Oxfordshire Area Prescribing Committee (APCO)
Bullet Points
12th September 2017

This document summarises the decisions taken at APCO in July 2017.
Prescribing Points are available on the OCCG website. The OCCG Formulary is available online – see link below.
This document summarises the discussions and decisions taken at APCO in September 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
Ustekinumab for moderately to severely active Crohn's disease after previous treatment	Red	In line with NICE TA456
Collagenase clostridium histolyticum for treating Dupuytren's contracture	Red	In line with NICE TA459
Adalimumab and dexamethasone for treating non-infectious uveitis	Red	In line with NICE TA460
Baricitinib for moderate to severe rheumatoid arthritis	Red	In line with NICE TA466
Holoclar for treating limbal stem cell deficiency after eye burns	Red	In line with NICE TA467 - note that responsible commissioning body is still to be confirmed for this treatment
Asfotase alfa for treating paediatric-onset hypophosphatasia	Red	In line with NICE HST6 – NHSE commissioning
Adalimumab, etanercept and ustekinumab for treating plaque psoriasis in children and young people	Red	In line with NICE TA455 – NHSE commissioning
Carfilzomib for previously treated multiple myeloma	Red	In line with NICE TA457 – NHSE commissioning

Drug	Traffic Light Classification	Rationale
Trastuzumab emtansine for treating HER2-positive advanced breast cancer after trastuzumab and a taxanes	Red	In line with NICE TA458 – NHSE commissioning
Nivolumab for treating relapsed or refractory classical Hodgkin lymphoma	Red	In line with NICE TA462 – NHSE commissioning
Cabozantinib for previously treated advanced renal cell carcinoma	Red	In line with NICE TA463 – NHSE commissioning
Olaratumab in combination with doxorubicin for treating advanced soft tissue sarcoma	Red	In line with NICE TA465 – NHSE Commissioning
Ibrutinib for untreated chronic lymphocytic leukaemia without a 17p deletion or TP53 mutation	Black	In line with NICE TA452 (terminated appraisal)
Bortezomib for treating multiple myeloma after second or subsequent relapse	Black	In line with NICE TA453 (terminated appraisal)
Daratumumab with lenalidomide and dexamethasone for treating relapsed or refractory multiple myeloma	Black	In line with NICE TA454 (terminated appraisal)
Methylnaltrexone bromide for treating opioid-induced constipation	Black	In line with NICE TA468 (terminated appraisal)
Idelalisib with ofatumumab for treating chronic lymphocytic leukaemia	Black	In line with NICE TA469 (terminated appraisal)
Ofatumumab with chemotherapy for treating chronic lymphocytic leukaemia	Black	In line with NICE TA470 (terminated appraisal)
Pregabalin for GAD	Green	3rd line treatment option for GAD in line with OH GAD guideline
Escitalopram for GAD	Green	alternative SSRI when sertraline has been ineffective (2nd line) in line with OH GAD guideline
Ciclesonide inhaler for asthma	Brown	For patients who require an inhaled corticosteroid, who have unacceptable side effects caused by standard and high dose corticosteroid despite thorough post-dose mouth rinsing, use of a spacer and treatment of candidiasis. In line with Maintenance Management of Asthma formulary
Airflusal MDI for asthma	Green	In line with Maintenance Management of Asthma formulary if medium or high dose ICS/LABA required
Relvar Ellipta for Asthma	Green	In line with Maintenance Management of Asthma formulary if medium or high dose ICS/LABA required

Drug	Traffic Light Classification	Rationale
Fostair Nexthaler for Asthma	Green	In line with Maintenance Management of Asthma formulary
Anti- reflux infant formula	Black	Available to purchase at similar price to standard formula. In line with Infant formula guideline
Soya infant formula	Black	Available to purchase at similar price to standard formula. In line with Guidelines on Prescribing Specialist Infant Formulas in primary care
AAf infant formula	Amber continuation	Secondary care initiation or recommendation only. In line with Guidelines on Prescribing Specialist Infant Formulas in primary care
Zeroveen cream	Green	More cost effective than Aveeno, in line with emollient guideline
Mydrane in cataract surgery	Red	Specialist only
Glecaprevir + Pibrentasvir for Hep C	Red	Specialist only
Niraparib for Ovarian/Fallopian tube/peritoneal cancer	Red	Specialist only
Imatanib chronic graft versus host disease	Red	Specialist only. Commissioning by NHSE
Ruxolitinib (Jakavi) for polycythaemia vera and symptomatic myelofibrosis	Red	Specialist only
Octreotide for chemotherapy (capecitabine only) induced diarrhoea	Red	Specialist only
Loxapine (Adasuve®) 9.1 mg inhalation powder, pre-dispensed	Red	Specialist only. Indicated for the rapid control of mild-to-moderate agitation in adult patients with schizophrenia or bipolar disorder.

Miscellaneous

- **NG71Parkinson's disease in adults** – the commissioning policy statement on AChEi in Parkinson's will need to be updated as a result of this guideline –noted that statement could be now withdrawn and advise to follow new NICE guidelines subject to MO team approval
- **Ticagrelor** for preventing atherothrombotic events after myocardial infarction was traffic lighted to Amber in January in line with NICE TA420.; An amber continuation guideline has been produced to clarify the implementation of the TA in particular the identification of patients and communication from specialists to GPs.

  There has been a 6 month lag period since the guidance should have been implemented and therefore, there are patients who need to be assessed and offered extended treatment where appropriate. Agreed that GPs would call back patients in order to review, likely low numbers per practice and advised an EMIS search would be useful. Also agreed that a letter will be drafted for GPs to send to affected patients.

Guidelines

Generalised Anxiety Disorder Guideline - this is a resubmission that was brought to APCO in March, asked to make guideline clearer in regards to what the pathway into secondary care should be. Also to clarify why the pregabalin traffic light was to be amber initiation and not green. This has been changed, so can treat with 3rd line option in primary care or can refer if concerns. Escitalopram has also been added, currently non formulary but only one of two SSRIs licensed for the treatment of GAD.
Information has been added to clarify when pregabalin should be added to SSRI or SNRI therapy and when it should be used alone. Agreed to add more information about dosing in this section.
The choice of SNRI to use was discussed as guidance does not give preference to venlafaxine or duloxetine.
Duloxetine is the cheaper option however the evidence for both medication is similar. Agreed to highlight this to make aware of the cost impact when prescribing.

Guideline accepted subject to changes discussed

Vitamin D in Pregnancy - Resubmission of the paper that came to July APCO. Changes have been made as a result of APCO recommendations.
Aim of the guidance is to make sure that all pregnant women are screened for Vitamin D status as risk to baby if stores are not good enough in third trimester. Algorithm included in guidance to give process.
It was clarified that generally community midwives will do the screening at the booking in appointment before 12 weeks and give advice (e.g. buy OTC or healthy start) or test levels and the GP will follow up, receive blood test results and prescribe vitamin D as necessary.
Raised that when OCCG vitamin D prescribing guideline updated will need to include reference to this guideline.
APCO were advised that vitamin D levels in pregnancy is an area that GPs will need to be made aware of and to ensure that a prescribing points article is done as a result to make GP's aware that this is new and ensure awareness of what to prescribe and follow up.

Guideline accepted

Antimicrobial prescribing guideline (adults) interim update –This is an interim update to the guideline mainly to ensure that national recommendations on prescribing in UTIs are included.
APCO were advised that the Public Health England guidance that our local guidance is based on has been updated completely this week so a full update of OCCG antimicrobial guidance will be necessary over the coming months. In this interim update, the main change is the choice of nitrofurantoin as first line treatment for most UTIs, previously trimethoprim and nitrofurantoin were both first line. It was noted that trimethoprim can still be used for patients with low risk of resistant infections e.g. young women with uncomplicated infections and therefore the trimethoprim PGD for community pharmacists to use will still be appropriate.

Information has already been circulated to GPs on this change in national guidance but local guidance needs to be in line with this to avoid confusion.
Also noted that CCG UTI treatment pathway documents will also be out of date and recommended that these are withdrawn until they are reviewed
The UTI section now includes a link to the target UTI leaflet which gives general advice and some information if an antibiotic is not required what the patient can do.

Other changes: In pregnancy there has been a study to show erythromycin is the only macrolide that can be used safely, therefore this information has been included.
Raised that it would be useful if scriptswitch flagged this up as currently suggesting using clarithromycin instead of erythromycin so pregnancy warning should be added
In the Asplenia section there are now different recommendations in regards to which vaccines should be given to patients and these have been updated

Updated guideline accepted.

Maintenance Management of Asthma – Inhaled and Oral Therapies (adults)

Document aims to guide prescribers to the formulary choice of inhaler (or oral treatment) for all stages of prescribing in the maintenance management of asthma in adults.
It is not intended as a full guideline, more of a decision support tool focusing on consistency of inhaler choice, cost effectiveness and choice of dose.
Follows BTS/SIGN guidance to some extent, particularly regarding categories of ICS inhalers (e.g. low dose, medium dose, high dose).
APCO asked to agree inhaler choices. Noted that most are familiar and are commonly used in both primary and secondary care already.
Of note:
Ciclesonide (low dose ICS) would be an addition to the formulary. It has been included as a once daily option and has lower risk of oral side effects. Will be brown with specific criteria noted.
Airflusal MDI (as a branded generic version of fluticasone/salmeterol). Not yet available on the market but expected in October, will be the most cost effective generic available and can be used with all spacers. Only available in 125 (medium) and 250 (high) strengths so will need to use Seretide for the low strength option. If all patients were switched to Airflusal saving for OCCG would be around £190k.
Relvar ellipta devices have now been included whereas previously were traffic lighted as Black in asthma. Previous issues with colour of device have been resolved and this formulary makes it clear when they can be used i.e. if a medium or high dose ICS DPI combination inhaler is required
Discussed that symbicort is the most widely prescribed combination DPI in Oxfordshire and would involve many patients changing device if not included on the guidance. It also offers consistency with device if pulmicort is used as low dose ICS alone option.
Agreed to move symbicort into the ‘alternative choice’ section as more expensive than other DPI options particularly at high doses.

Guideline agreed subject to amendments discussed

Infant Formula Guidelines – The guidelines have been updated from the 2014 Guidelines for the Management of Cow's Milk Protein Allergy (CMPA) in children .Added new sections for GORD, lactose intolerance, faltering growth and pre-term. Guideline also proposes a black traffic light for all anti-reflux and soya formula (lactose free formula already blacklisted) and amber continuation for Amino acid formulas (AAf). Summary at the end of document, question over whether this should be a decision support tool or just a summary of the prescribing information. Useful to have this as a summary, particularly for choice of treatment and quantities but only once a decision to prescribe has been made.
Noted that commissioning policy statement 250 (milk products) would need some amendments as a result of the guidelines including the table showing quantities to prescribe and information about amber continuation for AAf formulas.
Also noted that need to make diagnosis algorithms for IGE and non-IGE mediated allergy more prominent to make it clear when a referral is necessary.
Raised that Health visitors and community dieticians should be sent this guidance. Should also be sent to community pharmacists

Guideline approved subject to amendments

Chair's Actions

- Bath and shower products: conflict of guidance, bath and shower products are BLACK on the formulary due to lack of evidence. A statement has been added to the emollient guidance to clarify the status of these products. The OTC policy has been amended to remove reference to specialist initiation.
- Hydroxycarbamide SCPs. The protocols for myeloproliferative disorders and essential thrombocythaemia have received minor amendments to refer consistently to Hydroxycarbamide (not hydroxyurea) and include recommendation on use of 100mg and 500mg formulations only to avoid dosage errors.
- Liothyronine guideline has had minor amendment to clarify prescribing and review responsibility. GPs should expect to be requested to initiate and specialists are responsible for initial 3month review.

APCO advised that the OTC policy has not yet been amended and will go to the next CRG.