Oxfordshire Area Prescribing Committee (APCO)
Bullet Points
14th March 2017

Prescribing Points and the Traffic light system are available on the OCCG website-link below. This document summarises decisions taken at APCO in March 2017.

Local Guidance: Traffic Light Document

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 in primary or secondary care
- Holding List – Pending APCO / Priorities Forum decision

Drug	Traffic Light Classification	Rationale
Apremilast	RED	TA433 for treating active psoriatic arthritis
Pomalidomide	RED	TA427 for multiple myeloma previously treated with lenalidomide and bortezomib
Pembrolizumab	RED	TA428 for treating PD-L1-positive non-small-cell lung cancer after chemotherapy
Ibrutinib	RED	TA429 for previously treated chronic lymphocytic leukaemia and untreated chronic lymphocytic leukaemia with 17p deletion or TP53 mutation
Sofosbuvir–velpatasvir	RED	TA430 or treating chronic hepatitis C
Mepolizumab	RED	TA431 for treating severe refractory eosinophilic asthma
Everolimus	RED	TA432 for advanced renal cell carcinoma after previous treatment
Migalastat	RED	HST4 for treating Fabry disease. Only to be prescribed by specialist centres
Fluticasone Mouthwash	RED	For a variety of oral mucosal diseases
Isavuconazole	RED	For treatment of fungal infections if resistance/intolerance to

Drug	Traffic Light Classification	Rationale
		alternatives
Ivacaftor	RED	For children under 6 years with cystic fibrosis with a particular genetic mutation.
Pegvisomant	RED	Third line treatment for acromegaly.
Brivarecetam	YELLOW (initiation by a specialist)	in pharmacoresistant partial seizures in patients who have failed treatment with at least 3 drugs and are not on levetiracetam. Brivaracetam will be adjunctive therapy with the aim of replacing one of the patient's pre-existing anti-epileptic drugs. Only to be initiated by epileptologists.
Eslicarbazepine	YELLOW (initiation by a specialist)	in pharmacoresistant partial seizures in patients who have failed treatment with at least 3 drugs. Eslicarbazepine will be adjunctive therapy with the aim of replacing one of the patient's pre-existing anti-epileptic drugs. Only to be initiated by epileptologists.
Ketone Test Strips (expensive brands)	BROWN	See guidelines
Topirimate	YELLOW (continuation)	for neuropathic pain
Capsaicin Cream	BROWN	for neuropathic pain
Morphine	YELLOW (continuation)	for neuropathic pain
Pregabalin	BROWN	for neuropathic pain
Inhalers for COPD	various	See chart in guideline section
Mirabegron	GREEN	For OAB in line with guidance
Tolterodine 2mg	GREEN	For OAB in line with guidance
Fesoterodine	GREEN	For OAB in line with guidance
Bath and Shower emollients	BLACK	Minuted as traffic lighted as BROWN in error (APCO Jan 2017)
Venlafaxine capsules	GREEN	
GlucoRx Allpresan Foot Foam	BLACK	
Nebusal	RED	
Respease	RED	
MucoClear	BLACK	
Miscellaneous		

Ticagrelor for preventing atherothrombotic events after myocardial infarction- NICE TA420 Hospital implementation plan to be finalised and OCCG to be notified of timeframe. The following points were noted:

- Criteria for high risk patients requires clarification.
- Clear transfer letter information required..

Terms of reference

The Terms of Reference last amended in September 2016 were updated with the addition of the following sections:

- ***Impact Assessment Group*** – to meet prior to each APCO meeting and assess submissions for potential impact on cost and resources. The group will formulate appropriate mitigating actions and recommendations which will be presented at the APCO meeting..
- ***NICE Fast Track process*** for implementation of 30 day technology appraisals;
- ***Chairs Actions*** have been added to help streamline the meeting. These allow the committee to delegate authority to the chair to act on its behalf, in consultation with The Head of Medicines Optimisation, between meetings in some restricted circumstances.

Shared Care Protocols (SCP)

(a) **Hydroxycarbamide in sickle cell disease (adults and paediatrics)**

- **<12 years** – The SCP suggests monitoring to be done by hospital every 2 months and GPs prescribe (currently OUH prescribes hydroxycarbamide but this means that the patients have to visit hospital every month to collect a script). This was not approved as there could be safety and governance issues.
- **>12 years** – The SCP states that GPs to do prescribing and monitoring.every 2 months Patient will be seen in clinic every 6 months. This was accepted

APCO recommended that the SCP should be amended for use in patients >12 years only and that for patients <12yrs, they should receive a 2 month prescription of hydroxycarbamide when they visit hospital for monitoring, thus a SCP would not be required for this group of patients.

(b) Warfarin

This SCP has been developed to provide information on assessing anticoagulation control and to raise awareness of “Time in Therapeutic Range” (TTR) of INR in-line with NICE CG 180, The Management of Atrial Fibrillation. TTR is an effective way of establishing the quality of anticoagulation control and is an important predictor of bleeding and thrombosis. TTR is currently provided with each INR result for patients who have been on warfarin for longer than 6 months to help assess anticoagulant control for all patients under OUHFT warfarin service.

This SCP was discussed at APCO in January. Most aspects of the SCP were accepted in January, but it was agreed that further work needed to be done to clarify the responsibilities around interpretation and follow-up of the TTR results. Progress is now being made in this area.

It was suggested in the March meeting that information should be added to the SCP regarding the effect on the INR of stopping certain drugs, and any additional monitoring of the INR that is required in this situation.The SCP was accepted subject to the above amendment.

Guidelines

a) Ketone Testing and Sick Day Rules

This is an update of an OCCG document on Ketone Testing, approved by APCO in Sept 2014. A section has been added to remind clinicians of the cost effective ketone testing meters. The more expensive ketone strips will be BROWN listed. The OCCG Sick Day Rules section was removed and replaced with links to the TREND Patient Information Leaflet. A message will be put on Scriptswitch to prompt clinicians when prescribing insulin. The guidelines were approved

a) Neuropathic pain

An update of the previous OCCG neuropathic pain guideline approved by APCO in March 2009. Key changes include a flowchart which is in stages of treatment, recommended length of trial and the addition of pregabalin to primary care pathway. Some traffic light amendments required.(see below) The guideline was approved.

Topirimate for neuropathic pain	Yellow continuation
Capsaicin Cream for neuropathic pain	Brown in line with guideline
Morphine for neuropathic pain	Yellow continuation
Pregabalin for neuropathic pain	Brown in line with guideline

a) COPD

An update of the current OCCG COPD guidelines, due to the large number of new inhalers on the market and new national guidance. The new traffic light classifications can be seen in the table below .Particular consideration has been given to device type and adherence. An multidose inhaer (MDI) route and a dry powder inhaler (DPI) route have been designed so patients can use appropriate devices. Some cost savings are available as the new inhalers are either equivalent cost or cheaper. The re-addition of a line about management of co-existing asthma/copd was requested (from current guidance). Seretide high dose and tiotropium handihaler patients will particularly require reviewing and switching due to clinical reasons. Additional information was requested on referring patients who need domiciliary oxygen therapy. The guideline was approved subject to amendments.

Medicine	Current Traffic Light Status	Proposed Traffic Light Status	Rationale
Ventolin Evohaler (sabutamol)			Already on existing guidelines; no change needed
Easyhaler Salbutamol 100mcg			Already on existing guidelines; no change needed
Bricanyl Turbohaler (terbutaline)			Already on existing guidelines; no change needed
Spiriva Respimat (tiotropium)			Currently brown on OCCG traffic lights; second line use in patients unable to use Tiotropium Handihaler; proposed change to green
Eklira Genuair (aclidinium)			Already on existing guidelines; no change needed
Incruse Ellipta (umeclidinium)			Blacklisted in May 2015 as "not included in COPD guidelines". Now included in proposed guidelines.
Atimos Modulite 12mcg Inhaler (formoterol)			Included on new guidelines as an MDI device option for LABA drug class.
Striverdi Respimat (olodaterol)			Blacklisted in November 2014 as there was "no advantage over existing treatment options". Included on new proposed guidelines as an MDI option for LABA drug class
Formoterol Easyhaler 12mcg			Already on existing guidelines; no change needed
Oxis 12mcg Turbohaler (formoterol)			Already on existing guidelines; no change needed
Spiolto respimat (tiotropium/olodaterol)			New inhaler launched in 2015, included on new guidelines as the only MDI device option for LAMA/LABA drug class. Cost neutral when compared to Duaklir Genuair and Anoro Elipta.
Duaklir Genuair (aclidinium/formoterol)			Already on existing guidelines; no change needed
Anoro Ellipta (umeclidinium/vilanterol)			Blacklisted in May 2015 as "not included in COPD guidelines". Now included in proposed guidelines. Cost neutral when compared to Spiolto and Duaklir Genuair.
Fostair 100/6 mcg pMDI (beclometasone/formoterol)			Already on existing guidelines; proposed change to brown- restricted circumstances in line with new COPD guidelines.
Symbicort 200/6 mcg pMDI (budesonide/formoterol)			New inhaler launched in 2016, included on new guidelines as an MDI device option for ICS/LABA drug class. Proposed change to brown-restricted circumstances in line with new COPD guidelines.
Symbicort Turbohaler 200/6mcg (budesonide/formoterol)			Already on existing guidelines; proposed change to brown- restricted circumstances in line with new COPD guidelines.
Relvar Ellipta 92/22mcg (fluticasone furoate/vilanterol)			Already on existing guidelines. Proposed change to 'brown' to enable prescribers in primary care to not be restricted on device choice but restricted circumstances in line with new COPD guidelines.

b) Acute Kidney Injury (AKI) Advice sheet

An advice sheet was presented to APCO the purpose of which is to support the care bundle documents in current use. The aim is to improve outcomes for AKI patients, post discharge, by clarifying the role of GPs. The advice sheet was approved

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c) Over Active Bladder (OAB) guidelines

An update to our current guidelines was presented to APCO, which moves mirabegron from 3rd line to joint second line (with fesoterodine). Proposed formulary amendments

- mirabegron to GREEN in line with guidance
- tolterodine 2mg to GREEN
- fesoterodine to GREEN in line with guidance

The following comments were made by APCO:

- More clarity needed around which second line medication to choose first.
- Addition of MHRA information on mirabegron and cardiac issues.
- Detail required on who to refer to – Bladder and Bowel Service or Urogynaecology.

The guideline and proposed traffic light classification were approved subject to the above amendments

d) Generalised Anxiety Disorder (GAD)

A guideline for the management of GAD was presented to APCO. The guideline was not approved, as it omits to include specific primary care responsibilities and a pathway including referral criteria to Mental Health service. The guideline will be resubmitted to the next APCO meeting in May 2017 when the traffic light status of escitalopram and pregabalin will be considered.

Jane Bennett (APCO March 2017 recommendations ratified at April 2017 OCCG Clinical Ratification Group)