

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

Newsletter Number 09

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 recommendations from the November 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.nhs.uk/clinicalguidance)

General Treatment & Prescribing Guidelines

Daridorexant for treating long-term insomnia [TA922]

Daridorexant recommended for restricted use as an option for treating insomnia in line with [NICE TA922](#) in adults with symptoms lasting for 3 nights or more per week for at least 3 months, and whose daytime functioning is considerably affected, only if:

- cognitive behavioural therapy for insomnia (CBTi) has been tried but not worked, or
- CBTi is not available or is unsuitable.

The length of daridorexant treatment should be as short as possible. Treatment should be assessed within 3 months of starting and should be stopped in people whose long-term insomnia has not responded adequately. If treatment is continued, assessment should be undertaken to determine whether it is still working at regular intervals.

GREEN status - Recommended for prescribing and treatment considered suitable for initiation in Primary, Community, Secondary or Tertiary care and continuation in Primary Care.

Before considering daridorexant ensure:

- Any circumstances/stressors associated with onset of insomnia have been addressed
- Insomnia related to other conditions such as sleep apnoea, restless legs have been explored
- Information has been provided to patients on insomnia and sleep hygiene - refer to [NICE Clinical Knowledge Summary on insomnia](#) for further information about the assessment, diagnosis, and management of insomnia.
- Sleep hygiene measures have been implemented and failed
- Patients are asked to keep a sleep diary. This is best completed over a two-week period and can be used as evidence of patient's sleep-wake pattern which can help with diagnosis. Example can be found here [sleepdiary.pdf \(www.nhs.uk\)](https://www.nhs.uk/clinicalguidance/sleepdiary.pdf)

A prescribing support document, and frequently asked questions document for patients are in development and will be made available shortly on the website.

Rimegepant for treating migraine in adults [TA919]

Rimegepant recommended for restricted use in line with NICE [TA919](#) as an option for the acute treatment of migraine with or without aura in adults, only if for previous migraines:

- at least 2 triptans were tried and they did not work well enough or
- triptans were contraindicated or not tolerated, and NSAIDs and paracetamol were tried but did not work well enough.

GREEN status - Recommended for prescribing and treatment considered suitable for initiation in Primary, Community, Secondary or Tertiary care and continuation in Primary Care.

Patient information leaflet and a primary care migraine treatment pathway in development.

Note: Rimegepant for the *prevention* of episodic migraine remains **RED** status - not recommended for Primary Care prescribing (prescribing by Secondary / Tertiary care specialists only).

Empagliflozin for treating chronic heart failure with preserved or mildly reduced ejection fraction [TA929] and (age≥18 years) treatment pathway; SGLT2 inhibitors for treating chronic heart failure.

Empagliflozin is recommended for restricted use in line with [TA929](#) 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 adult (age≥18 years) treatment pathway; SGLT2 inhibitors for treating chronic heart failure.

Apixaban (generic) as first choice Direct Acting Oral Anticoagulant plus associated updated 'Guidelines for oral anticoagulation of patients with non-valvular atrial fibrillation (AF) to prevent stroke in adults'

Apixaban (generic) recommended as first line direct acting oral anticoagulant (DOAC) of choice for the indications listed below:

- Treatment for non-valvular atrial fibrillation (AF) - **GREEN**
 - [Guidelines for oral anticoagulation of patients with non-valvular atrial fibrillation \(AF\) to prevent stroke in adults](#) updated to reflect apixaban (generic) as 1st line choice
 - Edoxaban 2nd line choice and preferred once daily DOAC option for non-valvular AF
- Treatment of deep vein thrombosis (DVT) or pulmonary embolism (PE) and prevention of recurrent DVT and PE - **AMBER INITIATION**
- Primary prevention of venous thromboembolic events in patients who have had hip or knee replacement surgery - **RED**

All DOAC options (apixaban, edoxaban, rivaroxaban and dabigatran) are available in line with the recommendations from respective published [NICE TA's](#) for above indications.

Initiation in new patients: consider generic apixaban as DOAC of choice.

Existing patients: consider suitability of switching to generic apixaban where clinical review indicates a dose change of current DOAC may be required.

Additional guidelines updated

Pan Herts anticipatory prescribing medication chart and guidance - updated with minor amendments following stakeholder feedback. An implementation plan for the chart and guidance which includes training is in development. Publication of the documents and further information and will be available in due course.

Treatment requiring Specialist Initiation

Renal shared care protocol updates (phosphate binders and cinacalcet)

Updated shared care guidance published for:

[Sevelamer carbonate for hyperphosphataemia in adult patients with chronic kidney disease.](#)

AMBER PROTOCOL. Prescribe generically.

[Lanthanum for hyperphosphataemia in adult patients with chronic kidney disease.](#) **AMBER PROTOCOL**

[Sucroferric oxyhydroxide for hyperphosphataemia in adult patients with end stage renal failure requiring renal replacement therapy](#). **AMBER PROTOCOL**

[Cinacalcet for Use in Secondary Hyperparathyroidism in Adults with end stage kidney disease requiring renal replacement therapy](#). **AMBER PROTOCOL**

Riluzole RAG rating and [shared care protocol](#)

Riluzole recommended as **AMBER PROTOCOL** for use within Hertfordshire and west Essex for treating amyotrophic lateral sclerosis (ALS) form of motor neurone disease (MND).

Update to existing shared care protocol in west Essex in line with the national shared care template for riluzole and a change in prescribing status from red to amber protocol in Hertfordshire.

Hertfordshire Lithium [shared care protocol update & action plan](#)

Lithium recommended as **AMBER PROTOCOL** within Hertfordshire and West Essex. Updated Hertfordshire shared care protocol produced by Hertfordshire Partnership Foundation NHS Trust.

Protocol updated to reflect NHS England national shared care protocol template which has been utilised to help reduce duplication, improve patient safety and ensure equity of access. Protocol includes specialist contact details, information on monitoring and recording of lithium levels in line with the NPSA alert safer lithium therapy and specific details on lithium treatment. Prescribing by brand only. Information included on methods for recording levels and sharing this information with patients, pharmacists, secondary care providers and primary care clinicians.

Action plan is consistent with, and complimentary to the shared care protocol. It was produced following a serious patient safety incident involving lithium to support appropriate patient monitoring when patients taking lithium are managed by primary care. Includes actions for primary care prescribers and also for community pharmacists, and dispensing practice staff.

Tirzepatide for treating type 2 diabetes [TA924]

Tirzepatide is recommended for restricted use in line with NICE [TA 924](#).

AMBER INITIATION status: for initiation by specialists and continuation in primary care

Tirzepatide is recommended for treating type 2 diabetes alongside diet and exercise in adults when it is insufficiently controlled only if:

- triple therapy with metformin and 2 other oral antidiabetic drugs is ineffective, not tolerated or contraindicated, and
- they have a body mass index (BMI) of 35 kg/m² or more, and specific psychological or other medical problems associated with obesity, or
- they have a BMI of less than 35 kg/m², and:
 - insulin therapy would have significant occupational implications, or
 - weight loss would benefit other significant obesity-related complications.

Use lower BMI thresholds (usually reduced by 2.5 kg/m²) for people from South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean family backgrounds.

Additional guidelines updated / uploaded to the website

[Acamprosate prescribing pathway for Hertfordshire](#) – minor amendments to increase awareness and support implementation

Specialist Treatment & Prescribing Guidelines

Sodium oxybate for narcolepsy with cataplexy

Sodium oxybate recommended for restricted use for treating narcolepsy with cataplexy in line with East of England, Priorities Advisory Committee [guidance statement](#) *Sodium oxybate (Xyrem®) in the management of narcolepsy with cataplexy in adults aged 19 and older*.

RED (tertiary centre only) status: Not recommended for Primary or Secondary Care prescribing (prescribing and monitoring by Tertiary care specialists only - Consultant Sleep Physician or under the direct supervision of a Consultant Sleep Physician).

Bimekizumab for treating active psoriatic arthritis [TA916] and Psoriatic arthritis in adults treatment [pathway update](#)

Bimekizumab recommended for restricted use in line with NICE TA [916](#) . If one of a range of suitable treatments, choose the least expensive.

Bimekizumab is an IL-17 inhibitor, two treatments in this modality already available in the pathway. Bimekizumab added to the local treatment pathway as an alternative at the same place in therapy.

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

Bimekizumab for treating axial spondyloarthritis [TA918] & Tofacitinib for treating active ankylosing spondylitis [TA920] and Axial spondyloarthritis [pathway update](#)

Bimekizumab & tofacitinib recommended for restricted use in line with NICE TAs [918](#) & [920](#). If they are one of a range of suitable treatments, choose the least expensive.

These treatments are an IL-17 inhibitor and a JAK-inhibitor respectively and both modalities are already included in the pathway. These new treatments have been added as alternative options at the same place in therapy.

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 bimekizumab for use in both AS & NRAS and tofacitinib for AS only.

Mirikizumab for treating moderately to severely active ulcerative colitis [TA925]

Mirikizumab recommended for restricted use in line with NICE [TA925](#). If mirikizumab is one of a range of suitable treatments, choose the least expensive.

Mirikizumab is the first IL-23 inhibitor approved by NICE for this indication. Further consultation will be undertaken with local specialists around place in therapy and the UC treatment pathway and an update brought to a future APC meeting.

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

Ranibizumab for treating diabetic macular oedema [\[TA274\]](#) – update

Update to existing NICE TA section for patient access scheme to include ranibizumab biosimilars

Baricitinib for treating severe alopecia areata [\[TA926\]](#)

Baricitinib Not recommended within its marketing authorisation, for treating severe alopecia areata in adults in line with TA926.

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

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