

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

Newsletter Number 08

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 September 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 (accessible until 31st December 2023)

General Treatment & Prescribing Guidelines

[Melatonin for insomnia in adults and paediatric patients with a learning disability - Lowest cost melatonin product options \(update\)](#)

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

Updated to reflect significant price reduction in generic melatonin 2mg modified release (M/R) tablets which is preferred choice. M/R melatonin should be prescribed generically. Adaflex[®] tablets are recommended for those with a swallowing difficulty as these are licensed to be crushed.

Further updates anticipated in due course aligning product choice options in patients prescribed melatonin for autism spectrum disorder (ASD) / Attention deficit hyperactivity disorder (ADHD).

[Urinary incontinence guideline \(update\)](#)

Urinary incontinence in primary care guideline has been updated recommending solifenacin is used as 1st choice treatment. It is the lowest cost once daily anticholinergic medicine.

The guidance has further updates on recommendations on 2nd and 3rd line treatment choices of anticholinergics (tolterodine, trospium) and mirabegron. Provides guidance on when anticholinergics are considered contra-indicated and hence when the alternative higher cost non-anticholinergic drug, mirabegron may be indicated.

Includes advice on lifestyle measures and considerations prior to referral to secondary care for stress incontinence or urge incontinence.

Oral oxybutynin or M/R release products are no longer recommended due to a higher side effect potential and/or are high cost for the once daily formulations.

Blood Glucose and ketone meters, testing strips and lancets guidelines

NHS England undertook a detailed evaluation process to identify preferred blood glucose and ketone meters, testing strips and lancets. The national guidance has been adapted with local stakeholders/diabetic clinicians to create guidance on preferred product choices for adults with type 1, type 2, and gestational diabetes. Both quality and cost were considered ensuring that only the best of the highest quality and, cost-effective devices are recommended. This guidance is not aimed at paediatric diabetic patients.

New patients should be initiated on preferred choices. The guidance highlights the sector/clinician responsible for reviewing and switching existing patients over to recommended products. There are substantial savings from switching patients and reviewing the quantity of strips prescribed.

There is no change in the overall general process of prescribing, monitoring and continuation of glucose meters, test strips & lancets - initiated and monitored by specialists or within primary care.

Treatment requiring Specialist Initiation

Ethosuximide for epilepsy - alignment of formulary status and prescribing support

Ethosuximide for use in absence seizures, atypical absence seizures (adjunct) and myoclonic seizures in adults and children recommended as **AMBER INITIATION**.

Initiated by specialists in secondary and tertiary care with prescribing (and monitoring, where applicable) continued by primary care clinician with associated [Ethosuximide Prescribing Support Document](#).

Specialist Treatment & Prescribing Guidelines

Semaglutide (Wegovy®) for managing overweight and obesity [TA875] – update 4/9/2023

Update to recommendations previously issued in TA875 in March 2023 to refer to the company's commercial arrangement. Manufacturer has clarified that Wegovy® will only be available in UK through controlled and limited launch. Supply expected to be constrained for foreseeable future. Only available in specialist NHS weight management services for people who meet NICE criteria.

Interim red prescribing recommendation has been amended to **RED** ie. not recommended for prescribing in primary care, for prescribing by specialist NHS weight management services providing multidisciplinary management of overweight or obesity for people who meet NICE criteria.

Semaglutide (Wegovy®) for managing overweight and obesity in young people aged 12 to 17 years [TA910] (terminated appraisal)

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

Other relevant policies/guidance noted at the meeting

- [Hertfordshire \(HPFT\) ADHD shared care protocol – update to include new provider](#) - Minor amendments made to the Hertfordshire Shared Care protocol for ADHD treatments for children, young people and adults to incorporate use by the new service in South and West Herts (HertsONE ADHD clinic).

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