

**Oxfordshire Area Prescribing Committee (APCO)
Bullet Points
9th March 2021**

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 March 2021.

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	Rationale
Fondaparinux	Green	For superficial thrombophlebitis in line with STP Guidelines
Dalteparin	Brown	For superficial thrombophlebitis in line with STP Guidelines
Rivaroxaban	Brown	For superficial thrombophlebitis in line with STP Guidelines
Mepolizumab	Red	In line with NICE TA671 Mepolizumab for treating severe eosinophilic asthma. NHSE commissioned.
Brolucizumab	Red	In line with NICE TA672 Brolucizumab for treating wet age-related macular degeneration
Filgotinib	Red	In line with NICE TA676 Filgotinib for treating moderate to severe rheumatoid arthritis
Baricitinib	Red	In line with NICE TA681 Baricitinib for treating moderate to severe atopic dermatitis
Metreleptin	Red	In line with HST14 Metreleptin for treating lipodystrophy. NHSE Commissioned.
Trabectedin	Red	In line with NICE TA185 Trabectedin for the treatment of advanced soft tissue sarcoma. NHSE Commissioned

Atezolizumab	Red	In line with NICE TA666 Atezolizumab with bevacizumab for treating advanced or unresectable hepatocellular carcinoma. NHSE Commissioned.
Caplacizumab	Red	In line with NICE TA667 Caplacizumab with plasma exchange and immunosuppression for treating acute acquired thrombotic thrombocytopenic purpura. NHSE Commissioned.
Encorafenib	Red	In line with NICE TA668 Encorafenib plus cetuximab for previously treated BRAF V600E mutation-positive metastatic colorectal cancer. NHSE Commissioned.
Brigatinib	Red	In line with NICE TA670 Brigatinib for ALK-positive advanced non-small-cell lung cancer that has not been previously treated with an ALK inhibitor. NHSE commissioned.
Niraparib	Red	In line with NICE TA673 Niraparib for maintenance treatment of advanced ovarian, fallopian tube and peritoneal cancer after response to first-line platinum-based chemotherapy. NHSE commissioned.
Autologous anti-CD19-transduced CD3+ cells	Red	In line with NICE TA677 Autologous anti-CD19-transduced CD3+ cells for treating relapsed or refractory mantle cell lymphoma. NHSE commissioned.
Lenalidomide	Red	In line with NICE TA680 Lenalidomide maintenance treatment after an autologous stem cell transplant for newly diagnosed multiple myeloma. NHSE commissioned.
Dapagliflozin	Amber C	In line with NICE TA679 Dapagliflozin for treating chronic heart failure with reduced ejection fraction.
Trifluridine–tipiracil	Black	In line with NICE TA669 Trifluridine–tipiracil for treating metastatic gastric cancer or gastro-oesophageal junction adenocarcinoma after 2 or more therapies.
Pembrolizumab	Black	In line with TA674 Pembrolizumab for untreated PD-L1-positive, locally advanced or metastatic urothelial cancer when cisplatin is unsuitable (terminated appraisal)
Vernakalant	Black	In line with TA675 Vernakalant for the rapid conversion of recent onset atrial fibrillation to sinus rhythm (terminated appraisal)
Omalizumab	Black	In line with NICETA678 Omalizumab for treating chronic rhinosinusitis with nasal polyps (terminated appraisal)
Vitamin D	Black	for use to prevent or treat COVID-19.

Action Reliever Knee Brace	Black	until more published peer reviewed evidence available
Lenzetto	Black	until more information regarding evidence
Moxifloxacin eye drops	Amb C	For bacterial conjunctivitis and bacterial keratitis
Paroxetine	Brown	This is included in the current depression guidance, but only for those who are breastfeeding. However, this can be continued in those already being prescribed it or in exceptional circumstances (i.e. where there is a known previous good response in the past).
Flupentixol (Fluanxol – antidepressant)	Brown	This is not included in the current depression guidance, but can be continued in those already prescribed it, or in exceptional circumstances (ie where there is a known previous good response in the past).
Fluvoxamine	Brown	This is not included in the current depression guidance, but can be continued in those already prescribed it, or in exceptional circumstances (ie where there is a known previous good response in the past).
Duavive	discontinued	This has been discontinued but is on the current HRT guidance. This has been noted on the formulary entry but the guidance has not been updated. This is because the HRT formulary/guidance will be reviewed soon by the menopause service.
Tube feeds and Sip feeds	As per spreadsheet	These were originally Black listed for Care Home residents which fits with the CPS for Sip Feeds. However, some Care Home residents are tube fed (which can be either a tube feed formula or sip feeds via the tube). It makes sense therefore to reclassify the tube feeds as AMB C and the sip feeds as Black for CH residents unless the sip feed is delivered via an enteral tube when a Brown classification would be appropriate. There are some product name changes and some products have been discontinued which need to be adjusted on the OCCG formulary.
Levetiracetam	Clarity on wording; status unchanged	Formulary currently states 'suitable for continuation in primary care following specialist initiation or recommendation'. Specialists confirmed that levetiracetam should change to 'following specialist recommendation'.
Plenvu	Red	Secondary care use only for bowel preparation for colonoscopies.
Isatuximab	Red	TA658 (Multiple myeloma)
Amisulpride	Amb C	Suitable for continuation in primary care following specialist initiation in line with Treatment of psychosis <u>and schizophrenia algorithm</u> and monitoring guidelines .

Aminophylline	Included details of MHRA-CAS alert	Phyllocontin® (aminophylline) Continus 225mg and Phyllocontin® Forte Continus 350mg modified-release tablets are being discontinued in the UK. Remaining supplies of the 225mg strength are expected to be exhausted by 2nd March 2021 and the 350mg strength are expected to be exhausted by 5th April 2021. Please see the alert here for advice on switching and monitoring.
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Miscellaneous

Chronic Oedema Pathway

Previously brought to last APCO meeting. Amended to include adjustable wrap products and antibiotic guidance is now linked to SCAN guidance.

Approved

Superficial Thrombophlebitis in Adults

This guidance was previously brought to APCO in January when it was felt that further clarity was needed. Previously been to MMTC and approved. The 'refer back to GP' box has been amended to have greater clarity and greater clarity around when to refer in flow chart. Detail added to state responsibility of GP to provide training and sharps bin. Previously APCO had asked for the choice of NSAID to be confirmed but this has been left for the GP to decide.

Proposed that fondaparinux's formulary status is changed to green in line with the STP guideline whilst remaining red for all other indications.

Dalteparin is green on the formulary for use in line with STP guideline and this is proposed to be changed to brown. It should be made clear on the formulary that it would be an unlicensed use. Rivaroxaban is currently brown on the formulary and it is proposed that this remains brown on the formulary in line with the STP guideline, but again making it clear that this would be an unlicensed use.

The DVT/dalteparin guidelines will be updated to remove existing STP guidance as per previous submission to APCO.

Approved

STOIC Study of Budesonide

The question was raised as to whether APCO should review and provide guidance for use of Inhaled budesonide in the treatment of early COVID-19 based on the STOIC study. However, the message is to wait for national guidance, which will likely be after the Principle trial which has larger patient numbers. There are also considerations around prescribing pathways and supply resilience for inhalers to be considered nationally and locally as well.

Microguide

Version 3.4 (January 2021)

- Major changes to Acute Cough page update with respect to COVID-19 and treatment options
- Major changes in Impetigo page, more treatment options for various severities
- Change to IV/IM antimicrobial therapy in the community - removal of drug recommendation
- Influenza header page added in paediatric section, this just links to adult influenza page anyway
- Major updates throughout to advice, treatment options etc. in Acute Otitis Media page (apologies this has taken a while to iron on finer details)

Version 3.5 (February 2021)

- Major updates to animal, human and insect bites pages (i.e. all 3 pages)
- Minor updates to Mucosal ulceration and inflammation
- Minor update to Meningitis page in line with national PGD, including treatment for babies under one month

RMOC (Regional Medicines Optimisation Committee)

None

Shared Care Protocols (SCP)

None

Guidelines

Denosumab

In August 2020, the MHRA issued a drug safety update regarding increased risk of multiple vertebral fractures after stopping or delaying ongoing treatment. It is proposed to remove the section titled 'Risk of vertebral fractures following discontinuation' from the current guidance and include details of the MHRA warning instead. This has been included at the start of the document in a red box to draw the prescribers attention to it, to ensure it does not get missed. It is felt this should be at the start of the document as the warning contains "evaluate a patient's individual factors for benefits and risks before initiating treatment with denosumab, particularly in patients at increased risk of vertebral fractures for example those with previous vertebral fracture" and therefore prescribers should be aware of this before they start prescribing.

A link to the MHRA warning has been added to the formulary but APCO may wish to consider if details of this warning should be made more prominent under the brown formulary entry. Discussion around this and as a drug safety update rather than a drug alert from MHRA, agreed not needed as not done routinely for other drug safety updates.

Discussion around long standing issue of discontinuation of denosumab for patients already taking it. TVPC is due to look at it in July and NICE guidance is due in May.

Approved

Infant Feeding Guideline

Medicines Optimisation Team
APCO Bullet Points March 2021
Recommendations ratified at OCCG Clinical Ratification Group (April 2021)

This is an update to the Oxfordshire Guidelines on Prescribing Specialist Infant Formulas in Primary Care 2017. There have been several changes to National guidelines and this new version is to bring the Oxfordshire Guidelines in line with these. It is based on Berkshire Infant Feeding Guidelines and the Appropriate Prescribing of Infant Formulae 2019 (with permission). This is to ensure we are working closely with our colleagues across the BOB ICS.

- The guideline includes flowcharts which should be easier to follow than text for people working with parents in a clinic situation.
- By the inclusion of sections on 'Managing the unsettled baby', 'Infantile Colic', 'Secondary Lactose Intolerance', it is anticipated that fewer infants will be misdiagnosed with Cow's Milk Protein Allergy (CMPA) and prescribed inappropriate infant formulas.
- Home Milk Challenge of cow's milk products to confirm a diagnosis of CMPA is clearly indicated in the Flowchart for managing Cow's Milk protein Allergy. This should prevent infants staying on the formula when there is no clear diagnosis of CMPA.
- The guidelines indicate where an OTC Infant Formula should be purchased by the parents/carers and the rationale for this. This will prevent spend on formulas that should be purchased OTC. This is reinforced by the CPS250b Specialist Infant Formulas.
- Suggested quantities of infant formula to prescribe have been changed to fit in with new guidance published in March 2020 by The First Steps Nutrition Trust 'Infant milks: A simple guide to infant formula, follow on formula and other infant milks'. OCCG previous guidelines split infants in to 3 groups (0-6 months, 6-12 months and over 12 months). The new guidelines have 8 age groups to take in to account the changing needs of the growing infant. Using these specific recommendations for the age bands will reduce over prescribing of infant formulas and reduce unnecessary weight gain which could predispose infants to overweight and obesity in childhood.
- Contains links to patient information leaflets that can be printed off.

Approved

Over The Counter Policy

This is an Oxfordshire only policy and is now due for review. The only suggested change was reference to the NHSE guidance on OTC medication.

Gluten Free Policy

This CPS has been reviewed to ensure it is in line with up-to-date guidance. Updated links and removed contact details for Horton hospital.

Specialist Infant Formula Policy

This has been updated to make it in line with the updated Oxfordshire Infant Feeding Guidelines and the Appropriate Prescribing of Infant Formula in Primary Care – also submitted to APCO March 2021. There are a couple of typos will be corrected before publishing.

All policies to be published on main website and ClinOx following ratification by CRG.

Chair's Actions

Documents approved via Chairs Actions:

- Update to OH 'Coronavirus (COVID-19) and Clozapine' guidance: Version 4 has been updated to contain a link to the updated OCCG clozapine pathway document. Also has a minor amendment to the recommendations for patients on clozapine with mild COVID symptoms. The guidance has changed from suggesting that they stop their clozapine, to

Medicines Optimisation Team

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recommending that they continue whilst awaiting the FBC and once it is available, acting accordingly. This has been added to the OH formulary and ClinOx.

- 'Free supply of vitamin D for care home residents' has been circulated and uploaded to the CCG website.

All other Chairs Actions are as per formulary classifications.