

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

Newsletter Number 05

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 the March 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

Sitagliptin for adults with Type 2 Diabetes Mellitus (T2DM)

Sitagliptin recommended as first choice dipeptidyl peptidase-4 (DPP-4) inhibitor (gliptin) for the treatment of T2DM. Linagliptin second choice option if severe renal impairment or previous Acute Kidney Injury episode.

Generic sitagliptin now available and is lowest cost DPP-4 inhibitor.

NICE does not distinguish between DPP-4 inhibitors and recommends choosing option with lowest acquisition cost. Linagliptin retained as 2nd line option as only DPP-4 inhibitor not renally excreted.

DPP-4 inhibitors (Gliptins) in adults with T2DM summary document updated as above. DPP-4 inhibitors - **GREEN** status - Recommended for prescribing and treatment considered suitable for initiation in Primary, Community, Secondary or Tertiary care and continuation in Primary Care.

Patients on other DPP-4 inhibitors should be considered for a switch to sitagliptin or linagliptin at annual review. Patients prescribed branded Januvia[®] should be switched to generic sitagliptin.

HWE ICS Oral nutritional supplement (ONS) prescribing guidance

Five nutrition resources have been approved for use across HWE ICS:

- [Care Home Managing Malnutrition Pathway](#) - updated to include process and referral information to place based dietetic teams. Confirms nutritional management required for each level of malnutrition risk identified using MUST. Links to all food based ICB resources.
- [ONS & care homes - Position statement](#) - highlights to care homes and healthcare professionals that homemade supplements should be routinely provided by care homes for vast majority of residents identified as at high risk of malnutrition. Homemade supplements are nutritionally almost identical to ONS, as easy to make as a powdered ONS and more palatable.

- [ONS & end of life - Position statement](#) - highlights that ONS products confer little or no benefit when initiated or continued in the last few weeks or days of life. Food means more to most patients than simply nutrition, and at the very end of life the contribution of small amounts of food and fluid to patients' quality of life is much more important than nutritional intake.
- [Prescribing nutritional products - Position statement](#) - highlights which nutritional borderline substances can be prescribed at NHS expense and under which circumstances. Supports prescribing of borderline substances in line with ACBS approval and ICB prescribing guidance.
- [Care homes and ONS - Relatives and friends' information](#) – resource to support relatives and friends of people living in a care home setting to understand why ONS are not routinely used, and how food is used to meet peoples' nutritional needs instead.

These resources support existing ICS wide [ONS and nutrition support prescribing guidance](#).

Additional guidelines updated / uploaded to the website

- [Guidelines for the management of infection in primary care](#) – acute sore throat section reinstated in line with NICE & NHSE/UKHSA guidance on Group A Streptococcus for children & young people. Reverted to previous version following withdrawal of NHSE interim guidance.
- [Hertfordshire Partnership University NHS foundation Trust \(HPFT\) guideline update](#) Lurasidone (approved at HWE APC September 2023) incorporated in the guideline on choice and selection of antipsychotics for the management of psychosis schizophrenia in adults (available at [Medication Information \(hpft.nhs.uk\)](#))

Treatment requiring Specialist Initiation

[Acamprosate for alcohol dependence - supporting documents for amber initiation](#)

Acamprosate to maintain abstinence in alcohol-dependent patients approved for adults - **AMBER INITIATION** - initiation and stabilisation by alcohol misuse services with continuation in primary care in line with the provider specific treatment pathways.

Alcohol misuse services provided by Change Grow Live (CGL) Spectrum Drug and Alcohol Recovery Services in Hertfordshire (Herts), and Essex Partnership University NHS Foundation Trust in West Essex (WE).

Treatment pathways ([Herts](#); [WE](#)) and PILS ([Herts](#); [WE](#)) developed to facilitate ongoing prescribing in primary care.

Specialist Treatment & Prescribing Guidelines

[Semaglutide for managing overweight and obesity](#)

Semaglutide (Wegovy®) **recommended for restricted use** in line with [TA875](#) as an option for weight management within specialist weight management services with MDT oversight (usually tier 3 or 4) for patients who meet the BMI/co-morbidity criteria stated.

Interim RED status: Not recommended for Primary Care prescribing (specialist prescribing / monitoring via specialist weight management services providing multidisciplinary management of overweight or obesity [including but not limited to tiers 3 and 4]).

Approved in advance of product launch and is not currently commercially available.

Further consultation will be undertaken with local stakeholders and specialists around semaglutide and the treatment pathway for these patients.

Ozempic® brand semaglutide pre-filled pens are only licensed for use in the management of type 2 diabetes. They **should not be prescribed off label for weight loss**.

[Somatrogen for treating growth disturbance in children and young people 3 years and over](#)

Recommended for restricted use in line with [TA863](#) within its marketing authorisation, as an option for treating growth disturbance caused by growth hormone deficiency in children and young

people (from 3 years). It is similar to somatropin (which is currently used), but is a weekly injection rather than a daily one.

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

Discontinuation criteria are the same as those agreed for somatropin

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

* *This may be reviewed following discussion with local specialists to inform place in therapy, RAG status and potential addition to the Growth Hormone shared care guidelines.*

Infliximab biosimilar for management of diarrhoea or colitis associated with checkpoint inhibitor therapy

Infliximab biosimilar approved for the management of diarrhoea or colitis associated with immune checkpoint inhibitor (ICPI) therapy in line with East of England Priorities Advisory Committee (EOE PAC) guidance.

Second line option for corticosteroid-refractory grade 3 or 4 diarrhoea or colitis related to the ICPI therapy, following treatment with systemic high-dose intravenous corticosteroids for three to five days. Guidance covers up to 3 doses depending on patient response.

RED status: Not recommended for Primary Care prescribing (prescribing by Secondary / Tertiary care specialists only in line with the EOE PAC criteria under the guidance of a gastroenterologist and oncologist).

Upadacitinib for active non-radiographic axial spondyloarthritis (NRAS) & updated treatment pathway for Axial Spondyloarthritis in adults

Upadacitinib recommended for restricted use in line with [TA861](#). If upadacitinib is one of a range of suitable treatments, choose the least expensive.

Upadacitinib is the first oral Janus kinase inhibitor (JAKi) approved by NICE for this indication.

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

Updated treatment pathway for Axial Spondyloarthritis in adults recommended for use - incorporates upadacitinib for use in NRAS. The new pathway extends treatment options for the NRAS branch of the 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).

Eptinezumab for preventing migraine & updated migraine treatment pathways in adults

Eptinezumab recommended for restricted use in line with [TA871](#) as an option for preventing migraines in adults.

It is the fourth anti-calcitonin gene related peptide (CGRP) drug to be recommended by NICE but is administered intravenously, rather than subcutaneously. If more than one treatment is considered suitable, the least expensive should be chosen.

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

Updated [chronic](#) & [episodic](#) migraine treatment pathways recommended for use – eptinezumab added as an alternative option alongside peptide-based treatment choices.

Other relevant policies/guidance noted at the meeting

- [Biosimilar Medicines Guidance](#) (including switching) - NHS England guidance provides information on biosimilar medicines including that they are interchangeable with the original biological product and with other biosimilars when approved.

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