

Oxfordshire Area Prescribing Committee (APCO) Bullet Points January 2016

Prescribing Points and the Traffic light system are available on the OCCG website-link below. The Oxfordshire Joint Formulary which is in development can be accessed via the link below. These bullet points summarise the decisions taken at APCO in September 2015; where possible drugs have been assigned formulary status in line with the Joint Oxfordshire Formulary.

Local Guidance: [Traffic Light System /Joint Formulary](#)

The classifications are:

- Red List – Specialist Prescribing Only
- Yellow (Near Patient Testing LES) – Transfer of prescribing to primary care in line with Shared Care Protocol. Monitoring in Primary Care
- Yellow – Transfer of prescribing to primary care. Monitoring in secondary care
- Yellow Continuation List – Appropriate for continuation in primary care following specialist recommendation
- Brown – Prescribe only in restricted circumstances
- Black – Not recommended for use
- Holding List – Pending APCO / Priorities Forum decision
- The ‘ Joint Formulary’ classification is simplified to Black/Red/Green and Yellow (restricted)

Drug	Traffic Light Classification	Rationale
Ledipasvir-sofosbuvir for treating chronic hepatitis C	Red	In line with NICE TA 363 . NHSE commissioning responsibility
Daclatasvir for treating chronic hepatitis C	Red	In line with NICE TA 364 . NHSE commissioning responsibility
Ombitasvir-paritaprevir-ritonavir with or without dasabuvir for treating chronic hepatitis C	Red	In line with NICE TA365 . NHSE commissioning responsibility
Pembrolizumab for advanced melanoma not previously treated with ipilimumab	Red	In line with NICE TA366 . NHSE commissioning responsibility
Vortioxetine for treating major depressive episodes	Red	In line with NICE TA 367 . specialist only. 2nd or 3rd line for severe depressive episodes Does not need extra monitoring
Apremilast for treating moderate to severe plaque psoriasis	Black	In line with NICE TA 368 .
Bortezomib for previously untreated mantle cell lymphoma	Red	In line with NICE TA 370 . NHSE commissioning responsibility
Trastuzumab emtansine for treating HER2-positive, unresectable locally advanced or metastatic breast cancer after treatment with trastuzumab and a taxanes	Black	In line with NICE TA 371
Apremilast for treating active psoriatic arthritis	Black	In line with NICE TA 372

Drug	Traffic Light Classification	Rationale
Abatacept, adalimumab, etanercept and tocilizumab for treating juvenile idiopathic arthritis	Red	In line with NICE TA 373 . NHSE commissioning responsibility
Erlotinib and gefitinib for treating non-small-cell lung cancer that has progressed after prior chemotherapy	Red/Black - depending on type of tumour	In line with NICE TA 374 . Traffic light Erlotinib RED if EGFR-TK positive (or likely to be) Erlotinib BLACK if EGFR-TK negative, Gefitinib BLACK if EGFR-TK positive
AirFluSal Forspiro dry powder inhaler for COPD	Green - for existing seretide accuhaler patients only	Generic equivalent of seretide 500 accuhaler. Licensed for use in COPD only. On OUH formulary
Sirdupla MDI for asthma	Black	First line choice of combination inhaler in asthma locally has been Fostair for a number of years. Not on OUH formulary. Review in 6 months.
Fosfomycin for treatment of UTI	Brown	Licensed oral product has recently become available. For controlled use in the community in patients that have infections that are resistant to all other oral options available. Lab will on report sensitivity if no other options available. Not used for repeat courses without further advice from micro/ID
Midodrine for orthostatic hypotension due to autonomic dysfunction	Yellow (for existing patients only)	Licensed product is now available. Limited evidence of effectiveness of midodrine and need for ongoing monitoring by the GP. To only continue in existing patients, not to be started in new patients.
Fluoxetine for hypersexuality	Yellow	Unlicensed indication but may get requests to continue treatment. Limited evidence but established drug. Specialist recommendation only
Topical timolol for infantile haemangioma	Black	Limited evidence and may be more cosmetic/superficial in majority of cases. Specialist indication that would be better managed in secondary care if appropriate. Agreed that should not be prescribed in primary care so traffic light as BLACK but if OUHFT request then – RED specialist only.

- **Holding List Update**

Drug	Traffic Light Classification Agreed	Rationale
Jaydess 13.5 mg intrauterine delivery system	Holding List	Awaiting Public Health review

Alirocumab for hyperlipidaemia (primary) and dyslipidaemia (mixed)	Holding list	Remain on the holding list until NICE had assessed this under the Technology Appraisal programme
Ciclosporin for treating dry eye disease that has not improved despite treatment with artificial tears	Holding list	NICE TA 369 –to traffic light at March meeting. Wait until added to OUH formulary
Cangrelor for coronary revascularisation	Holding list	ESNM 63 available – to review at future APCO meeting

Local Guidance and Shared Care

1. Rifaximin for hepatic encephalopathy

Rifaximin is currently 'red' – secondary care prescribing only on the traffic lights. It was discussed again as there have been some issues with supply for patients who require a dosette box. After some discussion it was recommended for prescribing to stay with secondary care and reviewed again in one year. MDS patients will be considered on individual patient basis where GP prescribing may be appropriate in order for the patient to receive all their medication in a dosette box. To remain 'red' on the traffic lights.

2. Flunarizine for migraine

Concern has been raised by neurology regarding the logistics of ongoing prescribing of this drug by secondary care. A discussion was had noting the place of flunarizine in migraine treatment (currently only an option after botox) and therefore only a very small group of patients would require this drug. There was no experience of prescribing or obtaining the drug in primary care and as it was unlicensed, availability in primary care would be difficult. To stay with secondary care – RED

3. Diabetes formulary update

A primary care formulary had been developed for insulins with OUHFT to ensure continuity of care for patients. Changes/clarifications are as follows:

- Humulin R 500 units/ml – YELLOW
- Insuman Combi 15 + 50 – YELLOW
- Rapid acting analogues (Novorapid, Apidra and Humalog) – YELLOW
- Levemir – YELLOW
- Absaglar – GREEN for new patients only
- Lantus - YELLOW
- Mixed insulin analogues (Novomix 30, Humalog mix 25, Humalog mix 50) – YELLOW
- Animal (all) – YELLOW

4. Fosfomycin for treatment of UTI

OUHFT have seen a rise in the number of patients seen in outpatients who require fosfomycin for resistant UTI. It was discussed that fosfomycin is reclassified as brown, for controlled use in the community in patients that have infections that are resistant to all other oral options available. It has been suggested that the lab reports on an MSU will only give fosfomycin as an option if this is the case.

A protocol has been developed in Swindon (GWH) that shows a similar process to this proposal.

5. Oxfordshire Adult Antimicrobial Prescribing Guidelines for Primary Care – update

Interim update of guidance to bring in line with some national changes to recommendations. Changes are:

- add in FeverPAIN as an assessment tool to use for acute sore throat
- nitrofurantoin use in renal impairment updated in line with MHRA guidance
- addition of pivmecillinam in full guidance in line with local UTI guidance updated in 2015

- addition of trimethoprim for pyelonephritis (is MSU shows susceptibility) in line with local UTI guidance,
- change to choice of first line antibiotic for empirical treatment of first episode of Clostridium difficile infection from vancomycin to metronidazole in line with national guidance
- addition of clarithromycin as an option to treat mild cellulitis in patients with penicillin allergy in line with national guidance

All updates agreed

6. HRT formulary and treatment guidance

Guidance has been produced by Oxford Menopause Service which is in line with updated NICE guidance. Formulary choices presented on the first two pages with additional, more in depth, information in remainder of the document. Guidance was approved subject to a few minor changes in referral criteria.

7. Information to help optimise anticoagulation with warfarin – time in therapeutic range (TTR)

The TTR has been included within the NICE guideline for AF which sets out the target range for the TTR and highlights points for discussion with patients if their TTR is out of range over the defined timeframe.

Currently discussions are being had about sending the information out via a single patient list per practice or by individual patient letters.

OUHFT were looking into whether they could support sending out individual patient letters for those patients who had a TTR between 30-50% since this may be more manageable in view of the current GP systems/set up. The OUHFT would contact patients with a TTR below 30% in the first instance.

Negotiations are currently underway with the LMC about appropriate remuneration in view of the increased workload for GP's.

OUHFT anticoagulation service and the CCG are working together to facilitate this change and to ensure that appropriate support is available. Guidance will be circulated in Prescribing Points once agreed.

Louisa Griffiths (January 2016 APCO recommendations ratified at February OCCG Clinical Ratification Group)