

**Oxfordshire Area Prescribing Committee (APCO)
Bullet Points
10th July 2018**

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 decisions taken at APCO in July 2018.

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
Guselkumab for treating moderate to severe plaque psoriasis	Red	In line with NICE TA521
Arsenic trioxide for treating acute promyelocytic leukaemia	Red	In line with NICE TA526
Pembrolizumab for untreated locally advanced or metastatic urothelial cancer when cisplatin is unsuitable	Red	NHS E commissioning. In line with NICE TA522
Midostaurin for untreated acute myeloid leukaemia	Red	NHS E commissioning. In line with NICE TA523
Brentuximab vedotin for treating CD30-positive Hodgkin lymphoma	Red	NHS E commissioning. In line with NICE TA524
Atezolizumab for treating locally advanced or metastatic urothelial carcinoma after platinum-containing chemotherapy	Red	NHS E commissioning. In line with NICE TA525
Beta interferons and glatiramer acetate for treating multiple sclerosis Interferon beta-1a , Interferon beta-1b (Extavia) and glatiramer acetate	Red	NHS E commissioning. In line with NICE TA527
Beta interferons and glatiramer acetate for treating multiple sclerosis	Black	In line with NICE TA527

**Medicines Optimisation Team
APCO Bullet Points July 2018**

Recommendations ratified at OCCG Clinical Ratification Group (August 2018)

Drug	Traffic Light Classification	Rationale
- Interferon beta-1b (Betaferon)		
Invicorp (aviptadil with phentolamine) for erectile dysfunction	Brown	Second line treatment after oral therapies in line with Clinical Commissioning Policy 41E.
Artelac night time gel	Green	Additional option in line with Ocular lubricant prescribing guidelines.
Fosfomycin	Green (third line)	For UTI. In line with updated antimicrobial prescribing guidance
Moxifloxacin	Green	For moderate diabetic foot infection in penicillin allergy. In line with updated antimicrobial prescribing guidance
Cefotaxime IM	Brown	For Meningitis in line with updated antimicrobial prescribing guidance
Chloramphenicol IV	Brown	For Meningitis in line with updated antimicrobial prescribing guidance
Azelaic Acid cream for acne	Green	For acne in line with updated antimicrobial prescribing guidance
Methenamine	Green	In recurrent UTI as prophylaxis in line with updated antimicrobial prescribing guidance
Brimonidine	Brown	For predominant erythema in acne rosacea, consider only if lifestyle changes are ineffective. In line with updated antimicrobial prescribing guidance
Kyleena 19.5 mg intrauterine delivery system	Black	Contraception for up to 5 years. Not part of OCC contraception service
Timolol 1mg/g eye gel 0.4g unit dose (Tiopex®).	Amber continuation	Amber continuation for glaucoma in line with updated local guidance.
Minoxidil (Loniten®)	Black	For androgenic alopecia. Oral tablets are not licensed for this indication and the solution Regaine® is not available on the NHS.
Guselkumab (Tremfya®)	Red	For treating moderate to severe plaque psoriasis in adults. Guselkumab has been recommended through the NICE fast track appraisal process
Dexrazoxane (Savene®)	Red	Anthracycline extravasation. Approved at MMTC June 2018.
Natamycin 5% eye drops	Red	Proven or suspected fungal keratitis. Approved at MMTC June 2018.
Tamoxifen 20mg tablets	Red	Hereditary Haemorrhagic Telangiectasia (HHT). Approved at MMTC June 2018.

Drug	Traffic Light Classification	Rationale
Ciprofloxacin ear drops (Cetraxal®) 2mg/ml	Green	Licensed ear drops now available
Trimovate cream	Red	Discontinued and only available as an unlicensed product. To be red (hospital only) for specific dermatology patients until a licensed product available

Miscellaneous

Freestyle Libre update

To April 2018 there have been 34 prescriptions at a cost of £2208. There are a few issues such as bordering CCGs with different policies. Some of the Other Thames Valley CCGs have agreed to do an audit for the first 50 - 100 patients and a 6 month follow up. OCDEM have said that 40 people have been approved but 20 people have had letters to GP to initiate.

APCO agreed to review this again in 6 months

Guidelines

Ocular Lubricant guidelines

Guidance already approved but resubmitted to APCO following involvement from ophthalmology and the development of a patient leaflet. Ophthalmology commented that there are more indications for use of preservative free options than listed in the document Flowchart on front sheet now includes a bookmark to direct user to preservative free indications. Artelac gel as an alternative ointment at night has been included.

A patient leaflet has been included. It is the same format as the summary flowchart of options but there are no prices included. It was felt that the patient leaflet may be difficult for some patients to follow. It was agreed that some of the language in the leaflet would need to be changed.

It was agreed that the guidance was approved but that changes needed to be made to the patient leaflet as discussed.

Botulinum Toxin A policy update

This has already been discussed at APCO in May. There has been some additional wording which needs to be approved before it is submitted to CRG.

It was reported that this has been updated to make it clear what is an Oxfordshire only recommendation and what is a Thames Valley wide policy. This means that if a patient is seen in a Berkshire hospital then a different policy will be used and therefore there will be inequity across the county for patients for the different indications.

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It was also noted that the RMOG Task and Finish Group are looking at this for the whole of the UK.

APCO agreed that they are happy to re-approve this subject to the minor change

Oral Glucose Tolerance Tests (OGTT) for gestational diabetes mellitus (GDM)

Currently the two guidelines (NICE and WHO) available for detection and management of diabetes in pregnancy recommend different diagnostic criteria

Some practices are using NICE guidelines whereas midwives and the OUH are using WHO guidelines. The opinion of APCO is required as to what should be recommended in Primary Care and how this should be done.

It was noted that there isn't a lot of evidence to recommend one test over another but if OUH are using one form of test then it needs to be consistent in primary care. It was reported that most countries are following WHO guidance.

This is supported by the specialists in OUH and Amir Latif who is the long term conditions clinical lead at OCCG

APCO would suggest that everyone across the interface use WHO guidance to ensure consistency

Guidance for opioid reduction in primary care

This was written by Jane Quinlan, Pain Management Consultant at the OUH along with the Oxford Pain Management Centre with an aim to support GPs with opioid dose reductions. It should be noted that this guidance is for opioids prescribed to patients with non-cancer chronic pain. It incorporates an opioid calculator to establish the morphine equivalence, in view of the British Pain Society's maximum recommended dose of 120mg morphine equivalence per day and spreadsheets that will autocomplete an opioid reduction schedule. There is also a patient information sheet pending. All three of these documents were approved by MMTC in December 2017 and are available on the pain clinic's website.

APCO approved subject to checking of spreadsheet. .

Advice for GPs on managing Insomnia

Dr Richard Wood has submitted this guidance regarding managing insomnia in primary care. The main premise of the guidance is non-drug treatments but there is a mention of when drug treatment is appropriate, so guidance needed to be considered by APCO.

The recommendations are based on the NICE clinical knowledge summaries advice on insomnia. The Oxfordshire formulary choices for hypnotics have been included (temazepam and zopiclone)

There is some evidence regarding online and app-based CBT courses and this was discussed. There may also be some fixed term funding available for the Sleepio app locally from October.

It was noted that the IAPT programme also offer CBT and Insomnia groups through Talking Space. The guidelines need to give clear advice on what is available.

Approved subject to checking of local CBT groups that are available and what capacity they have.

Barrier Cream pathway

This is an update to a previous pathway for Barrier Creams and has been produced by the tissue viability nurses based at OH.

All of the products recommended in the pathway are included in the formulary. This is a useful guide of what to offer patients and when they are necessary. It is already being used by the Tissue Viability Nurses.

Approved.

South Central Antimicrobial Network – Guidelines for Antibiotic Prescribing in the Community

This guidance has come from the South Central Antibiotic Pharmacist Network (SCAN). It has been adapted from the SHIP (Southampton, Hampshire, Isle of Wight, Portsmouth) guidance. Now also being used in Berkshire. The proposal is to adopt this as the Oxfordshire guidance and not use current guidance which is now out of date.

This guidance is user friendly and easy to follow and covers both adults and paediatrics.

There are some differences between this and the current Oxfordshire guidelines. Some of this is due to changes in NICE or PHE guidance since current guidance was last updated. There are some clinical areas that are not covered in these guidelines that are in the current guidelines, however none of these are major areas. There are also some additional areas covered that current guidance does not.

Paediatric guidelines discussed. Smaller section than previous guidance but some advice has been integrated into adult guideline. The guideline tries to be practical in recommendations i.e. consideration of palatability and dosing schedules

Guidance has received feedback from Lucinda Barrett, micro ID consultant at OUH who is largely happy with this apart from a few minor issues that have been raised with the authors. It was confirmed that an updated version amending a few issues will be available shortly. It was also confirmed that these guidelines are not editable. The medicines optimisation team can input into the network meetings but cannot make any changes without being approved by the committee.

There are some formulary clashes which would need to be amended as part of the adoption of the guidance (see summary table above for changes)

Fidaxomicin could potentially stay as red, as guidance suggests that should be used with microbiology input.

The committee were advised that SCAN have a very robust system to quality control guidance.

This would not be an Oxfordshire guideline although SCAN document would be locally endorsed.

It was suggested that a covering sheet be put on the OCCG website giving the local information that is currently in the guidance plus any items to note on the local formulary. There is no option to make any local amendments to the actual document.

The document should also shortly be available as an e-book but will not be printed.

The guidelines do comply with current NICE guidelines.

It was agreed that this would be a standard agenda item for APCO each meeting to note any changes that have been made.

Medicines Optimisation Team

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APCO approved and also approved by the OUH Antimicrobial Steering group (ASG)

Chair's Actions

Glaucoma and Ocular Hypertension Treatment Guidelines (Topical products) – Since guideline was approved at APCO March 2018, Timolol Unit Dose 0.5% ophthalmic solution 0.2ml unit dose (Timoptol®) which is in the current guideline has been discontinued. The ophthalmology consultants are happy for patients who require preservative free alternative to be switched in primary care by GPs to Timolol 1mg/g eye gel 0.4g unit dose (Tiopex®). Tiopex® (Drug Tariff May 18 price = £7.49) is also cheaper than Timoptol® (Drug Tariff May 18 price = £9.65). This information will also be circulated in prescribing points.