

**Oxfordshire Area Prescribing Committee (APCO) Bullet Points July 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 March 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)

1. **Linoclotide** for IBS – NICE CG61 includes linoclotide as an option for patients who have IBS related constipation and exhausted all other available agents. Currently traffic lighted as black following review of the NICE evidence summary in 2013. The committee agreed that local pathway to be reviewed.
2. **Esmya** (Ulipristal) for uterine fibroids –as there had been no request to use this from OUH gynae this was traffic lighted as black.
3. **Alprostadil** cream for erectile dysfunction – proposed as a second line option to oral treatment. JD commented that TV priorities committee are reviewing the lavender statement on ED treatments and that a decision on this should be made via this route- Black until TVPC REVIEW
4. **Migraine guidance** and a request for a shared care flunarizine was discussed. A joint guideline incorporating the primary and secondary care pathway is to be resubmitted with minor amendments. The committee did not agree to shared care prescribing of flunarizine as it is unlicensed and understood to be only available on a named patient basis. There were concerns about availability for patients.
5. **Opioid Pain Guidelines** These are being updated with the Pain Consultants and a draft version was discussed at the committee for a decision regarding inclusion of buprenorphine patches. It was agreed that buprenorphine patches do have a limited place as an

alternative for patients requiring patch therapy on specialist recommendation only. The final version will be submitted to a future APCO for agreement.

6. **Apixiban Dose Reduction** a proposal from the haematologist for reducing the dose of apixaban to 2.5mg (from initial dose of 5mg) at 3 months rather than 6 months as recommended in the SPC/NICE. It is understood that this is now accepted practice of stopping short term treatment after 3 months and not 6 months as was previously recommended. This decision was not ratified by CRG who would like to see more evidence. To be reviewed by CRG when more evidence presented.
7. **Denosumab** the guideline has been updated to cover patients for whom DNs are administering in the patients home
8. **Hydrocortisone Liquid** OUHT have started using liquid Hydrocortisone but as this unlicensed and expensive this policy would not be adopted in primary care
9. **Bladder Diaries** A patient held diary to support patients in trialling stopping their Over Active Bladder medication was approved with some minor amendments. The diary allows patients to record before and after stopping medication and to allow patients to decide whether they could permanently stop the medication.

### Summary of Joint Formulary/Traffic Light Classifications:

Drug	Traffic Light	Rationale
Jaydess	Holding list	Awaiting Public Health review

<b>Linoclotide</b>	Black	Awaiting Pathway review
Esmya	Black	No request from Gynea to use
Alprostadi	Black	To be reviewed as part of lavender statement review via TVPC
Flunnarizine	Red	Unlicensed and named patient only