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 02

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 September 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

COPD - Optimisation of inhalers and inhaled corticosteroid dose for adults

New ICS wide guidance for review and step down of inhaled corticosteroids (ICS) in adults with chronic obstructive pulmonary disease (COPD) has been developed. Reduction in inappropriate prescribing of high dose ICS is a priority in COPD due to the risk of side effects and limited evidence of benefit.

The new guidance advocates a simplified approach and replaces previous guidance in Hertfordshire.

Asthma - Children and Young People (CYP) Asthma guidelines

Guidelines developed with local specialists based on national and global guidelines: NICE, British Thoracic Society/Scottish Intercollegiate Guidelines Network and Global Initiative for Asthma.

Includes green inhaler choices and indications for maintenance and reliever therapy (MART) regimes. Preferred inhaler choices based on licensing, already on formulary, inhaler type, device consistency, cost and carbon footprint.

Montelukast is a treatment option in all patients but considered more effective with an allergic component.

Fluticasone furoate/vilanterol (Relvar®) inhaler recommended for restricted use as **AMBER INITIATION** status (initiation by specialist, continuation in primary care) as option at Step 4 in the guidelines for 12-17 years only.

Respiratory Prescribing Support Document: Spacer recommendations

New HWE ICB wide document produced for adults and paediatric patients using a pMDI.

Document details compatible inhalers and preferred spacer devices for each age range with visual aids. Tips for cleaning and care of spacers and benefits of spacers are also included.

Dexcom ONE Continuous Glucose Monitoring (CGM) system

Dexcom ONE is recommended for restricted prescribing as an alternative CGM option for patients who satisfy the NHS England funding criteria (March 2019) for flash glucose monitoring systems (FreeStyle Libre 2).

Dexcom ONE is suitable for primary care prescribing following specialist initiation (**AMBER INITIATION**) with supply and monitoring arrangements in line with existing arrangements for Freestyle Libre 2.

Further information, links to the decision document and implementation resources can be found here.

Additional guidelines updated / uploaded to the website

HWE ICS wound care formulary updated with some new (omitted) products, new bandage sizing to some existing formulary products and further safety information highlighting areas for caution with certain products.

Treatments requiring Specialist Initiation

Lurasidone for schizophrenia in adults

Recommended for restricted use as an option within its licensed indication (i.e. for schizophrenia) for adult patients (aged 18 years and over) once aripiprazole has either failed to manage the patient's condition or is not suitable due to a contraindication or intolerance.

AMBER INITIATION status - Initiation, clinical stabilisation (assessment of efficacy and side effects) and dose stabilisation to be carried out by specialist (usually at least 3 months), with continuation in primary care.

Specialist Treatment & Prescribing Guidelines

Icosapent ethyl with statin therapy for reducing the risk of cardiovascular events in people with raised triglycerides

Recommended for restricted use in line with TA805

RED status: Not recommended for Primary Care prescribing (prescribing by Secondary / Tertiary care specialists only) - interim recommendation (RAG status to be reviewed at a future HWE APC meeting when specialists have gained experience in use).

Side effect profile includes, but not limited to, increased incidence of AF, pulmonary oedema and bleeding related events.

Roxadustat and erythropoiesis stimulating agents (ESAs) for treating symptomatic anaemia associated with chronic kidney disease

Roxadustat recommended for restricted use in line with NICE TA 807.

ESAs recommended for restricted use in line with NICE NG 203 as an option for managing symptomatic anaemia in adult patients with CKD not yet undergoing dialysis.

If both ESAs and roxadustat considered suitable, taking into account patient factors, e.g. needle phobic or who would require a district nurse to inject ESA, the least expensive should be chosen.

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

Risankizumab & Guselkumab for treating active psoriatic arthritis (PsA) after inadequate response to DMARDs & updated treatment pathway for PsA in adults

Both recommended for restricted use in line with TA803 & TA815 . If risankizumab is one of a range of suitable treatments, including guselkumab, choose the least expensive.

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

Updated treatment pathway for PsA in adults recommended for use - incorporating risankizumab (only in patients with moderate to severe psoriasis as per TA) in the same place in the pathway as an alternative to guselkumab (restrictions for use in patients with moderate to severe psoriasis removed as per TA).

Abrocitinib, tralokinumab or upadacitinib for treating moderate to severe atopic dermatitis

Abrocitinib and upadacitinib recommended for restricted use as options in line with TA814 for treating moderate to severe atopic dermatitis as alternative options alongside baricitinib.

Tralokinumab recommended for restricted use as an option in line with TA814 for treating moderate to severe atopic dermatitis as alternative option alongside dupilumab.

If more than one treatment considered suitable, the least expensive (taking into account administration costs and patient access schemes) should be chosen.

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

Brolucizumab for treating diabetic macular oedema

Recommended for restricted use in line with TA 820

Brolucizumab is an alternative treatment option alongside ranibizumab or aflibercept. If more than one treatment is considered suitable, the least expensive (taking into account administration costs, dosage, price per dose and patient access schemes) 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