

Oxfordshire Area Prescribing Committee (APCO) Bullet Points November 2015

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
Edoxaban for preventing stroke and systemic embolism in people with non valvular atrial fibrillation	Yellow	An option for preventing stroke and systemic embolism in people with non-valvular atrial fibrillation In line with NICE TA 355
Ruxolitinib for treating polycythaemia vera	Black	In line with NICE TA 356 (terminated appraisal)
Pembrolizumab for treating advanced melanoma after disease progression with ipilimumab	Red	In line with NICE TA 357 NHSE commissioning responsibility
Tolvaptan for treating autosomal dominant polycystic kidney disease	Red	Recommended as an option to slow the progression of cyst development and renal insufficiency in certain circumstances. In line with NICE TA 358
Idelalisib for treating chronic lymphocytic leukaemia	Red	In line with NICE TA 359 NHSE commissioning responsibility
Paclitaxel as albumin-bound nanoparticles in combination with gemcitabine for previously untreated metastatic pancreatic cancer	Black	In line with NICE TA 360
Simeprevir in combination with sofosbuvir for treating genotype 1 or 4 chronic hepatitis C	Black	In line with NICE TA 361 (terminated appraisal)

Drug	Traffic Light Classification	Rationale
Paclitaxel as albumin-bound nanoparticles with carboplatin for untreated non-small-cell lung cancer	Black	In line with NICE TA 362 (terminated appraisal)
Linaclotide for IBS with constipation	Black	Recommended in NICE CG61 only as a third line laxative. APCO remained unconvinced by the cost-effectiveness argument
Abasaglar (biosimilar insulin glargine)	Green	Biosimilar glargine. Existing patients should not be batch/automatically switched to it, but new patients suitable for glargine could be started on abasaglar
Toujeo (300units/ml insulin glargine)	Yellow - For specialist initiation only following 'prior approval'. GPs will be notified by Medicines Optimisation team if approved for use in individual patient.	High dose slow-release glargine with four-hour window for administration. For use in documented problematic hypoglycaemia or DKA associated admission in last 12 months, already on optimised complex regime despite which glycaemic control remains unacceptably poor for individual patient, already tried other insulins. 6 month trial only after which it will be discontinued if patient targets/objectives are not met.
Xultophy (100 units/ml insulin degludec + 3.6 mg/mL liraglutide solution)	Yellow - For specialist initiation only following 'prior approval' GPs will be notified by Medicines Optimisation team if approved for use in individual patient.	To be added to the GLP1 agonist and degludec guidelines . May be appropriate for patients with a high hypoglycaemia risk and addition of GLP1 agonist is being considered
Dulaglutide (Trulicity)	Yellow - For specialist initiation only following 'prior approval'. GPs will be notified by Medicines Optimisation team if approved for use in individual patient.	May be appropriate for patients who require weekly injection in line with local guidance and have eGFR between 30 and 50 ml/min.

- **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

Local Guidance and Shared Care

1. Mercaptopurine – Shared Care Protocol update

This shared care protocol has been updated and now includes all specialities in line with the other recently updated protocols. The updated protocol was agreed subject to clarification about the availability of TPMT results to GPs.

2. Insulin Initiation and Adjustment in Type 2 Diabetes

Guidance has been updated. APCO was asked to consider the updated guideline with emphasis on the use of human insulins which were more cost-effective. Guidance approved.

3. Management of the risk of Diabetic Ketoacidosis in patients on SGLT2 inhibitors

There has been a safety alert for SGLT2inhibitors causing DKA in Type 2 diabetes.

Professionals and patients should be alerted that this is a potential risk in Type 2 diabetes.

The 111 and Out of Hours services have been informed. Traffic lights information would

make it clear that these drugs should be specialist initiation only. The diabetes professional

community put forward a proposal to manage the risk. This includes communication of

background and actions for all relevant settings and patients. Communications to be

distributed in December

4. Antipsychotic induced hyperprolactinaemia

The guidelines for this pathway had been updated and agreed by OUHFT and OHFT. Clarity was required around the GP elements of this pathway. The Committee wondered whether a new pathway would be required for children and adolescents. The guidelines were agreed.

5. Oxfordshire Solar Keratosis Primary Care Treatment Pathway

The updated pathway was presented following amendments requested when previously

discussed at July meeting. It gives advice on prescribing for solar keratosis, formulary

choices and when to refer. The Committee discussed the patient information leaflets

included as links and the need, or not, to include photos. As the dermatology department

had existing leaflets, the issue remained unresolved. The leaflets would be taken to CRG for a decision.

6. Food fortification guidance

Similar leaflets on food fortification were in use in the Thames Valley already and had been

discussed at CRG. The guidance is aimed at care homes to give practical advice on food

fortification and support the project on reducing sip feed use in homes. The campaign in

care homes would begin in December and trends would be monitored by the Medicines

Management team.

Louisa Griffiths (November 2015 APCO recommendations ratified at December OCCG Clinical Ratification Group)