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 03

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This newsletter contains a summary of the recommendations from December 2022 meeting (and February meeting if decision superseded).

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

Palliative care formulary for adults

HWE adult palliative care formulary has been developed (based on west Essex palliative care formulary). This aligns prescribing, medicines decisions and RAG status within palliative care across HWE where there is consistency/consensus.

Sacubitril valsartan (Entresto®) for chronic heart failure with reduced ejection fraction – Prescribing support document

Prescribing support document updated with input from local heart failure specialists. Update harmonises pathway and process across the ICS.

Woundcare formulary Update – Alprep® Pad addition

Update to HWE ICS wide wound care products formulary with the addition of Alprep® Pad and the removal of Debrisoft® (10cm x 10cm & Debrisoft Lolly). Change supported by ICS tissue viability group and all members of the HWE ICS wound care formulary committee.

Hypromellose product choice update for Herts

Preserved hypromellose eye drops 0.3% choice changed to AaproMel 0.3% eye drops (ScriptSwitch message has been updated)

Treatments requiring Specialist Initiation

Relugolix–estradiol–norethisterone acetate for treating moderate to severe symptoms of uterine fibroids - AMBER INITIATION

Recommended for restricted use as an option in line with TA832

Relugolix–estradiol–norethisterone acetate can be considered when standard non-hormonal (eg tranexamic acid, NSAIDs) and hormonal pharmacologic options (eg levonorgestrel-releasing intrauterine system, combined hormonal contraception, cyclical oral progestogens - as detailed in NICE guidance 88 'Heavy menstrual bleeding: assessment and management' are unsuitable /ineffective AND the next treatment options would be injectable gonadotrophin-releasing hormone (GnRH) agonists, uterine artery embolization/surgical interventions.

AMBER INITIATION (Initiation and stabilisation by specialists, continuation in primary care)

Specialists to counsel patient at initiation on all aspects related to safe and effective use. This includes information on ongoing recommended monitoring such as but not limited to, the recommendation for a DXA scan after 1year of treatment.

Continuation in primary care following stabilisation of therapy, and after an assessment of tolerability and efficacy has been made by the specialist.

During treatment, periodic check-ups must be carried out according to standard clinical practice. A DXA scan is recommended after 1 year of treatment (appropriate recall system should be in place) to verify that the patient does not have unwanted degree of bone mineral density loss.

Cenobamate RAG rating update

Cenobamate is recommended as an option for treating focal onset seizures in line with NICE TA 753 which includes treatment is started in a tertiary epilepsy service. Local RAG rating has been updated from **RED** to **AMBER** in line with information from local tertiary epilepsy services. North Central London services designated as **AMBER PROTOCOL** and Cambridgeshire University Hospitals services designated as **AMBER INITIATION**. (ScriptSwitch message has been updated)

Specialist Treatment & Prescribing Guidelines

HWE implementation of NHSE national procurement of medical retinal vascular medicines

Anti–vascular endothelial growth factor (anti-VEGF) treatment is recommended consistent with the NHSE Operational note (Commissioning recommendations following national procurement for medical retinal vascular medicines), NICE TA recommendations and local agreements.

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

- Ranibizumab biosimilar and aflibercept are preferred first line anti-VEGF agents (bevacizumab can also be used for wet AMD if agreed with place as an option).
- Aflibercept is the preferred second line anti-VEGF agent if 1st line ranibizumab biosimilar used
- If suboptimal response to both ranibizumab and aflibercept (or where contraindicated/not clinically appropriate/intolerance) a third anti-VEGF agent can be considered where supported by a NICE TA recommendation for use in that indication.
- Clinicians should consider reviewing patients currently prescribed ranibizumab (Lucentis®) to assess suitability for a change to ranibizumab biosimilar.
- NICE considers all anti-VEGF treatments as equally effective.
- If patients and their clinicians consider a range of suitable treatments the least expensive treatment is chosen, taking account of administration costs, dosage, price per dose and commercial arrangements.

Steroid implants can be used within their NICE recommendations as an alternative to anti-VEGFs.

Anti-VEGF therapy for wet age-related macular degeneration in adults – treatment pathway

HWE ICS wide wet AMD treatment pathway has been produced following the introduction of ranibizumab biosimilar and a recently published NICE TA800 for a new anti-VEGF agent faricimab.

Ranibizumab biosimilar will be used in place of ranibizumab originator for new patients and switching to be considered for existing patients. Bevacizumab remains an option within this pathway where agreed locally.

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

Dexamethasone intravitreal implant for treating diabetic macular oedema

Recommended for restricted use as an option in line with TA824 for treating visual impairment caused by diabetic macular oedema in adults only if their condition has not responded well enough to, or if they cannot have non-corticosteroid therapy.

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).

Moderate to severely active ulcerative colitis in adults – aligned ICS treatment pathway and pathway extension

Pathway updated following NICE TA publications including: filgotinib and upadacitinib included as alternative JAK inhibitor options alongside tofacitinib; updated safety information; ozanimod included as an option; pathway extended to 5 treatment modalities/6 sequential drug treatments.

If more than 1 treatment is suitable, the least expensive should be chosen (taking into account administration costs, dosage and price per dose).

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

Ozanimod for treating moderate to severely active ulcerative colitis

Recommended for restricted use as an option in line with TA828 and the HWE ICS Ulcerative Colitis treatment pathway for moderately to severely active disease in adults (updated to include this treatment - see above).

First line option only if infliximab is not suitable.

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

Upadacitinb for treating moderate to severely active ulcerative colitis

Recommended for restricted use as an option in line with TA856 and the HWE ICS Ulcerative Colitis treatment pathway for moderately to severely active disease in adults (updated to include this treatment alongside/as alternative to other JAK inhibitor options – see above)

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

Severe rheumatoid arthritis in adults – aligned ICS treatment pathway

New ICS wide treatment pathway for use of excluded high cost drugs in severe rheumatoid arthritis (RA) has been developed. It is a harmonisation of existing local pathways. There are no changes to treatment options, recommendations or lines of treatment.

Pathway includes escalated dose adalimumab in the monotherapy branch of the pathway following approval at July 2022 APC; to highlight where patients who have received treatment for moderate RA can join the severe RA pathway if their disease progresses; rationalisation of factors to consider for treatment choice.

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

Upadacitinib for treating active ankylosing spondylitis

Recommended for restricted use as an option in line with TA829 and local agreements.

Upadacitinib is an alternative option to TNF inhibitors and IL17a inhibitors - first line option if TNFi are unsuitable or 2nd/3rd line alternative to TNFi and IL17ai if failed/not tolerated/not suitable.

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).

An ICS wide pathway for axial spondyloarthritis has been developed and agreed, available here.

Fostamatinib for treating refractory chronic immune thrombocytopenia

Recommended for restricted use as an option for treating refractory chronic immune thrombocytopenia (ITP) in adults, only if they have previously had a thrombopoietin receptor agonist (TPO-RA), or a TPO-RA is unsuitable in line with TA835 and local agreements.

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

ICS wide treatment pathway for ITP will be developed and made available here when agreed.

Vedolizumab for treating chronic refractory pouchitis after surgery for ulcerative colitis (terminated appraisal)

Treatment appraisals terminated by NICE designated as **DOUBLE RED** status - Not recommended for prescribing

SQ HDM SLIT for treating allergic rhinitis and allergic asthma caused by house dust mites (terminated appraisal)

Treatment appraisals terminated by NICE designated as **DOUBLE RED** status - Not recommended for prescribing

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