

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

Newsletter Number 07

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 July 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

[Bempedoic Acid RAG prescribing recommendation change.](#)

RAG prescribing rating of bempedoic acid **with** ezetimibe for treating primary hypercholesterolemia or mixed dyslipidaemia, if **statins are contra indicated or not tolerated** AND ezetimibe alone does not control LDL cholesterol well enough in line with [NICE TA694](#) has been updated from **AMBER INTIATION** to **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.

[Guidelines for Primary Care management of Recurrent Urinary Tract Infections \(UTIs\) in Adults](#)

Harmonised guidelines developed for primary care management of recurrent UTIs in adults within HWE ICS. The following are significant changes made to previous place-based guidelines:

- Management of "breakthrough" UTIs in patients on antibiotic prophylaxis included.
- Antimicrobial agents section now incorporates more extensive information on selection. Includes information on nitrofurantoin-induced pulmonary toxicity.
- Summary added on use of vaginal oestrogens as option for postmenopausal women with recurrent UTIs. Emphasises importance of shared decision-making & treatment benefits & risks.

[Scarlet fever treatment recommendations update](#)

Scarlet fever treatment recommendations updated within the [guidelines for the management of infection in primary care](#) within HWE ICS.

Reviewed in line with the [UK Health Security Agency \(UKHSA\) guideline](#) and [NICE CKS guideline](#). Major changes as follows:

- Key points, medicines & doses/duration amended in line with NICE CKS & UKHSA guidelines
- Updated guidance advises to use phenoxymethylpenicillin (1st line), clarithromycin (for children with penicillin allergy and up to 6 months), azithromycin (6 months to adult if penicillin allergy) and erythromycin (if pregnant or postpartum).

Treatment requiring Specialist Initiation

[Dapagliflozin for treating chronic heart failure with preserved or mildly reduced ejection fraction \[TA902\] and HWE adult \(age≥18 years\) treatment pathway; SGLT2 inhibitors for treating chronic heart failure](#)

Dapagliflozin is recommended for restricted use in line with [TA902](#) as an option for treating symptomatic chronic heart failure with preserved or mildly reduced ejection fraction in adults.

AMBER INITIATION status: for initiation by specialist & continuation in primary care in line with the updated recommended HWE adult (age≥18 years) treatment pathway; SGLT2 inhibitors for treating chronic heart failure.

Specialist Treatment & Prescribing Guidelines

[Upadacitinib and Risankizumab for Crohn's disease & updated Crohn's disease treatment pathway for adults](#)

Risankizumab recommended for restricted use as an option for treating moderately to severely active Crohn's disease in adults in line with [TA888](#). If one of a range of suitable treatments, use the least expensive.

Upadacitinib recommended for restricted use as an option for treating moderately to severely active Crohn's disease in adults in line with [TA905](#). If one of a range of suitable treatments, use the least expensive.

Updated treatment pathway for Crohn's disease in adults recommended for use - incorporates use of upadacitinib & risankizumab. The new pathway extends treatment options to 6 lines of treatment and a trial of all available modalities.

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

[Deucravacitinib for treating moderate to severe plaque psoriasis](#)

Recommended for restricted use as an option for treating moderate to severe plaque psoriasis in adults in line with [TA907](#). If one of a range of suitable treatments, use the least expensive.

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

Consultation being undertaken with local stakeholders and specialists around adding deucravacitinib to the local treatment pathway for severe plaque psoriasis in adults.

[Rimegepant for preventing episodic migraine](#)

Rimegepant recommended for restricted use as an option for preventing episodic migraine in adult in line with [TA906](#). If one of a range of suitable treatments, use the least expensive.

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

Consultation being undertaken with local specialists to determine position in the local episodic migraine treatment pathway.

[Tixagevimab plus cilgavimab for preventing COVID-19](#)

Not recommended for use in line with [TA900](#), within its marketing authorisation, for the pre-exposure prophylaxis of COVID-19 in adults who are not currently infected with SARS-CoV-2 and who have not had a known recent exposure to someone infected with SARS-CoV-2, and: who

are unlikely to have an adequate immune response to COVID-19 vaccination, or for whom COVID-19 vaccination is not recommended.

DOUBLE RED status. **Not recommended for prescribing** in primary, secondary or tertiary care.

Esketamine for treating major depressive disorder in adults at imminent risk of suicide (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