

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

Newsletter Number 15

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 January 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 \(hweclinicalguidance.nhs.uk\)](https://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

Lipid management pathway - [update](#)

Summary of National Guidance for Lipid Management for Primary and Secondary Prevention of CVD website link updated to latest version reflecting recommendations from NICE guidance 238 'Cardiovascular disease: risk assessment and reduction, including lipid modification' (including target / threshold update consistent with QOF).

There are no changes to the RAG prescribing recommendations.

Prescribing guidelines for people over 50 years with or at risk of osteoporosis - [update](#)

Prescribing guidelines updated including addition of abaloparatide in line with NICE [TA991](#) and local agreement for teriparatide biosimilar as an option alongside romosozumab or abaloparatide in those at very high fracture risk in line with NICE [TA791](#) and [TA991](#).

Teriparatide, romosozumab and abaloparatide are **RED** status: Not recommended for Primary Care prescribing (prescribing by Secondary / Tertiary care specialists only).

HPFT Guidelines on Choice and Selection of Antidepressants for the Management of Depression – [update](#)

Prescribing guidelines updated in line with latest NICE guidance [NG222](#). Includes updated pathway for management of depression and covers special patient groups. A table of all antidepressants and respective RAG ratings has been added. Other updates include:

- duloxetine - place in therapy & prescribing status (**GREEN**) update – 2nd line option post SSRIs
- escitalopram – change from named patient to restricted use as **AMBER INITIATION**
- vortioxetine – 3rd line option in line with guidance when no or limited response to ≥ 2 previous antidepressants - changed from **AMBER INITIATION** to **GREEN**.

Guidance on medicine clinical brand prescribing

- Guidance on branded prescribing based primarily on safety and clinical considerations
- Ensures branded prescribing takes place when clinically appropriate and aims to harmonise the brands in use to reduce the risk of error at the interface when patients transfer between services
- No brand will be agreed across the ICS until fully considered and agreed at APC

Other relevant policies/guidance noted at the meeting.

- Treatment of migraine in adults – [Patient Information Leaflet](#) finalised and published.
- Pancreatic Enzyme Replacement Therapy – long term supply shortages. Hertfordshire and West Essex local mitigation plan has been developed for instances when patients are unable to obtain stock from their community pharmacy or dispensing GP. It is regularly reviewed and has been cascaded to all community pharmacies, GP practice and trust pharmacy teams. The most recent National Patient Safety Alert can be found [here](#) and information to support patients [here](#).
- Stoma leakage notification devices e.g. Heylo™ System (starter kit and sensor layers) [should not be prescribed](#). New and existing patients should be referred to their local stoma care nurse for review if they are experiencing problems with stoma bag leakage.
- [Influenza season 2024/25: Use of antiviral medicines](#) – confirming from early Dec 2024 primary care prescribers may prescribe, and community pharmacists supply antiviral medicines

Treatment requiring Specialist Initiation

Brivaracetam for epilepsy

Brivaracetam recommended for restricted use as a 2nd line add on option in children, young people and adults for generalised epilepsy, myoclonic epilepsy and focal epilepsy, in line with NICE guidance [NG217](#), for use in patients who could not tolerate levetiracetam or, exceptionally, in patients eligible for levetiracetam but deemed by the specialist epilepsy team to be at high risk of behavioural side effects.

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

Other relevant policies/guidance noted at the meeting.

- Minor update to [Management of Adult Urinary Incontinence for Primary Care clinicians](#) to include duloxetine for moderate to severe stress incontinence in line with NICE guidelines [NG123](#). For patients who have failed surgery, duloxetine 20mg to 40mg twice daily may be initiated by specialist with ongoing prescribing in primary care - **AMBER INITIATION**.

Specialist Treatment & Prescribing Guidelines

Severe psoriasis 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).

Patients with pre-existing hyperlipidaemia or hypertension can skip ciclosporin due to risks of exacerbating these. Patients with severe psoriasis and concomitant psoriatic arthritis can skip ciclosporin as it does not treat psoriatic arthritis.

Addition of deucravacitib to the pathway in line with NICE TA907. Updates in relation to drugs which are licensed for use in psoriatic arthritis.

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

Bevacizumab gamma for treating wet age-related macular degeneration

Bevacizumab gamma recommended for restricted use as an option in line with NICE [TA1022](#) for treating wet age-related macular degeneration in adults. If it is one of a range of suitable treatments, choose the least expensive.

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

Other relevant policies/guidance noted at the meeting

Ustekinumab biosimilar update – marketing authorisation extended to ulcerative colitis, plans for switches from originator in progress by local providers

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