

# Prescribing Points



Volume 26 Issue 3 April 2017



Oxfordshire

Clinical Commissioning Group

This newsletter is written by the Medicines Optimisation Team, Oxfordshire CCG (OCCG), Jubilee House, Oxford Business Park South, Oxford, OX4 2LH. It is for all health professionals in Oxfordshire and is uploaded to the OCCG website. For queries, contact [OCCG.medicines@nhs.net](mailto:OCCG.medicines@nhs.net).

Please let us know if you are receiving this newsletter and it is no longer relevant to you by contacting [OCCG.medicines@nhs.net](mailto:OCCG.medicines@nhs.net).

## Online Formulary Special Edition

Inside this issue:	Page
New Oxfordshire Online Formulary	<a href="#">1</a>
How to Use Guide	<a href="#">3</a>

## New Oxfordshire Online Formulary (netFormulary)

Oxfordshire now has a new online formulary which can be accessed via [www.oxfordshireformulary.nhs.uk](http://www.oxfordshireformulary.nhs.uk). This replaces the 'Oxfordshire Traffic Light Classification for Prescribing Responsibility'. The formulary does not require N3 connection and is available to download on mobile devices via the Apple Store or Google Play.

Oxfordshire Clinical Commissioning Group (OCCG) is currently developing a new public facing website and intranet for staff and local clinicians. On the new website all clinical guidelines and shared care protocols will be public facing and will not require N3 connection to access. Please note that once the new website is launched, current links within the formulary could be broken. The Medicines Optimisation team will ensure that the links are fixed in a timely manner.

### The aim of the formulary

The main aim of this formulary is to promote safe, evidence-based, cost-effective prescribing. Limiting the range of medicines included in the formulary and promoting the use of generic medicines where appropriate:-

- Enhances safety through familiarity with the medicines in use by all healthcare staff involved in the prescribing, dispensing and administration of medicines.
- Ensures efficient use of NHS resources.

### Development of the formulary

The formulary includes decisions made by the Area Prescribing Committee Oxfordshire (APCO). APCO

meetings are held every two months. The Committee consists of GPs, representatives from the OCCG Medicines Optimisation team and representatives from healthcare providers across Oxfordshire particularly Oxford University Hospitals NHS Foundation Trust (OUHFT), Oxford Health NHS Foundation Trust (OHFT), Local Medical Committee and Local Pharmaceutical Committee. APCO considers new drugs and prescribing guidelines and provides recommendations on prescribing and medicines optimisation across the Oxfordshire Health Economy. The group considers any new NICE guidance including drugs. Following ratification by the Clinical Ratification Group (CRG), the key decisions from each APCO meeting are circulated as Bullet Points. APCO classifies drugs according to the local 'Traffic Light' system. All APCO decisions are dated within the individual product entry.

The Traffic Light Prescribing Classification in Oxfordshire provides information on restrictions on prescribing certain drugs across the whole health economy and all providers are contractually obliged to adhere to them.

**RED**

**Red:** Medicines which should only be prescribed in secondary care by a specialist.

**AMB C**

**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.

**AMB SCP**

**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**

**Green:** Medicines which are suitable for initiation and ongoing prescribing within primary care.

**BROWN**

**Brown:** Medicines which should only be prescribed in restricted circumstances.

**BLACK**

**Black:** Medicines which are not recommended for use because of lack of evidence of clinical effectiveness, cost effectiveness or safety.

### How should the formulary be used?

Formulary drugs, including the range of approved preparations for each drug, are listed according to the BNF classification system. Unlicensed drugs and preparations approved for use are included in the most relevant section.

First, second, and occasionally third line drugs are indicated where appropriate. First line drugs should be used unless there is a contraindication, the patient has suffered an adverse effect, or has not responded to the first line drug.

Non-formulary drugs should not be prescribed. Patients who are currently on a non-formulary drug, but were started within the NHS before this formulary was published, should be able to continue treatment until they and their NHS clinician consider it appropriate to stop. If clinically appropriate patients on non-formulary drugs should be switched to drugs within the formulary.

There are currently several chapters which are still under review and will be finalised shortly. All APCO Traffic Light classifications have been captured within the formulary.

If a new drug has not been considered by APCO or further information is required it will be classed as non-formulary until a submission is made.

**The formulary is not** intended to replace the BNF or Summaries of Product Characteristics (SPC) which will need to be referred to for information on licensed indications, contraindications, cautions, side-effects, interactions and dosage etc. Hyperlinks are available to BNF, BNFC and to the SPC within the individual product entry.

### How often will the formulary be updated?

The formulary will be updated every two months after APCO meetings.

## How to Use Guide

Access the formulary via [www.oxfordshireformulary.nhs.uk](http://www.oxfordshireformulary.nhs.uk).

The screenshot shows the Oxfordshire Formulary website interface. At the top, there is a navigation menu with links for Home, Chapters, News, Mobile, Reports, Feedback, and Log off. Below the navigation is a search bar with the text "net Formulary" and a "Search" button. A red arrow points to the search bar with the annotation "Use search tool to find drug or condition of interest".

Below the search bar is a "Welcome to the Oxfordshire Formulary" section with a sub-header "For use by ALL primary and secondary care prescribers within Oxfordshire." and a search input field. A red arrow points to this section with the annotation "News feed to provide updates".

Below the welcome section is a "Useful Links" section with a grid of links: APCO Bullet Points, Clinical Guidelines, Shared Care Protocols, Prescribing Points, Lavender Statements, Individual Funding Request (IFR), Wound Management Formulary, Available on the App Store, and Google play. A red arrow points to the "Individual Funding Request (IFR)" link with the annotation "Useful links to Oxfordshire Clinical Commissioning Group Intranet".

Below the useful links is a "News Feed" section with two entries: "Prescribing Points March 2017 is now available to view." and "APCO Bullet Points January 2017 is now available to view.".

Below the news feed is a "How to use the formulary" section with a list of instructions: "Use the search tool to find the drug or condition of interest or browse by BNF chapter using the 'Chapters' Menu at top of page.", "Formulary products may be found in one or more chapters. Click on the entry in the appropriate chapter.", "First and second choices shown where possible to assist cost-effective prescribing.", "Non-formulary products are shaded in pink and labelled non-formulary.", "APCO decisions are dated within the individual product entry.", "Hyperlinks are available to BNF, BNFC and to the Summaries of Product Characteristics." A red arrow points to this section with the annotation "Quick guide to using the formulary".

At the bottom of the "How to use the formulary" section, there is a contact email: "If you have any comments or queries please email [occq.medicines@nhs.net](mailto:occq.medicines@nhs.net)."

net Formulary Oxfordshire Clinical Commissioning Group NHS Build Formulary

Home Chapters News Mobile Reports Feedback Log off

Search

Formulary Chapters

- 1 [Gastro-intestinal system](#)
- 2 [Cardiovascular system](#)
- 3 [Respiratory system](#)
- 4 [Central nervous system](#)
- 5 [Infections](#)
- 6 [Endocrine system](#)
- 7 [Obstetrics, Gynaecology, and urinary-tract disorders](#)
- 8 [Malignant disease and immunosuppression](#)
- 9 [Nutrition and blood](#)
- 10 [Musculoskeletal and joint diseases](#)
- 11 [Eye](#)
- 12 [Ear, nose and oropharynx](#)
- 13 [Skin](#)
- 14 [Immunological products and vaccines](#)
- 15 [Anaesthesia](#)

Can browse BNF chapter using the 'Chapters' menu

net Formulary Oxfordshire Clinical Commissioning Group NHS Build Formulary

Home Chapters News Mobile Reports Feedback Log off

Search

Formulary Chapter **2: Cardiovascular system** [Full Section](#)

Numbers in brackets indicate counts of (Formulary items, Non Formulary items)

- 02.01 [Positive inotropic drugs](#) (0,0)
- 02.01.01 [Cardiac glycosides](#) (1,1)
  - [Dioxin-specific antibody](#) (1,0)
- 02.01.02 [Phosphodiesterase type-3 inhibitors](#) (1,1)
- 02.02 [Diuretics](#) (0,0)
  - 02.02.01 [Thiazides and related diuretics](#) (5,3)
  - 02.02.02 [Loop diuretics](#) (2,1)
  - 02.02.03 [Potassium-sparing diuretics and aldosterone antagonists](#) (1,1)
    - [Aldosterone antagonists](#) (2,0)
  - 02.02.04 [Potassium-sparing diuretics with other diuretics](#) (1,7)
  - 02.02.05 [Osmotic diuretics](#) (1,0)
  - 02.02.06 [Mercurial diuretics](#) (0,0)
  - 02.02.07 [Carbonic anhydrase inhibitors](#) (0,0)
  - 02.02.08 [Diuretics with potassium](#) (0,5)
- 02.03 [Anti-arrhythmic drugs](#) (0,0)
  - 02.03.01 [Management of arrhythmias](#) (0,0)
  - 02.03.02 [Drugs for arrhythmias](#) (0,0)

After selecting the 'Cardiovascular System' you will then be given the options for sub-chapters. You can also choose to view the entire chapter by selecting 'Full Section'.

net Formulary

Oxfordshire Clinical Commissioning Group **NHS**  
Build Formulary

Home Chapters News Mobile Reports Feedback Log off

Search

Formulary Chapter 2 Cardiovascular system - Full Chapter

02.02.02 Loop diuretics

**Furosemide** **First Choice** **GREEN** First choice diuretic for the management of heart failure. See [The Management of Heart Failure in Primary Care.](#)

**Bumetanide** **Formulary** **GREEN** May be more effective in patients with heart failure who are severely oedematous. See [The Management of Heart Failure in Primary Care.](#)

**Non Formulary Items**

**Torsemide** **Non Formulary** **PINK**

First choice drugs are shaded in green

Links to local guidelines and other relevant information can be found within the individual product entry

Links to BNF, BNFC, SPC. The drug name will be pre-populated in the BNF, BNFC, SPC.

Non-formulary drugs are shaded pink

**Key**

- Notes

Section Title (top level)

Section Title (sub level)

R Restricted Drug

Unlicensed

SPC Link to SPCs

[i] Display tracking information

CDF Cancer Drugs Fund
- First Choice item

Non Formulary section

Cytotoxic Drug

Controlled Drug

High Cost Medicine

Link to adult BNF

Link to children's BNF

The end of each page has a key

**Traffic Light Status Information**

Status	Description
<b>RED</b>	<b>Red:</b> Medicines which should only be prescribed in secondary care by a specialist.
<b>AMB C</b>	<b>Amber Continuation:</b> 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.
<b>AMB SCP</b>	<b>Amber Shared Care Protocol:</b> 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 approved by the Area Prescribing Committee Oxfordshire (APCO).
<b>GREEN</b>	<b>Green:</b> Medicines which are suitable for initiation and ongoing prescribing within primary care.
<b>BROWN</b>	<b>Brown:</b> Medicines which should only be prescribed in restricted circumstances.
<b>BLACK</b>	<b>Black:</b> Medicines which are not recommended for use because of lack of evidence of clinical effectiveness, cost effectiveness or safety.

Search  
azathioprine Search

Results

Looking for **azathioprine** found 6 matches

Formulary	BNF Category
<a href="#">azathioprine</a> (Immunosuppression / Post-transplant)	Antiproliferative immunosuppressants - 08.02.01
<a href="#">azathioprine</a> (Rheumatology)	Drugs affecting the immune response - 10.01.03
<a href="#">azathioprine</a> (Dermatology)	Drugs affecting the immune response - 13.05.03
<a href="#">azathioprine</a> (Gastroenterology)	Drugs affecting the immune response - 01.05.03

Non Formulary	BNF Category
<a href="#">azathioprine Capsules 10 mg</a>	Unlicensed Medicines - 20
<a href="#">azathioprine Suspension 50 mg in 5mL</a>	Unlicensed Medicines - 20

Use the search tool to find drug or condition of interest

Formulary products may be found in one or more chapters. Click on the entry in the appropriate chapter.

Chapter under development

Search

Formulary Chapter 13: Skin - [Full Chapter](#)

Notes:  
This chapter is currently under development and will be finalised shortly. All APCO Traffic Light classifications have been captured within the formulary.

Details...  
13.05.03 [Drugs affecting the immune response](#)

**Adalimumab** (Humira®) **Formulary** RED

(Dermatology) £

For the treatment of:

- Psoriasis as per NICE TA146 (APCO July 2008). For sequential use please refer to [Lavender Statement 266](#) (psoriasis) and [Lavender Statement 268](#) (psoriatic arthritis).
- Hidradenitis suppurativa as per NICE TA392 (APCO July 2016).

**Manage Links**  
[NICE TA146: Adalimumab for the treatment of adults with psoriasis](#)  
[NICE TA392: Adalimumab for treating moderate to severe hidradenitis suppurativa](#)

**Apremilast** (Otezla®) **Formulary** RED

(Dermatology) £

For the treatment of:

- Moderate to severe plaque psoriasis as per NICE TA419 (APCO January 2017).
- Active psoriatic arthritis as per NICE TA433 (APCO March 2017).

**Manage Links**  
[NICE TA419: Apremilast for treating moderate to severe plaque psoriasis](#)  
[NICE TA433: Apremilast for psoriatic arthritis](#)

**Azathioprine** (Dermatology) **Formulary** AMB SCP

In line with [Shared Care Protocol](#).  
APCO November 2011.

The drug searched will be highlighted in red

APCO decision

Links to NICE guidance and other useful information can be found in relevant sections