Oxfordshire Area Prescribing Committee (APCO)
Bullet Points
9th Nov 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 Nov 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
Vancomycin	Green	For C.Diff in line with SCAN Guidelines
Fidaxomicin	Green	For C.Diff in line with SCAN Guidelines
Bimekizumab	Red	In line with TA723 Bimekizumab for treating moderate to severe plaque psoriasis
Abemaciclib with fulvestrant	Red	In line with TA725 Abemaciclib with fulvestrant for treating hormone receptor-positive, HER2-negative advanced breast cancer after endocrine therapy . NHSE commissioned.
Atezolizumab	Red	In line with TA739 Atezolizumab for untreated PD-L1-positive advanced urothelial cancer when cisplatin is unsuitable. NHSE commissioned.
Berotralstat	Red	In line with TA738 Berotralstat for preventing recurrent attacks of hereditary angioedema. NHSE commissioned.
Pembrolizumab with platinum- and fluoropyrimidine	Red	In line with TA737 Pembrolizumab with platinum- and fluoropyrimidine-based chemotherapy for untreated advanced oesophageal and gastro-oesophageal junction cancer. NHSE commissioned.
Nivolumab	Red	In line TA736 Nivolumab for treating recurrent or metastatic squamous cell carcinoma of the head and neck after platinum-based chemotherapy. NHSE commissioned.

Tofacitinib	Red	In line TA735 Tofacitinib for treating juvenile idiopathic arthritis. NHSE commissioned.
Secukinumab	Red	In line with TA734 Secukinumab for treating moderate to severe plaque psoriasis in children and young people. NHSE commissioned.
Sapropterin	Red	In line with TA729 Sapropterin for treating hyperphenylalaninaemia in phenylketonuria. NHSE commissioned.
Midostaurin	Red	In line with TA728 Midostaurin for treating advanced systemic mastocytosis. NHSE commissioned.
Nivolumab with ipilimumab	Black	TA724 Nivolumab with ipilimumab and chemotherapy for untreated metastatic non-small-cell lung cancer
Baloxavir marboxil	Black	TA732 Baloxavir marboxil for treating acute uncomplicated influenza (terminated appraisal)
Vericiguat	Black	TA731 Vericiguat for treating chronic heart failure with reduced ejection fraction (terminated appraisal)
Avapritinib	Black	TA730 Avapritinib for treating unresectable or metastatic gastrointestinal stromal tumours (terminated appraisal)
Isatuximab	Black	TA727 Isatuximab with carfilzomib and dexamethasone for treating relapsed or refractory multiple myeloma (terminated appraisal)
Daratumumab	Black	TA726 Daratumumab with pomalidomide and dexamethasone for treating relapsed or refractory multiple myeloma (terminated appraisal)
Aymes Shake Compact	Brown	
Altrapen Energy	Brown	
Sirolimus	Red	Autoimmune Heamolytic Anaemia (AIHA) in paediatric patients
Probenecid + Cefazolin	Red	soft tissue infection in in-patients or ambulatory care patients
Cefazolin	Red	first line surgical prophylaxis for both no penicillin allergy and mild pen allergy.
Vedolizumab	Red	vedolizumab for Ulcerative Colitis and Crohn's Disease in post-pubertal patients <18 years in line with NICE TA 342. NHSE commissioned
Triamcinolone	Red	Intra-operative subconjunctival triamcinolone to prevent post-operative macular Odema.
Melatonin 1mg/1ml (Kidmel or Martindale's unlicensed special)	Amber SCP	Formulary status said Amber Continuation in error. Now corrected to Amber SCP. Wording has not changed.
Progesterone (cyclogest 400mg)	Red	Preventing recurrent miscarriage
Slenyto	Non-Formulary	Wording added – 'currently non-formulary due to no increased clinical/safety benefit over first line options, switching not recommend due to patient impact. To review if new evidence presented.'

Rivaroxaban	Brown	Changed from Green (agreed at Sept APCO). Wording to say 'interim anticoagulation for suspected DVT until patient can be assessed in hospital – provide at least initial 24 hours supply. See Guidelines for DOACs for Treatment and Secondary Prevention of VTE.'
Apixaban	Brown	Changed from Green (agreed at Sept APCO). Wording to say 'interim anticoagulation for suspected DVT until patient can be assessed in hospital – provide at least initial 24 hours supply. See Guidelines for DOACs for Treatment and Secondary Prevention of VTE.'
Dabigatran	Black	Not suitable for interim anticoagulation for suspected VTE (parenteral anticoagulation for at least five days is required before dabigatran can be initiated). See Guidelines for DOACs for Treatment and Secondary Prevention of VTE.
Edoxaban	Black	Not suitable for interim anticoagulation for suspected VTE (parenteral anticoagulation for at least five days is required before dabigatran can be initiated). See Guidelines for DOACs for Treatment and Secondary Prevention of VTE.
Dalteparin	Brown (no change)	Currently states To be updated to state 'interim anticoagulation for suspected VTE until patient can be assessed in hospital – provide at least initial 24 hours supply. See Guidelines for DOACs for Treatment and Secondary Prevention of VTE'. This is to be in line with apixaban/rivaroxaban.
Isosource Junior Mix	Amb C	Name change by company to Complete Paediatric from 1.12.21
Haloperidol (oral)	Green	For palliative care – currently no status for oral haloperidol for palliative care. Reflects current practice and haloperidol injection and levomepromazine already green for palliative care so to bring into line with these.
Trimethoprim	Green (no change)	Remove wording 'NB. Trimethoprim should only be used in low resistance risk patients or where cultures show sensitivity'. Diverticulitis section on SCAN now includes trimethoprim as an option and does not mention this.

Miscellaneous

- **Ketotifen**

Ketotifen was added to the formulary following Sept APCO as 1st line for patients that need PF option for allergic conjunctivitis. APCO requested more information as to when use PF and when to make decision. OUH have produced information sheet that will be added as a link on the formulary to each PF eye drop entry. The formulary can also be expanded to include:

GPs would be expected to prescribe ketotifen when:
- Continuation of therapy from secondary care
- When advised by ophthalmologist
- Patient has tried preservative-containing drops first-line (e.g. sodium cromoglicate) and shows signs of allergy/intolerance to preservatives
- Patient presents with allergic conjunctivitis and has known/documented allergy/intolerance to preservatives in eye drops or any of the other criteria in the attached guide.

- **Review of Covid-19 Medicines Optimisation guidelines**

Documents were produced at the beginning of the pandemic and were agreed on a 6 monthly basis. They have been re-approved once already. Medicines Optimisation team have discussed as a team and feel can remove most documents. GPs confirmed monitoring is back to normal in GP practices.

- **Warfarin Shared Care Protocol/Missed appointment SOP**

Brought back from last meeting. NPSA alert is still to be followed so patient remains the responsibility of the GP. Missed appointment SOP from OUH has been circulated to committee to give APCO assurance around this process. OUH are happy for the SOP to be uploaded to ClinOx. If it is updated by Ouh they will inform the CCG accordingly.

- **Shared Care Protocol Update**

LMC circulated a statement which was shared with the committee on their stance around accepting new medicines on to the formulary. Any request that does not consider the impact in primary care will not be supported by the LMC. APCO will continue with its role which is to provide safe and consistent cost effective approach to use of medicines in Oxfordshire within primary care and across the interface with secondary care. We have had a meeting with LMC and are supporting conversations between specialists and GPs to see if we can improve conversations around shared care. We have also had BOB wide shared care pathway meeting to consider the RMOC guidance with representatives across the system. Looking to potentially implement Bucks system (which is more in line with RMOC) and investigating at the moment. Working with the LMC to address and resolve concerns.

- **Inclisarin statement**

Statement written across BOB. NICE published a positive final appraisal document (FAD) for Inclisiran, which recommends Inclisiran as an option for treating primary hypercholesterolemia under certain conditions. NHSE&I have requested several actions including an urgent request to accept inclisiran onto formulary with a GREEN traffic light position, on the basis of positive NICE FAD, making it available within 30-days, which was 5th Nov. Therefore, we are suggesting we add it to the formulary as green now, with a note on the formulary that further guideline and pathway development is to be discussed at January APCO. More info to be provided to GPs following this.

Discussion around whether the BOB statement is already out of date. National guidance published around inclisiran that supersedes this document. Proposed not to link to the statement on the formulary but to change the status to green with wording to say pathway in development. This would be updated more formally following APCO in January. Many implications surrounding this have not been mentioned in the national documentation e.g. workload, resources etc.

Status of Inclisiran approved as green on OCCG formulary.

SCAN Update

The updates are as per the paper. Relating to SCAN updates: diverticulitis treatment now includes trimethoprim and the OCCG formulary entry currently says 'NB. Trimethoprim should only be used in low resistance risk patients or where cultures show sensitivity'. Included this in the chair's action paper to remove this line to only says green in line with SCAN as the diverticulitis page makes no mention of this. The UTI page of SCAN includes details of when trimethoprim should be used.

The formulary status of fidaxomicin and vancomycin need to be updated in line with NICE Guidance on C.diff treatment (NG199). Fidaxomicin is red and vancomycin is brown currently on the OCCG formulary. These are proposed to be changed to green- in line with SCAN guidelines.

Access to SCAN has been updated and the previous host domain will be closing down imminently. SCAN have spoken to the team and it appears that it is not used any more to any great extent. A prescribing points article will be written to raise awareness of this.

RMOC (Regional Medicines Optimisation Committee)

Shared Care Protocol consultation:
- Oral ciclosporin (non-transplant)
- Oral and subcutaneous methotrexate (excluding cancer)
- Sulfasalazine

Closes at 5pm on Wednesday 10th November.

Shared Care Protocols (SCP)

None

Guidelines

a) Etoricoxib

This is a review of the current Amber Continuation Guideline in place for etoricoxib for patient with inherited bleeding disorders. OUH have said there are no changes to the content within the document. The original Amber Continuation Guideline has been updated to the new OCCG template in line with RMOC.

Approved

a) SGLT2i Heart Failure Updates

Minor updates to the guideline and checklist, plus a new patient information leaflet to support GPs.
The guideline has had the following minor updates:
- Update to use with low eGFR values in line with licence and increased monitoring by GPs for this.
- Information on risk of DKA and 'number needed to treat'
- Empagliflozin now has licence for use in heart failure but not yet approved in Oxfordshire.

The checklist has had the following minor updates:

- Statement of canagliflozin amended to avoid looking like canagliflozin is an option.

PIL is new item for discussion. A patient information leaflet has been produced on request from some GPs, to support conversations around initiation, particularly in those where dapagliflozin has been recommended over email and the GP has to have the initial conversation with the patient. For patients seen by a specialist, the PIL will be added in to EPR so the patient gets a copy and the GP is aware that these points have been covered. Gives extra reassurance that conversation has happened

Approved

a) Antivirals for Flu

Presented outline of process for responding to outbreaks in care homes. When outbreak is identified in care home, UKHSA come to the CCG and this details process behind this. Covid has complicated the picture slightly. Before covid the were 2 flu seasons- outside CMO declared flu season (test and only give antivirals on test results) and inside CMO declared flu season (if good suspicion, would not necessarily test and would advise antivirals on clinical suspicion). Now due to Covid- effectively have 3 seasons as per document.
Last page of document is not written down national guidance but was discussed in national flu meetings as approach and accepted as normal practice. Discussion around drug tariff conditions for prescribing. This was confirmed that nothing had changed and there was a patient directive for this. The medicines management team have confirmed that selected pharmacies in OCCG hold stock.

Approved

Chair's Actions

Formulary changes as above

Sacubitril Valsartan Shared Care Protocol updated to include following statement "If for some reason the patient needs to be changed back to their previous ACE inhibitor, there should be a minimum 36-hour washout period before restarting ACE inhibitor. An ARB can be restarted on the subsequent day."