Oxfordshire Area Prescribing Committee (APCO)
Bullet Points
14th January 2020

Prescribing Points and the Traffic light system are available on the OCCG website. The OCCG Formulary is available online. - link below. This document summarises the discussions and decisions taken at APCO in January 2020.

Local Guidance: OCCG Formulary

The classifications are:

- Red – Specialist Prescribing Only
- Amber Continuation - Medicines which should be initiated or recommended by a specialist for continuation in primary care. The specialist must notify the GP that the prescribing responsibility has been transferred.
- Amber Shared Care Protocol - Medicines which are appropriate to be initiated and stabilised by a specialist, once stabilised the medicine may be appropriate for responsibility to be transferred from secondary to primary care with the agreement of a GP and a formal 'shared care' agreement. The shared care protocol must be approved by the Area Prescribing Committee Oxfordshire (APCO).
- Green - Medicines which are suitable for initiation and ongoing prescribing within primary care.
- Brown – Prescribe only in restricted circumstances
- Black – Not recommended for use in primary or secondary care
- Holding List – Pending APCO / Priorities Forum decision

Drug	Traffic Light Classification	Rationale
Cerliponase alfa for treating neuronal ceroid lipofuscinosis type 2	Red	In line with HST12. NHSE commissioned.
Rucaparib for maintenance treatment of relapsed platinum-sensitive ovarian, fallopian tube or peritoneal cancer	Red	In line with TA611. NHSE commissioned.
Neratinib for extended adjuvant treatment of hormone receptor-positive, HER2-positive early stage breast cancer after adjuvant trastuzumab	Red	In line with TA612. NHSE commissioned.
Pentosan polysulfate sodium for treating bladder pain syndrome	Red	In line with TA610.
Fluocinolone acetonide intravitreal implant for treating chronic diabetic macular oedema in phakic eyes after an inadequate response to previous therapy	Black	In line with TA613.
Ramucirumab for treating unresectable hepatocellular carcinoma after sorafenib (terminated appraisal)	Black	In line with TA609.
Ibrutinib with rituximab for treating Waldenstrom's macroglobulinaemia (terminated appraisal)	Black	In line with TA608.

Rivaroxaban for preventing atherothrombotic events in people with coronary or peripheral artery disease	Red	In line with NICE TA607. Until discussed at MMTC.
Vitamin B Compound Strong	Brown	In line with RMOC as follows; 'The exceptions in the NHS England guidance that allow vitamins to be prescribed include medically diagnosed deficiency, including for those patients who may have a lifelong or chronic condition or have undergone surgery that results in malabsorption; and malnutrition including alcoholism. Maintenance or preventative treatment is not considered an exception. Do not initiate vitamin B compound or vitamin B compound strong tablets for any of the following indications: o Prevention of WE in alcoholism o Dietary supplementation o Prevention of deficiency o Maintenance treatment following treatment of deficiency.'
Vitamin B Complex	Black	In line with RMOC. Update Detox MILs.
Vitamin B Compound	Black	In line with RMOC. Update Detox MILs.
Lacosamide	Amber Continuation	Change in formulary status of three anti-epileptic drugs from shared care to amber continuation. SCPs are all out of date, most of the other antiepileptic's are amber continuation so would like to bring these three in line. Monitoring requirements are as per the SPC. Patient would remain under specialist.
Zonisamide	Amber Continuation	As above
Perampanel	Amber Continuation	As above
Nutramigen 3 with LGG	Black	Concerned this would send the wrong message as do not want to encourage prescribing over 12 months, in most cases should be trying to wean off at this point.
Sodium aurothiomalate (Myocrisin)	Non-formulary	Product has been discontinued. Any patients should be referred back into the to the rheumatology team for a review and discussion about alternatives. SCP to be removed.
Anakinra (Stills Disease)	Red	NHS E commissioned. Specialist only
Tocilizumab (Still's disease)	Red	NHS E commissioned. Specialist only
Ivacaftor + Lumacaftor (Cystic Fibrosis) Adults	Red	NHS E commissioned. Specialist only

Ivacaftor + Tezacaftor (Cystic Fibrosis) Adults and children	Red	NHS E commissioned. Specialist only
Proprems (in neonates)	Red	Specialist use only on neonate ward
Botulinum Toxin		Audit showed a small number of patients with reasonable outcomes. Keep current indications minus strabismus and anismus.
Neocate Syneo	Black	No further evidence to submit. SB to link with Bucks/Berks regarding further review.

Shared Care Protocols

a) Clozapine Shared Care Protocol

The updated protocol now makes it clearer that patients wouldn't be discharged, would remain under specialist. It was questioned how many patients are under shared care for clozapine, but it was clarified there are several. It was noted that the statement 'If a patient stops for more than 48 hours need re-titration', needs to be made clearer that wouldn't expect GP to do this, this would be the specialist. It was requested that the responsibilities go at the front of the document.

Approved subject to changes agreed above.

b) Warfarin Shared Care Protocol

This is an updated Shared Care Protocol which provides clarification over the responsibilities of each party. It was questioned if the interactions should be replaced with a link to SPC or just give a few examples as EMIS flags interactions. However, it was felt it should be kept for completeness but link to SPC should also be added. It was confirmed that there are no clinical changes to the protocol.

Approved

Guidelines

a) Glaucoma and Ocular Hypertension Guidelines

An update to the Glaucoma and Ocular Hypertension Guidelines was presented to the committee. The guidelines have been updated to include Fixapost as per previous APCO formulary decision Sept 2019. Fixapost replaced Duotrav and Taptiqom for new patients, but stable are to remain on DuoTrav and Taptiqom.

Timoptol Preservative free eye drops which are part of the current guideline were discontinued in March 2018. Our formulary states Tiopex® can be used instead, this has now been included in the updated guideline.
It also now states 'if available generic products should be prescribed for cost-effectiveness.' As more and more generics are becoming available. There are a few minor amendments required before publishing just to make clear where generics are available, so we will remove some of the brand names.

It was clarified there would be no cost impact. Exclusion for asthmatics and beta blockers is clear. Preservative free products are included but are cost effective options.

Approved

b) Prescriber Decision Support for DOACs for Stroke Prevention in Atrial Fibrillation

The updated Prescriber Decision Support for DOACs document was presented to the committee. The document has been clarified and updated in line with hospital recommendations. Added in TTR information, created a summary table and added info on patient information booklets. Under Ongoing Monitoring the renal function advice doesn't appear in the BNF – it was clarified that this comes from an international guideline and CKS. This needs to be made clearer and needs to be emphasised. Add an article in Prescribing Points potentially add note to formulary to increase awareness. MP and VP noted that is specific to patient and need to think about practicalities. EMIS should be able to pick this issue up, but management behind it needs to be more robust.

Approved – subject to amendments above

c) DOACs for Treatment and Secondary Prevention of DVT and PE in Primary Care

The updated DOACs for Treatment and Secondary Prevention of DVT and PE in Primary Care guideline was presented to the committee. There is now a DVT clinic at the Horton so added in details for referrals. Also added in dalteparin dosages. Noted that using LMWH remains the standard of care in cancer pts although there are advantages of using oral medications. DOACs in this setting should only be prescribed with consultation from haematology. The information on management of patients with antiphospholipid syndrome (APS) and the use of DOACs in thromboembolism has been added in. An issue was raised with GPs having to book patient transport before 3pm the day prior to the appointment – to look in to the logistics and make guideline clearer about what is expected here.

Approved – subject to amendments above

Chair's Actions

1) Minor changes to Food First PIL - bullet points at beginning of page 1 simplified; eggs added into paragraph – Keep Meals Simple (pg2)
2) Minor changes to Prescribing of Oral Nutrition Supplements for residents in care and nursing homes PIL
- first paragraph, types of feeding tube added (since PIL first issued, more types of tube being fitted to patients);
- second paragraph 'This is using the Food First Approach' added to re-emphasise food being used as first line treatment for undernutrition rather than turning to sip feeds first line;
- fourth paragraph hyperlink added to 'Care Home Support Service leaflet' with contact details, to increase awareness of the service which can offer support to residents and staff in Care and Nursing Homes with undernutrition.
3) When the hydroxycarbamide SCPs were updated in 2018, some additional information on investigations and management of polycythaemia and thrombocytosis was originally included in the update but APCO suggested this would be better as separate guidance as not required in the shared care protocols. This has now been produced by the haematology team and is available on their website here:
• http://nssg.oxford-haematology.org.uk/myeloid/guidelines/ML-77-polycythaemia-investigation-and-management.pdf
• http://nssg.oxford-haematology.org.uk/myeloid/guidelines/ML-76-thrombocytosis-investigation-and-management.pdf

These links will be added to the shared care protocols