

Oxfordshire Area Prescribing Committee (APCO) Bullet Points March 2015

Prescribing Points and the Traffic light system are available on the OCCG website-link below.

The Oxfordshire Joint Formulary 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. **Shared Care: Sodium Aurothiomalate and Sulfasalazine** Two new shared care guideline lines **agreed** which incorporate all of the agreed shared care indications for these drugs and are in the new standard template. A short document clarifying general responsibilities of specialist, GP and patient when entering into a shared care agreement was also agreed.
2. **Vitamin D Guidance** A minor amendment to the guideline reflects the growing number of licensed high strength products which are becoming available. It was reiterated that patients who are at very high risk of vitamin D deficiency should either access vitamin D via Healthy Start vouchers if they are eligible or purchase supplementation which is readily available through pharmacies or health food stores at very low cost.
3. **Magnesium Aspartate** This product was **approved** as an alternative magnesium supplement following a request from the gastroenterologists, mainly for patients with short bowel syndrome. Although magnesium glycerophosphate is listed in the Joint Formulary as red it has been widely prescribed within Oxfordshire. Neither magnesium glycerophosphate nor magnesium aspartate are licensed drugs but magnesium aspartate is available over the counter as the nutritional supplement Magnaspartate produced by Kora Healthcare. It is a twice daily sachet compared with six tablets of magnesium glycerophosphate per day and is less expensive. It was agreed to be added to Joint Formulary as yellow after specialist initiation.

- 4. Tiotropium** This was **approved** for the treatment of asthma only as an add-on in adult patients who are currently treated with a combination of inhaled corticosteroids and long-acting beta2-agonists and who experienced one or more severe exacerbations in the previous year. Although there is an add on cost this may lead to better control in those patients who are already receiving standard treatment. It was agreed that this should be initiated by a specialist as these would be patients at step 4 or 5 of the pathway.
- 5. Dressings** Four new dressing products were presented by the Tissue Viability Nurse (TVN) Team. It was recognised that there is both limited trial data and GP expertise in dressing products however the CCG does have a significant expenditure of approximately £2m per annum on dressing use.
The products presented were
- a. Medi derma spray**-was **approved** for large wounds only. This had not previously been approved due to the comparative cost with the applicator. However it was noted that the non-formulary product cavillon spray is being used and that for large wounds it was clinically and cost effective to use a spray. TVNs will produce guidance on what would be considered a large wound
 - b. Cutimed** was **approved** as an option for colonised/infected/ischemic/arterial wounds under TVN advice and recommendation and where Honey and Iodine are contra-indicated. It is anticipated that this will reduce the use of silver dressings which are not recommended but often used.
 - c. K two reduced** this compression bandage kit was not approved as a replacement for the currently used Ko flex. It was felt that the evidence was not strong enough to justify the cost differentia. The committee will reflect on how best to deal with decisions around dressing products.
 - d. Actifast** was **approved** to replace tubifast as a cheaper option for securing dressings in place. **Comfinette** can be used as a liner but only where a liner is necessary
- 6. Over Active bladder** This pathway had been simplified with the agreement of both the urologists and the obstetricians. Solifenacin has been removed from the guideline. The current expenditure by OCCG on solifenacin is approximately £800,000 per annum. Tolterodine standard release is the first line treatment. Mirabegron should only be used in line with the specific recommendations with NICE.
- 7. Rheumatology Guidelines** These existing guidelines were renewed. Links to the new shared care documents will be added as they are developed.

Summary of Joint Formulary/Traffic Light Classifications:

Drug	Traffic Light	Rationale
Anoro Ellipta	Holding list	LABA/LAMA, to await further guidance from secondary care
DuoResp Spiromax	Holding list	To await further info
Incruse Ellipta	Holding list	LAMA, No clear advantage
Ultibro Breezhaler	Holding list	LABA/LAMA, to await further guidance from secondary care
Rivaroxiban for ACS	Holding List	2.5mg tablets not yet available
Jaydress	Holding list	Awaiting public Health review
Empagliflozin	Holding list	NICE due

Joint Formulary/Traffic light-		
Magnesium Aspartate	Yellow	Twice daily sachet and less expensive than magnesium glycerophosphate
Solifancin	Yellow	Continuation only
Tiotropium for asthma	Yellow	Specialist initiation for patients that are being treated with both LABA and inhaled corticosteroids
Escitalopram	Black	Remains black-not used within OH..
Lurasidone	Red	Psychiatrist's treatment only
Skinnies and dreamsilk	Black	In line with other garments