

Hertfordshire & West Essex Area Prescribing Committee (HWE APC) Medicines Optimisation Newsletter

Newsletter Number 14

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 November 2024 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 \(hweclinicalguidance.nhs.uk\)](https://hweclinicalguidance.nhs.uk)

This new website provides clinical and prescribing information to healthcare workers within HWE ICS. The website and content are in development and being updated.

HWE APC documents are uploaded to this website.

General Treatment & Prescribing Guidelines

[Leg ulcer / lymphoedema compression formulary](#)

New formulary section has been developed - all products in the formulary are assigned **GREEN** prescribing status/RAG rating, thus suitable for initiation in primary care.

[Primary Care adult migraine treatment guidelines](#)

Guideline provides updated guidance to primary care on acute and preventative treatment of migraines. Developed with local specialists to harmonise prescribing status and to incorporate newly approved treatment options.

[Patient information leaflet](#) details practical advice on managing migraine and treatment options and a [patient questionnaire](#) has been produced to support clinicians assess the effectiveness of rimegepant treatment in acute migraine.

[Urinary incontinence pathway update \(to include vibegron\)](#)

Treatment pathway updated including addition of [vibegron](#) in line with NICE [TA999](#) and revision of referral criteria in line with NICE [NG123](#). Vibegron has similar mode of action to mirabegron and both only recommended if antimuscarinic medicines not suitable, do not work well enough or have unacceptable side effects.

[Reusable insulin pens device guide](#)

Developed to compare the properties and to confirm insulin cartridge compatibility of the reusable insulin pen devices listed in the Drug Tariff. Assists healthcare professionals with selecting the

most appropriate device for patients administering insulins via cartridge and provides practical prescribing advice.

Rivaroxaban – update to first line once daily DOAC of choice

Generic rivaroxaban now first line once daily direct acting oral anticoagulant (DOAC) choice.

First line DOACs of choice:

- Generic apixaban for twice daily dosing regimen
- Generic rivaroxaban for once daily dosing regimen
- In the absence of specific patient characteristics determining choice, least expensive appropriate DOAC is to be used.

This is applicable for treatment for non-valvular atrial fibrillation (**GREEN** status), treatment of deep vein thrombosis (DVT) or pulmonary embolism (PE) and prevention of recurrent DVT and PE (**AMBER INITIATION** status) and for primary prevention of venous thromboembolic events in patients who have had hip or knee replacement surgery (**RED** status)

Guideline for oral anticoagulation of patients with non-valvular atrial fibrillation - update

Guidelines updated with some clinical changes and to support adjusted position of generic rivaroxaban as once daily DOAC of choice (see above).

Key clinical changes include: update to drug interaction guidance; update to oral anticoagulant choice in morbidly obese patients; update to renal calculation (using Cockcroft and Gault equation) recommending use of adjusted body weight for morbidly obese patients with weight 120kg or BMI \geq 40 kg/m²; update to DOAC monitoring in line with recent Specialist Pharmacy Service and NICE Clinical Knowledge Summaries updates.

Other relevant policies/guidance noted at the meeting.

Legacy CCG documents reviewed, harmonised and updated for use across HWE:

- Emollient guidelines in Adults and patient information leaflet (Emollients and how to use them)
- Proton Pump inhibitor (PPI) guidelines on when to initiate for gastroprotection: PPIs and Anticoagulants, PPIs and Antiplatelets, PPIs and Corticosteroids, PPIs and NSAIDs.
- Dry Eye Disease Treatment Guideline and associated patient information leaflet

Treatment requiring Specialist Initiation

Chronic and Episodic migraine treatment pathways for prevention of migraine in adults update, and change in RAG rating for the oral gepants

Pathways updated to incorporate rimegepant and atogepant (oral gepants) as options following publication of NICE TAs [906](#) & [973](#).

Prescribing status for these two drugs is now **AMBER INITIATION** – initiation/prescribing by specialists with review at 3 months to confirm efficacy and tolerability, then ongoing prescribing and review in primary care in conjunction with prescribing support documents [[Rimegepant](#); [Atogepant](#)]. These include responsibilities, monitoring and review requirements for specialist and primary care clinicians and detailed information on both medicines.

Other approved injectable treatment options in the pathways remain **RED** status for specialist prescribing only.

Latanoprost–netarsudil for previously treated primary open-angle glaucoma or ocular hypertension.

Latanoprost–netarsudil recommended for restricted use as an option in line with NICE [TA1009](#) for reducing intraocular pressure (IOP) in adults with primary open-angle glaucoma or ocular hypertension when a prostaglandin analogue alone has not reduced IOP enough, only if:

- they have then tried a fixed-dose combination treatment and it has not reduced IOP enough, or
- a fixed-dose combination treatment containing beta-blockers is unsuitable.

AMBER INITIATION status - initiation by specialist with ongoing prescribing in primary care.

Other relevant policies/guidance noted at the meeting.

- [Hertfordshire ADHD Shared Care](#) – extended to cover use by Hertfordshire Community NHS Trust (HCT) specialists

Specialist Treatment & Prescribing Guidelines

Psoriatic arthritis adult high cost drug (HCD) treatment [pathway update](#)

Pathway updated to incorporate ustekinumab biosimilars earlier in the pathway for use after TNF inhibitors (usually adalimumab biosimilar) 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 (adalimumab biosimilars remains lower cost).

Crohn's disease 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 (adalimumab and infliximab biosimilars remain lower cost).

Other relevant policies/guidance noted at the meeting.

- NHSE Urgent Interim Commissioning Policy: [Peginterferon alfa-2a and ropeginterferon alfa-2b to treat myeloproliferative neoplasms \(all ages\)](#) – NHSE now the responsible commissioner.

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.

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