Oxfordshire Area Prescribing Committee (APCO)
Bullet points
14th November 2017

Prescribing Points and the Traffic light system are available on the OCCG website. The OCCG Formulary is available online. -links below.
This document summarises the discussions and decisions taken at APCO in November 2017.

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 Classification	Rationale
Dimethyl fumarate for treating moderate to severe plaque psoriasis	Red	In line with NICE TA475
Obinutuzumab with bendamustine for treating follicular lymphoma refractory to rituximab	Red	In line with NICE TA472 NHS E commissioned
Cetuximab for treating recurrent or metastatic squamous cell cancer of the head and neck	Red	In line with NICE TA473 NHS E commissioned
Sorafenib for treating advanced hepatocellular carcinoma	Red	In line with NICE TA474 NHS E commissioned
Paclitaxel as albumin-bound nanoparticles with gemcitabine for untreated metastatic pancreatic cancer	Red	In line with NICE TA476 NHS E commissioned
Brentuximab vedotin for treating relapsed or refractory systemic anaplastic large cell lymphoma	Red	In line with NICE TA478 NHS E commissioned
Reslizumab for treating severe eosinophilic asthma	Red	In line with NICE TA479 NHS E commissioned

Drug	Traffic Light Classification	Rationale
Tofacitinib for moderate to severe rheumatoid arthritis	Red	In line with NICE TA480 NHS E commissioned
Immunosuppressive therapy for kidney transplant in adults - basiliiximab, immediate-release tacrolimus	Red	In line with NICE TA481 NHS E commissioned
Immunosuppressive therapy for kidney transplant in children and young people - basiliiximab, immediate-release tacrolimus, mycophenolate mofetil	Red	In line with NICE TA482 NHS E commissioned
Eluxadoline for treating irritable bowel syndrome with diarrhoea	Amber continuation	In line with NICE TA471
Immunosuppressive therapy for kidney transplant in adults - rabbit anti-human thymocyte immunoglobulin, prolonged-release tacrolimus, mycophenolate sodium, sirolimus, everolimus, belatacept	Black	In line with NICE TA481
Immunosuppressive therapy for kidney transplant in children and young people - rabbit anti-human thymocyte immunoglobulin, prolonged-release tacrolimus, mycophenolate sodium, sirolimus, everolimus, belatacept	Black	In line with NICE TA482
Roflumilast for COPD	Amber continuation	In line with NICE TA461. Amber continuation guideline available. To be initiated by the specialist and transferred to GP after three months
Enstilar foam	Brown	To be used in line with local pathway and NICE guideline for Psoriasis as a 3rd/4th line treatment
Trimbow inhaler	Brown	Triple therapy '3 in 1' inhaler. For use in line with current local guidance on triple therapy. In place of current fostair/spiriva respimat option
Varenicline	Green	To be used as a first line option in smoking cessation (on a par with NRT)
Eplerenone	Amber continuation	First line mineralocorticoid receptor antagonist for young (<65) male patients to reduce the risk of cardiovascular mortality and morbidity in stable patients with left ventricular dysfunction and clinical evidence of heart failure after recent MI
KEYA Smart Blood Glucose and Ketone Test Strip	Black	Specialists have not advised on appropriate patient group requiring combined strip. May be reviewed at a future meeting.

Drug	Traffic Light Classification	Rationale
Duavive	Amber continuation	For treatment of oestrogen deficiency symptoms in postmenopausal women with a uterus for whom treatment with progestin-containing therapy is not appropriate. In line with HRT guidance
Testosterone gel for Low libido in menopause / post-menopause	Amber continuation	For women where there is no improvement in symptoms on HRT alone. To be initiated by menopause clinic in line with HRT guidance.
Ibandronic acid for adjuvant treatment in early breast cancer	Amber continuation	In line with Guidelines for Adjuvant Bisphosphonate treatment for Post-Menopausal Women with Early Breast Cancer
Montelukast 10mg for spontaneous urticaria	Brown	In line with Management Guideline for Spontaneous Urticaria ± Angioedema in Adults
Ranitidine 150mg for spontaneous urticaria	Brown	In line with Management Guideline for Spontaneous Urticaria ± Angioedema in Adults
Glucosamine	Black	Withdrawal of OCCG policy 43b Glucosamine (sulphate and hydrochloride salt) for adult osteoarthritis. Retaining the designation of Black (no prescribing) on the formulary but linking it to the recommendation in NICE CG177 Osteoarthritis: care and management (February 2014). Recommendation 1.4.5 Do not offer glucosamine or chondroitin products for the management of osteoarthritis.
Freestyle Libre	Black	Interim as added to DT in November 2017. Full review underway.
Ibandronic acid IV	Red	In line with NICE TA464 bisphosphonates in osteoporosis. OUH have stated unlikely to use
Ibandronic acid tablets	Green	In line with NICE TA464 bisphosphonates in osteoporosis
Normal immunoglobulin: Gamunex and Iqymune	Red	MMTC Sept 17, NHSE commissioned
Ponatanib for treating chronic myeloid leukaemia and acute lymphoblastic leukaemia	Red	In line with NICE TA451 NHSE commissioned
Raltegravir for use first line Post-Exposure Prophylaxis (PEP) or HIV for paediatrics	Red	NHS E commissioned

Miscellaneous

- **Freestyle Libre**

New blood glucose monitoring system using sensors with a microfilament to measure interstitial blood glucose levels as opposed to finger prick test. Sensors added to drug tariff on 1st Nov but no NICE recommendation on the product currently. Has been promoted widely by Abbott and therefore has prompted many queries from patients and prescribers on availability locally. CCG will need to review it and agree an appropriate position on prescribing. A paper will be discussed at November TVPC meeting and TV CCGs have agreed that consistent advice across the area would be best. RMOC (regional medicines optimisation committee) have also issued a paper which is useful but may not meet needs fully and wording could be clearer re how many patients will fall into the criteria, not sure how modelled and whether costs taken into account. Adult and paediatric need may be different which further complicates matters. Advise no prescribing (black) until a formal decision has been made.

- **TA460 Adalimumab and dexamethasone for treating non-infectious uveitis**

Discussed at last meeting – clarified that NHS E commission the service and are responsible for commissioning the Adalimumab. However, Dexamethasone implants are commissioned by CCGs

Shared Care Protocols (SCP)

Roflumilast

This is an amber continuation guideline for the use of roflumilast in COPD patients who have been initiated on therapy having been assessed for treatment via NICE TA 461 (Roflumilast for Treating Chronic Obstructive Pulmonary Disease). To be initiated by the specialist and transferred to GP after three months, only small numbers of patients anticipated due to side effect profile.
Patients will be provided with a treatment card by the hospital to help record side effects (GI, low mood) these usually occur within first three months. GPs will be provided with a treatment leaflet as well.
GPs will be responsible for ongoing monitoring every 6 months once treatment is transferred outlined in continuation guideline as well as any action to take.
It was raised that the child-pugh assessment of hepatic function may not be very familiar to GPs and would be helpful to include the blood tests required for this in the guideline.
The patient responsibilities were also discussed, as the treatment card acts as a hand held record for patients to record their weight and mood and to bring to appointments. Agreed to add a patient responsibility section for this guideline (may not be necessary for all amber continuation guidelines).Clarified that this is transfer of care rather than shared care.
Community pharmacist responsibilities were also discussed may be helpful to raise awareness of shared care protocols and amber continuation guidelines in community pharmacy and where they can be accessed. Agreed to add to LPC and prescribing points newsletters.

Approved subject to amendments above

Lithium
Update to current SCP. Update of monitoring requirements as per 2016 NICE bipolar guidance: calcium level monitoring and frequency of monitoring of plasma levels now more patient dependant and may be done more or less frequently as a result (3 monthly or 6 monthly)Also included an option to fully discharge certain patients from shared care once a patient is stable. Patients can then be fast tracked back into secondary care if the need arises. Advice was sought re timeframe for discharge and felt would need to be flexible to suit patient and GP so no specific time has been given.
It was raised that calcium monitoring requirement is not included in the BNF, it was confirmed that this is part of the monitoring requirements set out in the NICE bipolar guidance. Noted that the ICE entry for lithium will need to be updated as a result.
Also raised that the varying monitoring frequency for plasma levels based on patient need (as set out in NICE) may be an issue as 3 monthly for some patients and 6 monthly for others. Concern that tests may get missed as ICE won't be able to show different frequency for certain patients. Agreed this would need to be looked at outside the meeting and the SCP amended to ensure plasma levels taken with other bloods if not possible to vary the frequency.
The group also asked for duration of treatment to be made clear to the GP especially if patient is discharged. Agreed for this to be highlighted more in SCP.

Approved subject to amendments above

Melatonin
TVPC policy on melatonin prescribing was discussed at CRG earlier in the year and a request was made to review primary care prescribing including the shared care protocol. Suggestions have been made by APCO for amendments: make it clearer about no evidence for long term safety, an annual review to include a trial stop, no transfer of prescribing until benefit is confirmed which could be 2-3 months.
Consultant paediatrician attended to discuss these. Explained that this involves a group of patients that have very complex needs and support is limited to the families. Treatment can have a big impact on a cohort of patients (not all). Acknowledged that evidence base is limited and there will be a significant number of patients where it makes no difference.
SCP helpful for families as enables prescription to be obtained from GP.
Agreed that specialist should be establishing treatment dose prior to handover. Concern over drug holiday, may be very difficult for some families to do every year but should be an option in discussion with the family.
It is variable how often patients are seen in clinic, many are seen yearly in school clinics, other patients may be every 6 months in various clinics (although may be for other issues not sleep e.g. feeding, epilepsy etc.). OUH initiated patient numbers in region of 10-15 pts per consultant (80 to 120).
Agreed that licensed melatonin tablets (circadin) should be used (unlicensed for this condition) and can be crushed if necessary, unlicensed capsules should not be prescribed or requested and that unlicensed liquid medication is often not necessary (only if small bore enteral feeding tube usually). Requests for liquids/capsules should be challenged to establish need and potentially passed back**.**

Agreed for a drug holiday to be considered at annual review with specialist where it will be discussed with patient/family and decide if appropriate. Mandatory drug holiday will

not be a clause of the SCP. Plan will be agreed at this review and communicated to GP. Noted that expectations should be agreed at the beginning of treatment.

Discussed what should happen when patient reaches 18. Agreed that there should be a statement included that a clear plan should be made at 17 for transition to adult services

Agreed that there will not be set time for consultant to prescribe as response can vary from patient to patient. Agreed that SCP will state the consultant will prescribe until the dose is stable and benefit is established which may take up to three months.
Noted that occasionally in school clinics GP may be required to provide first dose

SCP approved subject to amendments above

Guidelines

Ibandronic Acid for the Adjuvant Treatment of Early Breast Cancer in Post-Menopausal Women
This guideline is for the use of bisphosphonate for the adjuvant treatment of early breast cancer in post-menopausal women at intermediate or high risk of recurrence of cancer. Has been to MMTC and agreed subject to APCO approval. Use has the backing of breast cancer clinical expert group; only difference is that group suggest 6 monthly infusion, whereas guideline suggests using it for 3 cycles at 6 weekly intervals for patients on chemotherapy as patient already cannulised. Will go onto oral treatment after this. Based on document from Sheffield and there is a NICE evidence summary to support this. Proposal that ibandronic acid is amber continuation for this indication.

Agreed

Management Guideline for Spontaneous Urticaria ± Angioedema in Adults
Update of a previous guideline dating from 2010/11, taking into account recent British society of allergy and clinical immunology guideline and European academy clinical guidelines and NICE TA for omalizumab.
Noted that ranitidine is included, although lack of evidence base. Not something that would be used routinely but anecdotally there can be benefit in some patients, potentially prevent escalation to more expensive treatments such as ciclosporin and is a cheap and safe treatment.
Also, montelukast is included but not licensed for urticaria, however included in NICE TA for omalizumab and should be tried before omalizumab is started. It was raised that rupatadine is included which is not an antihistamine that GPs are familiar with and more expensive than other options. Suggested that it could be used if other antihistamines had not worked even at high dose and omalizumab was being considered. Not currently on OUH formulary. Noted that likelihood of rupatadine being effective if other antihistamines were not is low, so would be small numbers of patients. Concern that if on formulary could increase prescribing inappropriately. Agreed to remove from primary care guideline.
Agreed to emphasise the use of higher doses of antihistamines as an alternative and felt that this may currently be underused. To highlight in prescribing points.

Guideline agreed subject to amendments discussed

Guidelines for the Management of Undernutrition in Adults in Primary Care
This is an update of the current local guidelines. Main changes are: incorporated the commissioning policy statement (277) recommendations to ensure consistent approach, included a six step process with an algorithm to aid prescribing decisions and a general update of products and prices. OUH dieticians have been involved
Agreed

Chair's Actions

1. **Hydroxycarbamide SCP for Essential Thrombocythaemia minor amendment:**
    - That haematology will also test for mutations in calreticulin and MPL
    - that the haematology department will carry out the initial diagnosis and risk stratification of the patient

2. **Adrenaline auto-injectors in schools**

For information - From 1 October 2017 the Human Medicines (Amendment) Regulations 2017 will allow all schools to buy adrenaline auto-injector (AAI) devices without a prescription, for emergency use in children who are at risk of anaphylaxis but their own device is not available or not working (e.g. because it is broken, or out-of-date).

3. **Emollient guideline re ACBS against Aveeno type products**

'Colloidal oatmeal containing emollients are borderline substances & may only be prescribed in accordance with the advice of the Advisory Committee on Borderline Substances (ACBS) for the clinical conditions listed (see current BNF).They may be considered for children who are sensitive to other emollients but should not be used routinely.' To be amended to reflect that only Aveeno is subject to ACBS; Aproderm and Zeroveen are not.