Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Hertfordshire & West Essex Area Prescribing Committee (HWE APC)

Medicines Optimisation Newsletter

Newsletter Number 13

Welcome to the Hertfordshire and West Essex Area Prescribing Committee (HWE APC) newsletter. 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 recommendations from the September 2024 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 (hweclinicalguidance.nhs.uk)

This 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 are uploaded to this website.

General Treatment & Prescribing Guidelines

Needles for pre-filled/reusable insulin or GLP-1 receptor agonist pens

Harmonised guidance and support resources developed to align recommendations and support implementation across the ICS. Pen needles costing less than £4 for 100 are recommended - **GREEN**. **BD Viva®** is the locally preferred brand.

Needles costing £4 or more for 100 are not recommended for prescribing – patients on these needles should be reviewed to switch to a lower cost brand.

Safety needles should not be prescribed on FP10 for use by healthcare professionals and employees; it is the healthcare employer's responsibility to provide them.

Supporting resources developed to support implementation of the recommendations:

- Pen needle switch letter to BD Viva®
- Template response letter to healthcare professionals and employees requesting primary care to prescribe safety needles.

Bibecfo in adult asthma

Bibecfo (beclometasone / formoterol) pMDI (pressurized metered dose inhaler) for treatment of asthma in adults (GREEN status) - recommended for use: first line pMDI option inhaled corticosteroid (ICS - beclometasone) & long-acting β2-agonist (LABA - formoterol) for patients in whom a dry powder inhaler (DPI) is unsuitable; can be used as part of maintenance therapy (both strengths) & Maintenance & Reliever Therapy (100/6mcg strength) replacing Luforbec as preferred choice. Equivalent to originator inhaler Fostair but lower cost.

Vibegron for treating symptoms of overactive bladder syndrome [TA999]

Vibegron recommended for restricted use as an option for treating the symptoms of overactive bladder syndrome in adults in line with NICE TA999, only if antimuscarinic medicines not suitable, do not work well enough or have unacceptable side effects.

See website for further information vibegron.

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.

Other relevant policies/guidance noted at the meeting

- Maintenance and Reliever Therapy (MART) Regimens guidance for asthma – updated: to specify Bibecfo replacing Luforbec as LABA/ICS pMDI choice; formatting and other minor changes to provide clarity around MART and action plans, with links to education resources.
- Oral nutritional supplements (ONS) guidance updates:
  - Adult ONS in primary care - Quick Guide – minor updates to product names & link to other guidance added
  - Managing Malnutrition – Additional Guidance – minor updates including to remove/replace discontinued products; name changes; inclusion of lower cost new products; price changes; specify products suitable for vegan diet.
- Diabetes guidance updates:
  - SGLT-2 inhibitors for treating chronic kidney disease pathway, SGLT-2 inhibitor comparison document and DPP-4 inhibitor comparison document contents updated for consistency with APC approval of the NICE Type 2 diabetes treatment algorithm.
  - Dual GIP with GLP-1 RA or GLP-1 RA comparison document updated to include the contraindications listed in the US licenses for all drugs.
- Puberty blockers temporary ban extended - GOV.UK (www.gov.uk).

Treatment requiring Specialist Initiation

Midodrine and fludrocortisone prescribing status and prescribing support document

Midodrine and Fludrocortisone recommended for restricted use in adults for treatment of orthostatic (postural) hypotension as **AMBER INITIATION** status - initiated by specialists with ongoing prescribing & monitoring in primary care in conjunction with prescribing support document.

Prescribing support document includes responsibilities and monitoring requirements for both specialist and primary care clinicians and detailed information on both medicines.

This replaces previous place-based documents and RAG/prescribing status.

Liothyronine prescribing support documents update

Hertfordshire and West Essex liothyronine shared care protocol was approved at June 2024 APC and aligned the RAG/prescribing status of liothyronine, for hypothyroidism in a selected cohort of adults, in all three places to **AMBER PROTOCOL**. To support this, three resources have been adapted and updated:

- A patient information leaflet (PIL)
- A position statement
- A review algorithm

Nephrotrans for chronic kidney disease

Nephrotrans® (sodium hydrogen carbonate gastro-resistant 500mg capsules) recommended for restricted use as an option for treatment and maintenance of metabolic acidosis in adults with chronic kidney disease in line with NICE NG203 as second line option when patients cannot tolerate first line option sodium bicarbonate 500mg capsules due to intolerable side effects such as bloating and wind leading to discontinuation of treatment.

AMBER INITIATION status: initiated by renal specialist with ongoing prescribing in primary care.

Note: **Sodium bicarbonate 600mg tablets NOT recommended for new patients** for treatment and maintenance of metabolic acidosis in chronic kidney disease. **DOUBLE RED** status: Not recommended for initiation by either Community, Secondary Tertiary or Primary Care.

For existing patients, primary care may consider switching from sodium bicarbonate 600mg tablets to sodium bicarbonate 500mg capsules or sodium hydrogen carbonate gastro-resistant 500mg capsules (Nephrotrans®) if previous intolerance to standard capsules (see below) seeking advice and guidance from specialist team to support clinical decision making as appropriate. On the advice of local specialists switching between sodium bicarbonate formulations is a 1:1 switch with no additional monitoring required.

Dronedarone prescribing status and shared care protocol

Dronedarone is recommended for restricted use in adults as an option for the maintenance of sinus rhythm after successful cardioversion in people with paroxysmal or persistent atrial fibrillation in line with TA197 as **AMBER PROTOCOL** status - initiated by specialists, including prescribing and monitoring for an initial stabilisation period of 6 months, with follow-on prescribing and monitoring transferred to primary care in conjunction with the shared care protocol.

Trimbow in adult asthma

Trimbow [Inhaled corticosteroid (ICS - beclometasone) / long-acting β2-agonist (LABA - formoterol) & long-acting muscarinic antagonist (LAMA) - glycopyrronium) pMDI for treatment of asthma in adults (AMBER INITIATION status) - recommended for use as option for maintenance treatment of asthma, not adequately controlled with a combination of a LABA and ICS, and who experienced one or more asthma exacerbations in the previous year, in patients who would benefit from a simplified treatment regime with a combination triple therapy inhaler.

Linzagolix for treating moderate to severe symptoms of uterine fibroids [TA996]

Recommended for restricted use as an option for treating moderate to severe symptoms of uterine fibroids in adults of reproductive age in line with NICE TA996.

AMBER INITIATION status **-** Initiation by specialists with ongoing prescribing in primary care following stabilisation of therapy, and after an assessment of tolerability and efficacy by specialist.

At initiation, specialists must counsel the patient on all aspects related to safe and effective use. This includes information on ongoing recommended monitoring such as but not limited to, the recommendation for a DXA scan after 1year of treatment and advice on required BMD monitoring thereafter. Advice on contraception must also be provided.

During treatment, periodic check-ups must be carried out according to standard clinical practice. DXA scan recommended after 1 year of treatment to verify that the patient does not have unwanted degree of bone mineral density loss.

Updates to shared care protocols: Swallowing difficulties

All shared care protocols have been updated to contain information to ensure appropriate prescribing and information given to patients who have swallowing difficulties. This is in line with the specials alternative guidance which is in place across HWE ICS already.

Lithium Herts shared care protocol update

The 'Initial stabilisation' dosing recommendations have been updated to start at the lowest recommended dose (both in adults and the elderly), and titrating the dose upwards based upon plasma lithium levels.

Specialist Treatment & Prescribing Guidelines

Lebrikizumab for treating moderate to severe atopic dermatitis in people 12 years and over [TA986]

Lebrikizumab recommended for restricted use as an option in line with TA986 for treating moderate to severe atopic dermatitis.

If considered 1 of a range of suitable treatments, the least expensive should be used.

Lebrikizumab and tralokinumab (alternative biologic already approved by NICE) are subcutaneously injected interleukin-13 (IL-13) inhibitors and NICE recommendations are similar.

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

Tenecteplase for treating acute ischaemic stroke [TA990]

Tenecteplase recommended for restricted use within its marketing authorisation, as an option for the thrombolytic treatment of an acute ischaemic stroke in adults in line with NICE TA990.

Use the least expensive option of the available treatments (including tenecteplase and alteplase).

Relevant providers to review/update acute ischaemic stroke thrombolytic treatment guidelines.

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

Abaloparatide for treating osteoporosis after menopause [TA991]

Abaloparatide recommended for restricted use as an option for treating osteoporosis after menopause only if they have a very high risk of fracture in line with NICE TA991.

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

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 treatment pathway.

Risankizumab for treating moderately to severely active ulcerative colitis (UC) [TA998] and Ulcerative colitis treatment pathway update

Risankizumab recommended for restricted use as option for treating moderately to severely active UC in adults when conventional or biological treatment cannot be tolerated, or condition has not responded well enough or has lost response to treatment in line with NICE TA 998 and local agreements.

If considered one of a number of suitable treatments, the least expensive (taking into account administration costs, dosage, price per dose and patient access schemes) should be chosen.

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

Risankizumab and mirikizumab (already approved by NICE) are interleukin 23 (IL 23) inhibitors. Risankizumab has been added to the local treatment pathway for moderately to severely active UC in adults as an alternative option alongside mirikizumab (cost order reviewed/updated accordingly).

Pathway also updated to include extended induction with upadacitinib in line with NICE TA856 & the marketing authorisation.

Faricimab for treating visual impairment caused by macular oedema after retinal vein occlusion [TA1004]

Faricimab recommended for restricted use within marketing authorisation as option for treating visual impairment caused by macular oedema after retinal vein occlusion in line with NICE TA1004.

If considered one of a number of suitable treatments, the least expensive (taking into account administration costs, dosage, price per dose and patient access schemes) should be chosen.

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

Relugolix for treating hormone-sensitive prostate cancer [TA995]

Relugolix (Orgovyx) recommended for restricted use within its marketing authorisation as an option for treating prostate cancer in adults in line with NICE TA995.

Interim **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 treatment pathway.

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. Prescribers must recognise and work within the limits of their competence and must maintain and develop knowledge and skills relevant to their role and practice, including prescribing and managing medicines. Green status does not mean that a treatment must be initiated by a prescriber if they consider it is not within the limits of their competence and they do not have the current clinical knowledge and skills. This may be particularly relevant for recently licensed/approved medicines/new indication(s) for existing medicine. Advice can be sought from an appropriate experienced colleague, or advice and guidance can be sought from an appropriate specialist to support a prescribing decision.

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