

**Oxfordshire Area Prescribing Committee (APCO) Bullet Points 9th September 2014**

Prescribing Points and the Traffic light system is available on the OCCG website-link below. These bullet points summarise the decisions taken at APCO in September 2014; where possible drugs have been assigned a 'traffic light' in line with the Oxfordshire Prescribing Traffic Light System.

**Local Guidance: [Traffic Light System](#)**

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

1. **Solifenacin/Tamsulosin Vesomni** This combination product was not approved for prescribing within Oxfordshire. The trial data only compared different strengths of the combination system against tamsulosin alone or placebo. Solifenacin one of the last line choices of anti-muscarinic locally however prescribing of this product is very high.
2. **Somatostatin Analogues for Acromegaly** An updated shared care protocol was presented recommending a higher dose of Lanreotide and a lower target growth hormone level. Although there is a current shared care guideline it is unclear whether this sits with specialised commissioning and clarification was sought. No decision made.
3. **Mesalazine** A paper was presented highlighting the updated BNF wording regarding different Mesalazine preparations, local usage and potential savings of switching. It was agreed to recommend a local switch for patients currently receiving Asacol to Octasa would provide savings.
4. **Ibadronic Acid** This was approved for continuation in patients with metastatic breast cancer who cannot tolerate injections.
5. **Cutimed Sorbact** This dressing was not approved for addition to formulary. The evidence that was presented did not appear to represent the target patient group.
6. **Sildenafil** The National SLS restrictions on prescribing of generic sildenafil have been removed. It was agreed that OCCG would support the use of generic sildenafil in all patients with erectile dysfunction up to a maximum of 4 tablets per month. APCO recommended that the other oral drugs

should not be prescribed however this decision was not ratified and the other oral agents may be prescribed where sildenafil cannot be used and only for patients that meet the SLS criteria.

7. **BD Autosield needles** A request for these to be added to the formulary for use by district nurses when administering insulin to patients via insulin pens. The aim was to reduce the incidence of needlestick injuries and follows a recent HSE guidance recommending these devices. It was felt that the responsibility to protect the safety of district nurses rests with the employer and therefore the decision to switch to and the funding of these needles was referred back to Oxford Health. It was agreed that GPs should not prescribe these needles.
8. **Other Guidelines approved** Ketone Testing Strips for Adults, Secondary Prevention of Fragility Fractures, Guideline for management of acute diarrhoea
9. **Atrial Fibrillation** The decision aid supporting GPs in initiating anticoagulant therapy was approved. This tool provides information
10. **Continuous Glucose Monitoring** Options of the use of Continuous Glucose monitoring in children in age groups up to 10 years old were discussed with the strongest case for younger children. Evidence reviews are not yet available. It was not clear whether this treatment would be considered as part of tariff and therefore approval could not be given.

### Summary of Traffic Light Classifications:

Drug	Traffic Light	Rationale
Rivaroxiban for ACS	Holding List	2.5mg tablets not yet available

TRAFFIC LIGHT UPDATE:-		
Solifenacin/Tamsulocin combination	Black	Lack of evidence, Solifenacin reserved for patients that do not respond to other treatments
Mesalazine Octasa & Pentasa	Green	First line preparations of Mesalazine
Ibadronic Acid	Yellow	For metastatic breast cancer in patients that cannot tolerate injections
Cutimed Sorbact	Black	Insufficient evidence
Sildenafil	Green	Erectile dysfunction. Four tablets per months only
Viagara, Tadalafil, Vardenafil, Avanafil	Brown	Only second line to generic sildenafil. Only for patients meeting SLS criteria. Four tablets per month only.