICE CG28)
- Not recommended for people with risk factors for diabetic ketoacidosis (DKA)

CKD in non-diabetic patients - **GREEN** – Except for cohorts (see link to pathway below) for whom there is no data from large RCTs -who require specialist initiation - **AMBER INITIATION**

- Dapagliflozin (only SGLT-2i option) – for people with eGFR 25-75 ml/min/1.73 m^2 at the start of treatment and have a uACR ≥ 22.6 mg/mmol (in line with NICE TA775)

Opioid Deprescribing Guidance/Tool

A tool has been prepared to support GP practices to work with patients who are on high dose opioids for chronic, non-malignant pain for longer than 3 months to reduce their prescribed opioid medication.

It was jointly prepared with input from GP colleagues, secondary care pain clinicians, IAPT clinical lead, MSK community service colleagues, CGL Spectrum and patients.

The tool includes a sample letter that can be used to invite patients for opioid reduction review and an optional patient treatment agreement to support an agreed opioid reduction plan as well as patient information links

and local NHS support services. It also includes advice on taking a pain history, opioid reduction schedules, risk assessments, managing withdrawal symptoms and managing patient consultations.

Additional guidelines updated / uploaded to the website

- **Testosterone gel for women in the menopause – Patient information leaflet – update**

  Change clarifies that testosterone gel is approved for use for women with low sexual desire ***only***, and that evidence for use for other menopause-related symptoms (cognition, mood, energy & musculoskeletal health) is limited. Other minor formatting changes made.
  [Associated decision documents are available on the legacy CCG websites: HVCCG, ENHCCG, WECCG]

Specialist Treatment & Prescribing Guidelines

Rheumatoid Arthritis (RA) - Adalimumab dose escalation

Adalimumab dose escalation/interval reduction recommended for restricted use as an option when there is loss of response to standard dose in monotherapy (without methotrexate) arm of severe RA and moderate RA high cost drug (HCD) adult treatment pathways. Review dose escalation within 12 weeks and a trial of de-escalation to standard dose should be considered.

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

Moderate RA treatment pathway can be accessed here

Severe RA treatment pathway update is in development & will be available here when finalised

Rheumatoid Arthritis (RA) - moderate treatment pathway extension

A new moderate RA HCD treatment pathway in adults has been recommended for use.

Tumour Necrosis Factor inhibitors (TNFis) and Janus Kinase inhibitors (JAKis) were previously approved as options for first line use for the treatment of moderate RA in line with NICE TA recommendations. The new pathway extends treatment options to 2 lines of treatment and a trial of both available modalities and harmonises decisions across the ICS.

TNFis and JAKis remain **RED** status: Not recommended for Primary Care prescribing (prescribing by Secondary / Tertiary care specialists only).

Psoriatic arthritis (PsA) – treatment pathway

A new psoriatic arthritis HCD treatment pathway in adults has been recommended for use.

This incorporates further treatment choices and the addition of a 4th or 5th line drug treatment and trial of all approved modalities.

Position of apremilast has been reviewed following approval of oral JAKis for treatment of PsA.

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

Romosozumab for treating severe osteoporosis

Recommended for restricted use in line with TA791

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

Osteoporosis treatment pathways are being reviewed/developed with local specialists and a harmonised pathway will be available here when finalised.

Filgotinib for treating moderately to severely active ulcerative colitis (UC)

Recommended for restricted use in line with TA792

Filgotinib is the 2nd JAKi approved by NICE and is an alternative treatment option alongside tofacitinib (previously approved) for treating moderately to severely active UC in adults. If filgotinib and tofacitinib are both considered suitable, the least expensive should be chosen.

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

Ulcerative colitis (moderate to severe) HCD treatment pathway is in development and will be available here when finalised.

Faricimab for treating diabetic macular oedema

Recommended for restricted use in line with TA799

If patients and their clinicians consider faricimab to be 1 of a range of suitable treatments (including aflibercept and ranibizumab), the least expensive treatment should be chosen.

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

Faricimab for treating wet age-related macular degeneration

Recommended for restricted use in line with TA800

If patients and their clinicians consider faricimab to be 1 of a range of suitable treatments (including aflibercept and ranibizumab), the least expensive treatment should be chosen.

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

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.

Organisations & representatives that contribute to & participate in the HWE APC include – Hertfordshire & West Essex ICB; West Hertfordshire Hospital NHS Trust; East & North Hertfordshire NHS Trust; The Princess Alexandra Hospital NHS Trust; Hertfordshire Partnership University NHS Foundation Trust; Essex Partnership University NHS Foundation Trust; Central London Community Healthcare NHS Trust; Hertfordshire Community NHS Trust; Patient representatives; HWE GP Clinical Prescribing Leads; Local Medical Committees; Local Pharmaceutical Committees