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 17

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 June 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

Amiodarone review pathway

Primary care prescribing resource to support review of existing patients prescribed amiodarone in primary care in line with the recommendations set out by NHSE. Supports patient review towards deprescribing (if clinically suitable) and provides recommendations to ensure ongoing appropriate monitoring is in place as per information from the HWE ICS Amiodarone Shared Care Protocol.

Guidelines for the management of erectile dysfunction in adults

Harmonised guidelines developed to align recommendations for the pharmacological management of erectile dysfunction across the ICS.

Sildenafil and on-demand tadalafil (**GREEN**) remain as 1st & 2nd line PDE-5 inhibitors, respectively. Vardenafil (**Restricted GREEN**) alternative 2nd line option if short-acting drug preferred (higher cost).

Once-daily tadalafil remains **DOUBLE RED**, as equally effective to on-demand but much higher cost.

Alternative treatment options for specialist initiation only (**AMBER INITIATION**) include: alprostadil (cream, intraurethral application, intracavernosal injection) and aviptadil with phentolamine mesylate intracavernosal injection (Invicorp®).

Asthma adult guidelines and AIR (Anti-inflammatory reliever) / MART (Maintenance and Reliever Therapy) in ≥ 12 years update

Local guidance for pharmacological management of Adult Asthma in 18 years and over and MART guidance in 12 years and over updated to reflect SABA free pathways are now preferred approach for newly diagnosed asthma patients 12 years and over. Should be considered for patients on existing asthma treatment with a traditional fixed dose regime plus SABA reliever where there is diagnostic certainty and symptoms remain uncontrolled. This follows publication of the first joint BTS/NICE/SIGN guidance NG245 Asthma: diagnosis, monitoring and chronic asthma management,

Updated guidance reflects AIR use as Step 1 in SABA free pathway and supports recommendation that SABA should not be prescribed to people of any age with asthma without concomitant inhaled corticosteroid (ICS) and should be reviewed. Not all ICS-formoterol inhalers licensed for use as AIR/MART and updated guidance highlights licensing, dosing and HWE preferred inhalers.

Other relevant policies/guidance noted at the meeting.

- **Inclisiran funding and supply arrangements** NHS England update - reimbursement price changed to £60 (from £45). Still attracts personally administered item fee. Costs to primary care budgets increased from £50 to £60 per injection.
- **Updated NHS England guidance to primary care about unregulated providers who supply hormone medication to children and young people for gender incongruence**
- **Optimising Medicines Support for Patients Guidance Update -** Relaunching the updated local guidance on '***Optimising medicines support for patient – seven day prescribing and multi-compartment compliance aids (MCA) best practice'*** . Supports patients, carers, and healthcare professionals to support patients who need help with medicines administration. Guidance highlights whilst MCAs may be beneficial for a small number of patients, there are usually more appropriate and safer ways to support patients to take their medicines correctly.

Treatment requiring Specialist Initiation

Relugolix (Orgovyx®) for treating hormone-sensitive prostate cancer change in RAG rating

Prescribing status now **AMBER INITIATION** - initiation/prescribing by specialists with review at 3 months to confirm efficacy and tolerability, then ongoing prescribing in primary care in line with prescribing support document. Already recommended for restricted use in line with NICE TA995

Document includes responsibilities, monitoring and review requirements for specialist and primary care clinicians and detailed information on the medicine.

Relugolix–estradiol–norethisterone (relugolix combination therapy, Ryeqo®) for treating symptoms of endometriosis

Relugolix combination therapy (CT) recommended for restricted use in line with NICE TA1057 within its marketing authorisation, as an option for treating symptoms of endometriosis in adults of reproductive age who have had medical (e.g. pain relief and hormonal treatment) or surgical treatment for endometriosis.

Relugolix CT recommended as **AMBER INITIATION** - initiation by specialists, ongoing prescribing in primary care. This is in conjunction with stated specialist responsibilities at initiation and during follow up care providing assurances for ongoing prescribing by primary care clinicians.

For consistency and to align, the prescribing recommendation updated for the use of relugolix combination therapy treating moderate to severe symptoms of uterine fibroids.

Growth hormone (somatropin) Shared Care Protocols – Update

Prescribing status and associated shared care protocols for somatropin in both children and adults have been updated and harmonised.

Somatropin is now **AMBER PROTOCOL** across the system and two separate shared care protocols have been published:

Somatropin in children

Somatropin in adults

Specialist Treatment & Prescribing Guidelines

Somapacitan for treating growth hormone deficiency in people 3 to 17 years

Recommended for restricted use in line with TA1066 within its marketing authorisation, as an option to treat growth failure caused by growth hormone deficiency in people 3 to 17 years.

Additional option alongside somatropin preparations & alternative weekly preparation, somatrogon. Discontinuation criteria the same as those agreed for somatropin and somatrogon.

If considered one of a number of suitable treatments (including any preparation of somatropin), the least expensive should be chosen.

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

Xonvea® (Doxylamine and pyridoxine) for nausea and vomiting in pregnancy

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

Xonvea® recommended for restricted use as a 3rd line option for women with hyperemesis gravidarum ONLY in secondary care. This follows a minimum 24 hour trial of first line antiemetics (cyclizine/prochlorperazine/promethazine/chlorpromazine), then minimum 24 hour trial of second line antiemetics (metoclopramide/domperidone/ondansetron), then a minimum 24 hour trial of combination of first and second line, after which if above has failed, Xonvea® can be trialled. Ongoing supply will be provided by hospital, ensuring regular review of need for ongoing treatment with advice on gradual reduction/stopping treatment as symptoms improve.

Molnupiravir for treating COVID-19

Recommended for restricted use in line with NICE TA1056 in the community setting as an option for treating mild to moderate COVID-19 in adults who have a positive SARS-CoV-2 test, with 1 or more risk factors for progression to severe COVID-19 (see section 5) and both nirmatrelvir plus ritonavir and sotrovimab contraindicated/unsuitable.

RED status: review/prescribing/monitoring by Covid Medicines Delivery Units (CMDUs) by locally agreed delivery model – currently via HUC; or by local hospital providers for patients referred for consideration for, and administration of intravenous sotrovimab when contra-indicated/not suitable.

Nirmatrelvir plus ritonavir for treating COVID-19 – updated recommendations to remove expanded eligible groups

Recommended for restricted use in line with updated NICE TA878 as an option for treating COVID 19 in adults only if they do not need supplemental oxygen for COVID-19 and have an increased risk for progression to severe COVID-19, as defined in section 5.

Expanded groups have been removed (people with diabetes, obesity or heart failure, or aged 70 years or over) and so are not eligible unless section 5 criteria also applies.

Remains **RED** status: review/prescribing by CMDUs by locally agreed delivery model - currently via HUC for dispensing by community pharmacies or for hospital review/prescribing for patients who are already hospitalised.

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