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 10

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.

Newsletter contains a summary of the recommendations from the February 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 are available on this website at: Prescribing, Policies and Pathways (hweclinicalguidance.nhs.uk)

General Treatment & Prescribing Guidelines

Updated HWE Adult Palliative Care Formulary

Updated formulary to include the following 6 drugs:

- **Alfentanil Injection**: **RED** status.
  Palliative Care Specialist prescribing only for severe pain in patients with stage 4 and 5 chronic kidney disease and 3rd line - where other opioids have been ineffective.
- **Ketamine Injection**: **RED** status.
  Palliative Care Specialist prescribing only for treating severe neuropathic, inflammatory or ischaemic pain, terminal uncontrolled overwhelming pain and as an analgesic in patients for whom multiple other WHO Step 3 analgesics have failed or are contraindicated.
- **Methadone Oral & Injection**: **RED** status.
  Palliative Care Specialist prescribing only for severe pain in exceptional complex patients unresponsive to other opioids.
- **Octreotide Injection**: **RED** status.
  Palliative Care Specialist prescribing only for patients with gastric secretions from GI tumours and bowel obstruction, when other treatments have failed or are contraindicated.
- **Tranexamic Acid Injection**: **RED** status.
  Palliative Care Specialist prescribing only for patients with haemorrhage (short term use). Used topically for surface bleeding, as a mouthwash (made using the injection), intravenous and subcutaneous via syringe pump.
- **Levetiracetam Injection**: **AMBER INITIATION** status.
  For initiation by palliative care specialists and continuation in primary care. Treatment of epileptic seizures and status epilepticus in palliative and end of life care for patients who are unable to take their medications orally and when IV access is not possible or not desired.

Melatonin for insomnia in adults and children with a learning disability updated implementation document; lowest cost melatonin guidance

Update to existing lowest cost melatonin options document and product choices includes:

- **Generic melatonin 2mg modified release (MR) tablets are first line choice** for all patients.
- **Circadin® brand of MR melatonin is no longer approved for use in HWE.** Existing patients on Circadin® should be switched to generic melatonin 2mg MR in primary or secondary care.
- **Liquid preparation of choice is Ceyesto®** (melatonin 1mg/ml) oral solution. Existing patients on Ascomel® should be switched to Ceyesto® in primary or secondary care. Ascomel® is no longer approved for use in HWE.

Melatonin for insomnia in ADHD/ASD implementation documents; updated prescribing support and new lowest cost melatonin guidance

Existing melatonin prescribing support documents for neurodevelopmental disorders (ASD/ADHD) merged into one document for use across the ICS and amended to refer to the lowest cost options document for product choices rather than specifying products.

New lowest cost melatonin options document for ASD/ADHD consistent with choices for adults and children with a learning disability:

- **Generic melatonin 2mg modified release (MR) tablets are first line choice** for all patients.
- **Circadin® brand of MR melatonin is no longer approved for use in HWE.** Existing patients on Circadin® should be switched to generic melatonin 2mg MR in primary or secondary care.
- **Liquid preparation of choice is Ceyesto®** (melatonin 1mg/ml) oral solution. Existing patients on Ascomel® should be switched to Ceyesto® in primary or secondary care. Ascomel® is no longer approved for use in HWE.

Daridorexant in long term insomnia - implementation resources; prescribing support and patient information

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

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

Prescribing support document includes information around sleep hygiene, resources for patients, information about daridorexant including how it should be used, specifics about the medicine and reviewing once initiated to ensure appropriate prescribing.

Patient information documents: two frequently asked questions documents cover long term insomnia (including cognitive behavioural therapy for insomnia) and daridorexant treatment. These signpost patients to sleep hygiene resources, sleep diaries, expectations around treatments for insomnia, and more specific information on daridorexant and if this is an appropriate treatment.

Biosimilar insulins - Admelog, Semglee and Trurapi

Recommended for use as first-choice options for new adult patients where the reference insulin (Humalog (insulin lispro), Lantus (insulin glargine) or NovoRapid (insulin aspart)) is indicated.

For existing adult patients stabilised on a particular brand of insulin, switching to a lower cost biosimilar may be considered by specialist-led services / insulin initiating practices following a discussion with the patient.

Biosimilar insulins approved in the UK have been demonstrated to be equivalent to reference insulins. NICE guidance on management of diabetes in adults recommends using the product with the lowest acquisition cost when starting an insulin for which a biosimilar is available.

Prescribing is by brand only.

An implementation plan is included and has been developed to support safe implementation of the biosimilar insulins. This includes actions required by organisations/clinicians involved in prescribing, supply and administration of insulins.

AMBER INITIATION: Initiation by specialists in community, secondary or tertiary care and continuation in primary care. Initiation can be undertaken by insulin initiating practices in primary care

Additional guidelines updated / uploaded to the website

Nutrition & Hydration guidance

- Patient /carer information: Homemade supplements, updated with changes to ingredients list & cost
- Fortifying food in care homes, updated with instructions on making fortified milk
- Care home malnutrition pathway, updated due to changes in contact details & referral form access

Green RAG rating Update

Additional information/wording (adapted from GMC guidance) developed for Green status RAG rating to provide further supportive clarification for prescribers when they may not consider they have the current clinical knowledge and skills to initiate a medicine (particularly for new medicines/new indication for existing medicine):

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.

Updates included in: **APC Terms Of Reference and Traffic Light Classification / RAG rating**

Treatment requiring Specialist Initiation

Sulfasalazine shared care protocol

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

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

Empaglifozin for treating chronic kidney disease (CKD); CKD treatment pathway

Empagliflozin recommended for restricted use in line with NICE TA942 as an option for treating CKD in adults. CKD treatment pathway for adults updated – empagliflozin added in line with TA942 as an option alongside dapagliflozin.

GREEN status: **CKD with T2DM (not on insulin):** recommended for prescribing and treatment considered suitable for initiation in Primary, Community, Secondary or Tertiary care and continuation in Primary Care in line with the updated recommended adult treatment pathway.

AMBER INITIATION status: **CKD with T2DM (on insulin):** for initiation by specialist & continuation in primary care in line with the updated adult treatment pathway. Primary care health professionals with specialist diabetes interests or who have undertaken the relevant training may initiate.

GREEN status**: Non-diabetic CKD patients with proteinuria:** recommended for initiation in Primary care, except those cases mentioned below under amber initiation in line with the updated adult treatment pathway.

AMBER INITIATION status: **Non-diabetic CKD patients with proteinuria -** Nephrology specialists to initiate in patients who fall into the following categories (as there is no data from large randomised controlled trials for these cohorts) – Primary care to continue after specialist initiation:

- kidney transplant recipients,
- polycystic kidney disease,
- lupus nephritis,
- ANCA associated vasculitis and
- patients receiving immunological therapy for kidney disease in the previous 6 months.

Specialist Treatment & Prescribing Guidelines

Ulcerative Colitis (UC) Treatment Pathway update

Treatment pathway for moderately to severely active UC in adults updated to incorporate mirikizumab as a treatment option alongside other treatment modalities and the pathway extended to 6 treatment modalities/7 sequential drug treatments.

If more than 1 treatment is suitable, the least expensive should be chosen (taking into account administration costs, dosage and price per dose).

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

The updated pathway will be published shortly here.

Biologic and Biosimilar Medicines – Information for Patients

Patient information leaflet for use by specialists providing general information on biologics and biosimilars including switching. The leaflet provides key information to patients and supports obtaining agreement with patients for use of and switching to biosimilars when treatment is initiated.

Targeted-release budesonide for treating primary IgA nephropathy

Targeted-release budesonide is recommended in line with NICE TA937 as an option for treating primary immunoglobulin A nephropathy (IgAN) when there is a risk of rapid disease progression in adults with a urine protein-to-creatinine ratio of 1.5 g/g or more. It is recommended only if it is an add-on to optimised standard care including the highest tolerated licensed dose of angiotensin-converting enzyme (ACE) inhibitors or angiotensin-receptor blockers (ARBs), unless these are contraindicated, and the company provides it according to the commercial arrangement.

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

Dupilumab for treating eosinophilic oesophagitis in people 12 years and over (terminated appraisal NICE TA938)

Dupilumab not recommended for treating eosinophilic oesophagitis in line with local agreements for terminated appraisals.

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