

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

Newsletter Number 12

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.

This newsletter contains a summary of the recommendations from the June 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 \(hweclinicalguidance.nhs.uk\)](https://hweclinicalguidance.nhs.uk)

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 are uploaded to this website.

General Treatment & Prescribing Guidelines

End of Life Care Anticipatory Prescribing Guidance

ICS wide guidance developed which supersedes Hertfordshire End of Life Care Anticipatory Prescribing Guidance v3 and West Essex Primary Care Medication Guidelines for Anticipatory Last Days of Life.

Aligning guidance across West Essex and Hertfordshire provides consistency for anticipatory prescribing at the end of life.

Expected launch of the new ICS wide guidance, alongside the new Hertfordshire End of Life Care Anticipatory Prescribing Chart v5 is October 2024. There will be an accompanying training package available for clinicians.

Note that the new guidance and chart will not be available on the HWE Prescribing Policies and Pathways website until launch in October 2024.

Type 2 diabetes (T2DM) – Treatment Algorithm

NICE recommended treatment algorithm (from NICE guidance NG28 for management of T2DM in adults) on choosing medicines for type 2 diabetes in adults adopted for use across the ICS.

Key updates on medicines to the treatment algorithm include changes related to recommendations for first-line and subsequent therapy and advocate expanded use of SGLT2 inhibitors in patients with established atherosclerotic Cardiovascular Disease (CVD) and in those with high risk of CVD (QRISK2 of $\geq 10\%$ or elevated lifetime risk).

Guidance for Self-monitoring of Blood Glucose (SMBG) in patients with Diabetes Mellitus

ICS-wide guidance developed to assist healthcare professionals to identify patients eligible for SMBG, support effective blood glucose testing and determine the appropriate quantity of test strips and lancets to prescribe based on typical testing routines.

No impact on choices which should be as per [local guidance](#) for prescribing of blood glucose & ketone meters, testing strips and lancets.

SGLT-2 inhibitors for treating chronic heart failure; update

Treatment pathway updated including revised prescribing recommendation for SGLT-2 inhibitors for use in chronic heart failure:

GREEN: initiation by primary care clinicians for non-diabetic patients and type 2 diabetic patients not on insulin. Can be initiated on the recommendation of a heart failure specialist or by primary care health professionals with a specialist interest in heart failure/who have the relevant expertise.

AMBER INITIATION: in type 2 diabetic patients on insulin; initiated by heart failure specialist or community/secondary care diabetes specialist teams or by primary care health professionals with specialist interest in diabetes/who have undertaken the relevant training.

Hypertension in adults – Treatment Guidelines

ICS-wide guidance on management of hypertension (not for pregnant women or people with type 1 diabetes) developed to support appropriate prescribing/monitoring and drug choices. Replaces legacy CCG guides and updated to reflect NICE Guideline NG136: Hypertension in adults.

Other relevant policies/guidance noted at the meeting

- [New regulations restrict the prescribing and supply of puberty-suppressing hormones to children and young people under 18](#). Temporary ban has subsequently been extended - [Puberty blockers temporary ban extended](#)
- [COPD treatment guidelines](#) - aligned and harmonised HWE COPD care and treatment guidelines developed in line with existing consistent guidelines – some supplementary WE information removed as covered extensively in linked content and no longer required.

Treatment requiring Specialist Initiation

Amiodarone prescribing status and shared care protocol

Amiodarone recommended in adults as **AMBER PROTOCOL** with ongoing prescribing and monitoring in primary care following initiation by specialist via shared care protocol, for tachyarrhythmias associated with wolff-parkinson-white syndrome, atrial flutter fibrillation / atrial fibrillation, paroxysmal tachyarrhythmias and ventricular fibrillation when other drugs cannot be used as well as for prior and post cardioversion or in specific patients who have heart failure or left ventricular impairment.

Supports appropriate, safe prescribing and monitoring; in line with NHSE 'Items which should not routinely be prescribed in primary care: policy guidance' (on basis of significant safety concerns).

Further work is being progressed specifically relating to reviewing deprescribing in existing patients in line with NHSE recommendations and will be provided in a future update.

Denosumab prescribing support document and letter template update

Denosumab recommended as **AMBER INITIATION** for primary and secondary fracture prevention in osteoporotic men and postmenopausal osteoporotic women.

Prescribing support document and transfer of care letter aligned and updated with recent MHRA advice and emphasis on not stopping treatment without an agreed plan from the specialist. These documents replace previously named Transfer of Care Guideline (Herts) or Guideline (west Essex).

Note recommendation for routine vitamin D monitoring prior to each injection. This is a change for [Hertfordshire Primary Care](#) where previously it was agreed annual vitamin D monitoring unless advised otherwise by specialist.

Hertfordshire ADHD Shared Care – addition of guanfacine in children

RAG rating of guanfacine in children in Hertfordshire changed to **AMBER PROTOCOL** from **RED** in line with previous APC agreements. Aligns RAG rating across the ICS.

Shared care protocol for ADHD medicines in Hertfordshire updated including to add guanfacine in children and also extend to cover use by specialists within East and North Hertfordshire NHS Trust.

[Liothyronine prescribing status and shared care protocol for adults](#)

Liothyronine recommended for restricted use as **AMBER PROTOCOL** for use in a selected cohort of adults with hypothyroidism.

Updated shared care protocol developed to align RAG rating across ICS and provide consistent approach to prescribing/monitoring accounting for updated guidance & background references in NHSE guidance "Items that should not routinely be prescribed". Overarching criteria for prescribing remains unchanged with the underlying principles the same.

Capsules recommended as preferred formulation due to lower costs compared to tablets.

Updates to supporting guidance to be considered at future APC.

Specialist Treatment & Prescribing Guidelines

[Rheumatoid arthritis - pathway update](#)

High-cost drugs treatment pathway updated to reflect availability of tocilizumab biosimilar in the UK.

[Remdesivir & tixagevimab plus cilgavimab for treating COVID-19 \[TA971\]](#)

Remdesivir recommended for restricted use as an option for treating COVID 19 in hospital in line with TA971. **RED** status: Not recommended for Primary Care prescribing (prescribing by Secondary / Tertiary care specialists only).

Tixagevimab plus cilgavimab is not recommended in line with TA971, within its marketing authorisation, for treating COVID 19 in adults. **DOUBLE RED** status: Not recommended for prescribing by either Community/Secondary/Tertiary or Primary care.

[Atogepant for preventing migraine \[TA973\]](#)

Atogepant recommended for restricted use as an option for preventing chronic & episodic migraine in adults in line with NICE [TA973](#). If it is one of a range of suitable treatments, choose the least expensive.

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 the local migraine treatment pathways. **AMBER INITIATION** agreed **pending** future development and approval of new migraine treatment pathways and primary care prescribing support documents with specialist and primary care.

[Psoriatic Arthritis – pathway update](#)

Amendment to the psoriatic arthritis high cost drug treatment pathway to include a reduced dose interval of 4 weekly of guselkumab which is within NICE [TA815](#) recommendations.

[Gefapixant for treating refractory or unexplained chronic cough \(terminated appraisal\) \[TA969\]](#)

DOUBLE RED: not recommended for prescribing in primary or secondary care.

[Ocriplasmin for vitreomacular traction \[TA297\] - withdrawn marketing authorisation and appraisal](#)

DOUBLE RED: not recommended for prescribing in primary or secondary 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