

**Oxfordshire Area Prescribing Committee (APCO)
Bullet Points
14th July 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 July 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
Avatrombopag	Red	In line with TA626 Avatrombopag for treating thrombocytopenia in people with chronic liver disease needing a planned invasive procedure. CCG commissioned.
Fremanezumab	Red	In line with TA631 Fremanezumab for preventing migraine. CCG commissioned.
Ustekinumab	Red	In line with TA633 Ustekinumab for treating moderately to severely active ulcerative colitis. CCG commissioned.
Lenalidomide with rituximab	Red	In line with TA627 Lenalidomide with rituximab for previously treated follicular lymphoma. NHSE commissioned.
Lorlatinib	Red	In line with TA628 Lorlatinib for previously treated ALK-positive advanced small-cell lung cancer. NHSE commissioned.
Obinutuzumab with bendamustine	Red	In line with TA629 Obinutuzumab with bendamustine for treating follicular lymphoma after rituximab. NHSE commissioned.

Larotrectinib	Red	In line with TA630 Larotrectinib for treating NTRK fusion-positive solid tumours. NHSE commissioned.
Trastuzumab emtansine	Red	In line with TA632 Trastuzumab emtansine for adjuvant treatment of HER2-positive early breast cancer. NHSE commissioned.
Recombinant human parathyroid hormone	Black	In line with TA 625 Recombinant human parathyroid hormone for treating hypoparathyroidism (terminated appraisal)
Ulipristil acetate	Black	In line with Ulipristil acetate (Esmya) as per MHRA advice in NG88 Heavy menstrual bleeding: assessment and management
Mefenamic Acid	Green	add a warning regarding seizures in overdose to formulary entry
Oral Nutrition Formulary Update	Various, as per document approved	<ul style="list-style-type: none"> • 73 are no longer on the Drug Tariff that could be removed • 10 products where the name has been changed but there have been no changes to the product • 19 products where there has been a name change and a change to the product composition • 2 some products that are listed twice • 1 one product where an adjustment to the wording needs doing to reflect local policy
Elecare	Amb C	In line with Infant formulary guidelines (to be updated to include). Particularly suitable for infants with Cystic Fibrosis. A low osmolality is helpful in 'gutty' babies and babies with short bowel
Rivaroxoban for PAD	Amb C	In combination with aspirin, in line with NICE TA607 Rivaroxaban for preventing atherothrombotic events in people with coronary or peripheral artery disease Subject to definition of pathway with specialists
Probiotics	Black	Reference to policy 125b Therapeutic Use of Probiotics in adults and children can be removed and products black listed now no-longer included in ACBS list

Danazol	Non-formulary	Non-formulary - Danazol 100mg and 200mg capsules have been discontinued in the UK (May 2020). All remaining patients will be referred back to OUH for an alternative. To review if another danazol product can be sourced
Dexamethasone for Covid-19 treatment	Red	Red for Covid-19 treatment – following the publication of the results of the dexamethasone arm of the Recovery trial, dexamethasone has been included on the OH formulary for treatment of patients with Covid-19 in hospital only in line with the guidance in the published CMO letter

Miscellaneous

a) COVID-19 Decisions

Since March had a number of 'Covid APCO' meetings to agree urgent guidance for Covid response plus email approval of other urgent items. TOR (circulated) adjusted to take this into account and we are still working in this way to some extent but hopefully now meetings have resumed as normal albeit virtually. All decisions made during this time would be for 6 months and then revisited so will need to add decisions made to agenda for future meetings later in the year.

Full Committee were copied into decisions made and only outstanding items on agenda today. Repurposing medicines and ranitidine switch protocol - otherwise all agreed and amended in line with comments and guidance/decision circulated.

b) Freestyle Libre

Our commissioning policy on Flash Glucose System was updated in line with NHSE criteria in April 2019. APCO made a local amendment adding 2 additional criteria to allow use to avoid the need for pump therapy and for those with frequent admissions with either DKA or hypoglycaemia

Data from the Freestyle Libre Allocation Committee was presented. Since the start, they have discussed 854 pts, 712 approved were approved for Libre, 101 declined as did not meet criteria, 24 exceptional cases have been approved. The most common indication is testing more than 8 times a day.

It was questioned if testing more than 8 times is in the policy, it was confirmed it was. Also questioned self-funding; it was confirmed that this is for patients who would have met the criteria had the not started self-funding.

APCO asked how the reviews at 6 months are going. It was confirmed all patients are reviewed, about 30 patients have had FL removed due to not meeting targets or moving on to other technologies. It was noted it would be useful to share the data on this.

It was requested that OCDEM update CCG every 3 months and CCG will report back to APCO every 6 months.

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c) MicroGuide Update

Now launched on the digital platform, app and web viewer is now live (launched 15th June). The PDF will be kept for a while, although prescribers encouraged to use the app to ensure most up to date guidance is accessed.

MicroGuide has been added as a standing agenda item to provide updates on any changes to the guidelines.

Pneumonia guidance changed in line with NICE rapid COVID-19 review.

OH are encouraging OOH GPs to move straight to app for update purposes.

Guidelines

a) Ranitidine Switch Protocol

There is likely to be a long term stock problem with all formulations of ranitidine. Further updated information issued in June suggested that at present, in Europe all suppliers of ranitidine's active ingredient have had their Certificate of Suitability (CEP) suspended. Therefore, until regulatory investigations are complete, no further supplies of ranitidine products can be manufactured.

The protocol highlights the need to review whether ranitidine (or any acid suppression still required) and what alternative to consider (note the protocol was put together prior to all strengths being unavailable so will need to remove option of using alternative strength). Switch to PPI is best option (in line with guidance already issued) or use alternative H2 if this is unsuitable but bear in mind may be stock issues (issues with a number of products currently).

OUH is still recommending H2 antagonists. OUH were initially able to get famotidine quite easily, cimetidine also still available and have been told that famotidine would be available mid-late July. OUH need to be careful not to recommend a switch due to eGFR going off a little bit or with antibiotic, or slightly low sodium. OUH could have a think about guidance and link in with this guidance. Guidance to be updated and OUH to be involved

To be emailed to members for approval following changes made

b) Medicines Reuse Scheme

APCO saw the documents in May, but wasn't approved. The document has now been reworked and been clarified. The main purpose of producing this is in case there is a second peak, publishing it now would give Care Homes time to understand it. Need to educate care homes and clinicians in case we do need to start using this, perhaps through a webinar.

APCO raised concerns over stockpiling meds. MOCH team in regular contact with care homes and don't have concerns on this, care homes unlikely to stock pile.

It was asked if it was possible to pilot whilst it is quieter? As we don't have jurisdiction over care homes this is not possible, so can only encourage them to use.

It was asked how this guidance would be shared – it was suggested either on MOCH section of CCG website and on OH website. It was suggested it could go on the COVID section on ClinOx. To discuss where the guidance should be hosted outside meeting.

Approved

c) Patient Information Leaflets to support the 'off-label' use of medicines in End of Life Care

These leaflets are part of the EoL workstream, mainly for use around COVID-19 but could be used at any time. The purpose is to support medicines being used outside their license. Patients will not have this info in the normal PIL, so it is to clarify for patients to avoid confusion when they receive their medication. The medicines chosen are in line with the alternative route guidance.

It was suggested that GPs don't usually discuss the use off license for EoL drugs as listed in BNF. It was noted that we don't tend to explain this to patients, although we should still discuss this with patients and document when using any off license medication. Community pharmacists won't necessarily know or have the information on some of these alternative routes e.g. morphine rectally.

It was suggested that the PILs should be addressed for patients/carers rather than just patient. APCO questioned wording 'please be reassured this is safe' not sure it is appropriate to use the word safe as there are risks with medicines. How is this going to be given out? By GPs or community pharmacists? MST document is blank.

It was noted it wouldn't be appropriate for community pharmacy or freely available. Needs to be used in context with conversation. Agreed this needs to be part of a pack/pathway and to link with OCCG clinical leads.

Approved subject to actions mentioned

d) Rationale for back-up insulin prescription for people on Continuous Insulin Pump therapy

The aim is to provide primary care with a summary of why people on pumps might need back-up insulin. People with pumps will have been advised how to use the back-up insulin by the specialist team, but this is a reference for surgeries in case they are asked for advice. Similar information is already available on the Trust website. This is standard practice and so shouldn't have any cost implication for primary care.

Approved

Chair's Actions

OHFT Melatonin product change

Oxford Health will now be using Melatonin Pharma Nord instead of bio-melatonin. Prescribing will continue to remain under the care of OHFT and prescribed via hospital FP10s. See below for more information. Community pharmacies have been made aware

<http://www.oxfordhealthformulary.nhs.uk/docs/Pharma%20Nord%20Melatonin%20-%20information%20for%20prescribers%20April%202020.pdf>

Phenelzine supply issues

Medicines Optimisation Team

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The following information has been added to the formulary:

The sole UK manufacturer of phenelzine has been out of stock since mid-2019 and now have no date for a return of supply. Phenelzine 15mg capsules, an unlicensed specials product, is now available in the UK. See OH medicines shortage bulletin here for more information.

http://www.oxfordhealthformulary.nhs.uk/docs/Phenelzine%20supply%20issue%20update%20FINAL%20June%202020_1.pdf