

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

Newsletter Number 06

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 ICS).

This newsletter contains a summary of the recommendations from the June 2023 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

This new website provides clinical and prescribing information to healthcare workers within HWE ICS. The website and content are in development and being updated.

HWE APC documents will be uploaded to this new website: [Prescribing, Policies and Pathways \(hweclinicalguidance.nhs.uk\)](https://www.hweclinicalguidance.nhs.uk)

Previous HMMC/WEMOPB documents available on legacy [ENHCCG](#), [HVCCG](#), [WECCG](#) websites

General Treatment & Prescribing Guidelines

[Actinic keratosis - Prescribing guidelines in adults & tirbanibulin](#)

Local guidelines adapted from West Essex existing guidelines to support primary care to assess, initiate treatment (RAG status specified), monitor, review and refer patients with actinic keratosis.

Tirbanibulin ointment included in guidelines recommended for restricted use in line with marketing authorisation as an option for the field treatment of non-hyperkeratotic, non-hypertrophic actinic keratosis (Olsen grade 1) of the face or scalp in adults if 5 fluorouracil 5% cream is not tolerated, contraindicated or not clinically appropriate.

GREEN status: recommended for prescribing and treatment considered to be suitable for initiation in Primary, Community, Secondary or Tertiary care and continuation in Primary Care

[Seven day prescribing and Multi-compartment Compliance Aids \(MCA\) Guidance and Patient Information leaflet \(PIL\)](#)

Guidance is an amalgamation of the existing legacy Hertfordshire and West Essex CCGs guidance. Supports appropriate use of 7-day prescriptions across the ICS, appropriate review of patients for consideration for support required to take medicines, reduction of inappropriate MCA requests and highlights alternative options to support patients to take their medicines.

PIL provides supportive information to patients on MCAs, when they may/may not be appropriate and alternative options.

[Negative Pressure Wound Therapy \(NPWT\) formulary choice update](#)

3M V.A.C therapy NPWT consumables (dressing products and cannisters used in conjunction with the pump) are recommended for use across HWE and will gradually replace the use of Smith & Nephew Renasys pump consumables. There will be a phased roll out of training & introduction and

treatment will continue to be prescribed through the FP10 route under the specialist guidance of the Tissue Viability service.

Treatment requiring Specialist Initiation

Dienogest for endometriosis

Dienogest 2mg tablets recommended for restricted use as a third line treatment option for the treatment of endometriosis when alternative and conventional treatments have already been trialled but not tolerated or has been ineffective. This includes a trial of combined hormonal therapy (unless contra-indicated) AND other progestogen only therapies AND the available next treatment option would usually be Gonadotropin-releasing hormone (GnRH) agonist and/or surgery.

AMBER INITIATION status: recommended for initiation by specialists. Specialists to continue prescribing for a minimum of 3 months or until specialist review has taken place to establish stabilisation on therapy and to allow for a review on tolerability and efficacy (e.g. pain and/or endometrial lesions). Thereafter, recommended for ongoing prescribing in primary care.

Specialist Treatment & Prescribing Guidelines

Xaqua® as metolazone formulary product of choice

Xaqua® is recommended as the metolazone product of choice following the publication of the [MHRA drug safety alert](#).

The alert highlights some risks and advice for healthcare professionals due to bioavailability differences between the unlicensed metolazone preparation and the more recently available licensed product Xaqua®.

New patients will be prescribed metolazone by BRAND name XAQUA® by specialists.

Existing patients prescribed generic metolazone that require ongoing treatment, require a review by their specialists to switch to licensed Xaqua®.

Metolazone remains **RED** status – not recommended for prescribing by primary care. Prescribing responsibility to be retained by secondary care/specialists.

Finerenone for treating chronic kidney disease in type 2 diabetes

Finerenone recommended for restricted use in line with NICE TA 877 as an option, for treating stage 3 and 4 CKD (with albuminuria) associated with type 2 diabetes in adults only if: it is an add-on to optimised standard care; the person has an estimated glomerular filtration rate (eGFR) of 25 ml/min/1.73 m² or more.

Further consultation being undertaken with primary care clinicians and local specialists and a pathway is being developed.

Interim **RED** status: Not recommended for Primary Care prescribing (prescribing by Secondary / Tertiary care specialists only). Status to be reviewed once pathway developed and approved.

Casirivimab plus imdevimab, nirmatrelvir plus ritonavir, sotrovimab and tocilizumab for treating COVID-19

Nirmatrelvir plus ritonavir and sotrovimab recommended for restricted use as options for treating COVID 19 in line with NICE TA 878.

RED status: Not recommended for Primary Care prescribing (review/prescribing/monitoring by COVID Medicine Delivery Units [or equivalent services if commissioned] by locally agreed delivery model)

Tocilizumab recommended for restricted use as an option for treating COVID 19 in line with TA878.

RED status: not recommended for prescribing in Primary Care (specialist prescribing and monitoring)

Casirivimab plus imdevimab is not recommended, within its marketing authorisation, for treating acute COVID-19 in adults in line with NICE TA 878

DOUBLE RED status: not recommended for prescribing by either Community/Secondary/Tertiary or Primary care.

Other relevant policies/guidance noted at the meeting

- [Interim clinical commissioning policy: Remdesivir and molnupiravir for non-hospitalised patients with COVID-19](#) – for implementation by Covid Medicines Delivery Units

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