

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

### Newsletter Number 04

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.

**This newsletter contains a summary of the recommendations from February 2023 meeting.**

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

#### [HWE ICS guidelines for the management of infection in primary care - updated as below](#)

1. **Eardrops containing an anaesthetic and an analgesic for pain (e.g. Otigo®)** for the treatment of otitis media **not recommended (DOUBLE RED)**.
2. Prophylactic azithromycin in adults with COPD - recommended in certain patients following initiation and initial management (minimum of 3 months) by respiratory specialist with continuation in primary care (**AMBER INITIATION**). Also see local [prescribing support guidance](#)
3. Fungal nail infection section updated to clarify when antifungal treatment is / is not indicated.
4. Indicated age for topical adapalene with topical benzoyl peroxide (Epiduo) changed to under 12 in line with SPC.
5. Interim guidance (updated Dec 22) for acute sore throat has been withdrawn and reverted back to NICE sore throat guidance ([NICE NG84](#)) for children and young people.

#### [Management of men and women, aged 50 or over, with or at risk of osteoporosis - HWE prescribing guidelines](#)

**New guideline** includes addition to formulary of ibandronic acid and romosozumab (in line with NICE TAs), general review & treatment algorithm, bisphosphonate treatment algorithm (includes treatment breaks information) updated glucocorticoid-induced osteoporosis guidance.

Prescribing status for each drug is indicated in the guideline and as follows:

- Oral bisphosphonates – **GREEN** status - initiation by primary, community or secondary care.
- Denosumab and raloxifene – **AMBER INITIATION** status (initiation by specialist, continuation in primary care)
- Romosozumab, teriparatide and parenteral bisphosphonates – **RED** status (prescribing / monitoring by specialist)

## Triple inhalers in COPD - RAG rating change in WE

**RAG ratings** of Trelegy® Ellipta® 92/55/22mcg, Trixeo® Aerosphere® 160/7.2mcg/5mcg & Trimbow® MDI 87/9/5mcg MDI have **changed from AMBER INITIATION to GREEN** in West Essex, (already **GREEN** in Herts). Supports implementation of local guidance [Optimisation of inhalers and inhaled corticosteroid dose in adults with COPD](#), Changes made to Scriptswitch.

## Treatment requiring Specialist Initiation

### Melatonin - insomnia in adult & paediatric patients with a learning disability – [HWE prescribing support](#) & [lowest cost product options](#)

Melatonin use in patients with a learning disability approved for children and adults under specialist care (e.g. a paediatrician, psychiatrist or a specialist involved in the patient's care) – **AMBER INITIATION** status with initiation and stabilisation by specialists with continuation in primary care.

**Prescribing support document developed** to support appropriate initiation, prescribing, monitoring and ongoing prescribing in primary care. Use must be in line with the prescribing support document.

NB: Primary care prescribing of melatonin for adult patients who are not under specialist care is not approved; further work is planned.

**Product options document lists lowest cost preparations** of melatonin currently available. Product choice should be based on the most cost-effective and most clinically suitable product.

## Specialist Treatment & Prescribing Guidelines

### [Avatrombopag for treating primary chronic immune thrombocytopenia](#)

**Recommended for restricted use** in line with [TA 853](#) as an option for treating primary chronic immune thrombocytopenia (ITP) refractory to other treatments in adults.

Initiation criteria in line with other thrombopoietin receptor agonists (eltrombopag / romiplostim) already agreed across HWE ICS. A regional ITP treatment pathway is in development and will be brought to a future HWE APC meeting for agreement.

If considered one of a number of suitable treatments, the least expensive should be chosen.

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

### [Axial Spondyloarthritis treatment pathway in adults](#)

**New ICS wide treatment pathway for use of excluded high cost drugs in Axial Spondyloarthritis has been developed.** TNF inhibitors and IL-17 inhibitors previously approved for use in both ankylosing spondylitis (AS) and non-radiographic axial spondyloarthritis (NRAS). Upadacitinib (an oral JAK inhibitor), has now also been recommended for use in AS.

New pathway extends treatment options for AS branch of pathway to 4 lines of treatment and a trial of all available modalities.

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

A new NICE TA recommends use of upadacitinib in NRAS so this TA will be reviewed by the APC and the pathway updated accordingly.

### [Esketamine nasal spray for treatment-resistant depression](#)

**Not recommended for prescribing** in primary, secondary or tertiary care in line [TA854](#) – **DOUBLE RED** status.

### [Severe psoriasis treatment pathway](#)

**Pathway updated to reflect**

- Guselkumab is now the lowest cost IL-23 inhibitor.
- IL-23 inhibitors are lower cost than IL-17 inhibitors.

- Risankizumab and Guselkumab approved by NICE for psoriatic arthritis in line with [TA803](#) / [TA815](#)

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

### **Mepolizumab for treating severe chronic rhinosinusitis with nasal polyps (terminated appraisal)**

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

### **Angiotensin II for treating vasopressor-resistant hypotension caused by septic or distributive shock (terminated appraisal)**

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

#### **Summary of RAG rating classification**

<b>RAG rating</b>	<b>Description</b>
<b>DOUBLE RED</b>	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.
<b>RED</b>	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.
<b>AMBER INITIATION</b>	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.
<b>AMBER PROTOCOL</b>	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.
<b>GREEN</b>	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