

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

Newsletter Number 11

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 April 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

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)

General Treatment & Prescribing Guidelines

Cow's Milk Protein Allergy (CMPA) Guidance

These comprehensive resources address the salient issues affecting prescribing, and support patients/caregivers and healthcare professionals in dealing with this condition.

Developed and agreed by multiple stakeholders for implementation across the ICS, these documents replace the 2 previous place-based guidance documents. The documents entail:

1. [HCP resource: Cow's milk protein allergy \(CMPA\) – Summary of HWE HCP guidance and resources](#)
2. [HCP guidance: Cow's milk protein allergy \(CMPA\) in infants](#)
3. [HCP guidance: Cow's milk protein allergy \(CMPA\) - Managing supplies & when to stop the formula](#)
4. [HCP resource: Cow's milk protein allergy \(CMPA\) formula flow chart - Expected timeline of a CMPA formula prescription](#)
5. [Information for GP Practices: FREQUENTLY ASKED QUESTIONS \(FAQs\) – Cow's milk protein allergy \(CMPA\)](#)
6. [Information for Parents/Caregivers: FREQUENTLY ASKED QUESTIONS \(FAQs\) – Cow's milk protein allergy \(CMPA\)](#)
7. [Patient information leaflet: Cow's milk free diet for breastfeeding mums](#)

The summary of guidance and resources (item 1 above) includes links to all resources and brief explanations of each.

HWE standard extensively hydrolysed formulas are 1st line SMA Althera, 2nd line Nutramigen 1 with LGG, and 3rd line Aptamil Pepti 1 - 90% of children with CMPA tolerate an extensively hydrolysed formula (EHF).

Other relevant policies/guidance noted at the meeting

- National guidance for lipid management for primary and secondary prevention of cardiovascular disease, endorsed locally, have been uploaded. These include: [lipid management pathway](#), [statin intolerance pathway](#), [patient decision aid statin therapy](#).
- **Glucagon-Like Peptide-1 Receptor Agonist (GLP-1 RA) and dual long-acting Glucose-dependent Insulinotropic Peptide agonist (GIP) with GLP-1RA in adults with Type 2 Diabetes (T2DM)**
Update to [GLP-1RA and Dual GIP/ GLP-1RA comparison document](#) and [GLP-1RA or Dual GIP/GLP-1RA with insulin guidance document](#). Includes information on traffic light position, administration, dose titration, contraindications, cautions and side-effects. Update includes:
 - Tirzepatide (dual acting GIP/GLP-1RA) addition.
 - One pen contains 4 weeks of supply.
 - Limited information about the effect on oral contraceptives in women with obesity or who are overweight. It is advised switching to a non-oral contraceptive method or add a barrier method of contraception upon initiating tirzepatide therapy (for 4 weeks), or after each dose escalation (for 4 weeks).
 - Semaglutide (oral) recommendations amended while national shortage of GLP-1RA.
- Update to NHSE policy guidance for [Items which should not be routinely prescribed in primary care](#) as unsafe, ineffective for some or all patients, or not cost-effective. Changes minimal from previous version. Relevant prescribing support documents/tools have/will be reviewed/developed and work with local stakeholders to deprescribe where appropriate.

Treatment requiring Specialist Initiation

[Hydroxycarbamide Shared care protocol](#)

Hydroxycarbamide recommended as **AMBER PROTOCOL** for use in adults with myeloproliferative neoplasms.

Updated shared care protocol developed to align existing shared care documents and consistent with national shared care protocol template.

[Azathioprine / Mercaptopurine shared care protocol](#)

Azathioprine / mercaptopurine recommended as **AMBER PROTOCOL** for use in adults with multisystem autoimmune disease (Gastroenterology / Rheumatology / Dermatology / Haematology / Nephrology / Neurology / Ophthalmology / Respiratory).

Updated shared care protocol developed to align existing shared care documents and consistent with national shared care protocol template.

[Leflunomide shared care protocol](#)

Leflunomide recommended as **AMBER PROTOCOL** for use in adults with rheumatoid arthritis and psoriatic arthritis.

Updated shared care protocol developed to align existing shared care documents and consistent with national shared care protocol template.

[Methotrexate shared care protocol](#)

Methotrexate recommended as **AMBER PROTOCOL** for use in adults with multisystem autoimmune disease (Gastroenterology / Rheumatology / Dermatology / Respiratory).

Updated shared care protocol developed to align existing shared care documents and consistent with national shared care protocol template. Monitoring blood test for Procollagen III peptide level (P3NP or PIINP) is now the responsibility of the specialist.

[Mycophenolate shared care protocol](#)

Mycophenolate recommended as **AMBER PROTOCOL** for use in adults with multisystem autoimmune disease (Gastroenterology / Rheumatology / Dermatology / Respiratory / Haematology / Nephrology / Neurology / Ophthalmology).

Updated shared care protocol developed to align existing shared care documents and consistent with national shared care protocol template.

Ivabradine for treating heart failure and stable angina

Recommended for treating chronic heart failure and symptomatic management of stable angina as **AMBER INITIATION**; initiation by specialists in secondary and tertiary care with prescribing continued by primary care clinicians with the use of [ivabradine prescribing support document](#).

Specialist Treatment & Prescribing Guidelines

Nirmatrelvir plus ritonavir for treating COVID-19 TA878 updated

Nirmatrelvir plus ritonavir (Paxlovid) recommended for restricted use as an option for treating COVID-19 in eligible adult groups in line with NICE [TA878](#).

Eligible patients reporting a positive test should be advised to call 111 urgently for assessment for COVID-19 treatment. They will determine which treatment, if any, is suitable, and make any necessary arrangements for prescribing oral treatments for dispensing at a community pharmacy, or for a hospital referral if intravenous treatment is needed.

Information for patients available at [COVID-19 medicines \(CMDU\) - Herts and West Essex ICS](#)

Etrasimod for moderately to severely active ulcerative colitis and Updated Ulcerative Colitis Treatment Pathway in Adults

Etrasimod recommended for restricted use in line with NICE [TA956](#) and local agreements. If it is one of a range of suitable treatments, choose the least expensive.

Etrasimod is a S1P receptor modulator and this modality is already included in the pathway. Added as an alternative option at the same place in therapy alongside ozanimod.

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

[Updated treatment pathway for ulcerative colitis in adults](#) recommended for use.

Fluocinolone acetonide intravitreal implant for treating chronic diabetic macular oedema

Fluocinolone acetonide intravitreal implant recommended for restricted use in line with NICE [TA953](#) as an option for treating chronic diabetic macular oedema that has not responded well enough to available treatments in adults.

Use extended to people with phakic (natural) lens in addition to previous approval for pseudophakic (artificial) lens.

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

Ritlecitinib for treating severe alopecia areata in people 12 years & over

Ritlecitinib recommended for restricted use as an option for treating severe alopecia areata in people aged 12 and over in line with NICE [TA958](#).

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

Consultation will be undertaken with local specialists and stakeholders as needed concerning the NICE TA and treatment pathway.

Dupilumab for treating moderate to severe prurigo nodularis

Dupilumab not recommended within its marketing authorisation, for treating moderate to severe prurigo nodularis in adults when systemic treatment is suitable in line with [TA955](#).

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. 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