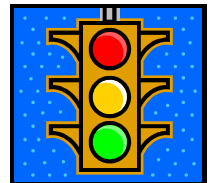


# Traffic lights in prescribing

Julie Dandridge

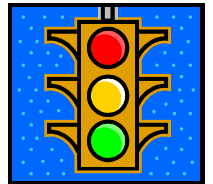
Oxfordshire Lead for Prescribing and Pharmacy Policy

Oxfordshire PCT



# Why?

- Numerous decision making bodies
  - APCO, MAC, PF, OBMHT DTC etc
- Different categories
- Lots of pressure to prescribe
- Central collection of prescribing decisions

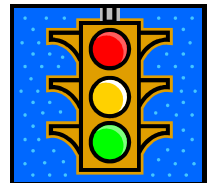


# What are they?

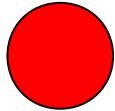
- Recommendations only

but

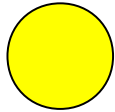
- Based on evidence, safety and cost effectiveness and appropriateness of place for prescribing



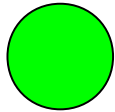
# Categories



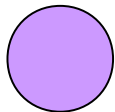
- Red



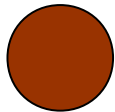
- Yellow
  - continuation
  - Protocol



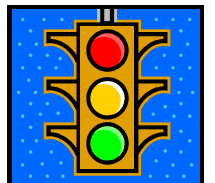
- Green



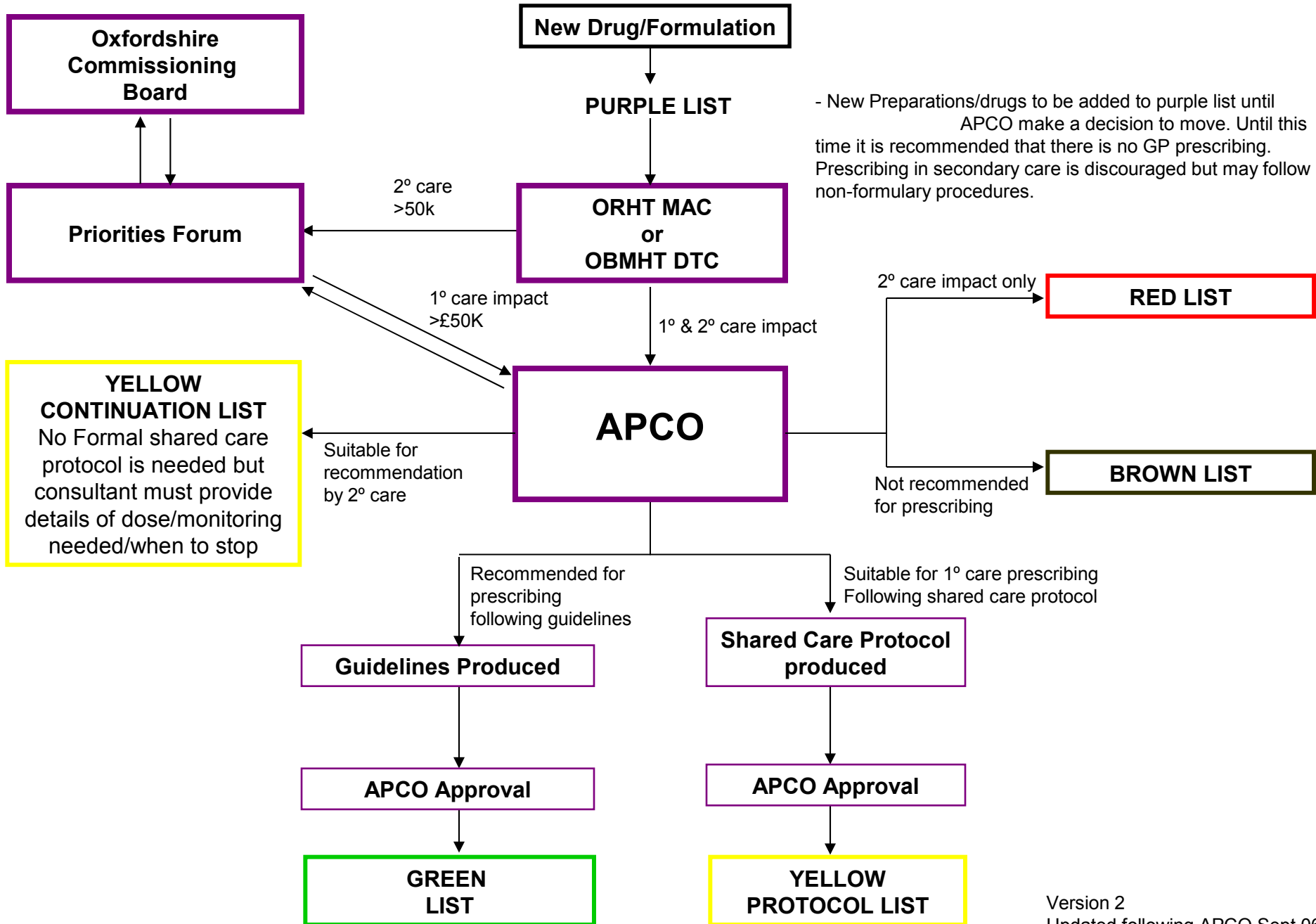
- Purple



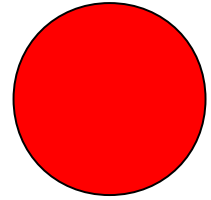
- Brown



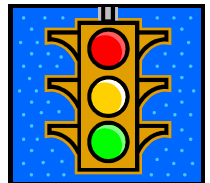
# New Drug/Formulation and Oxfordshire Traffic Light System



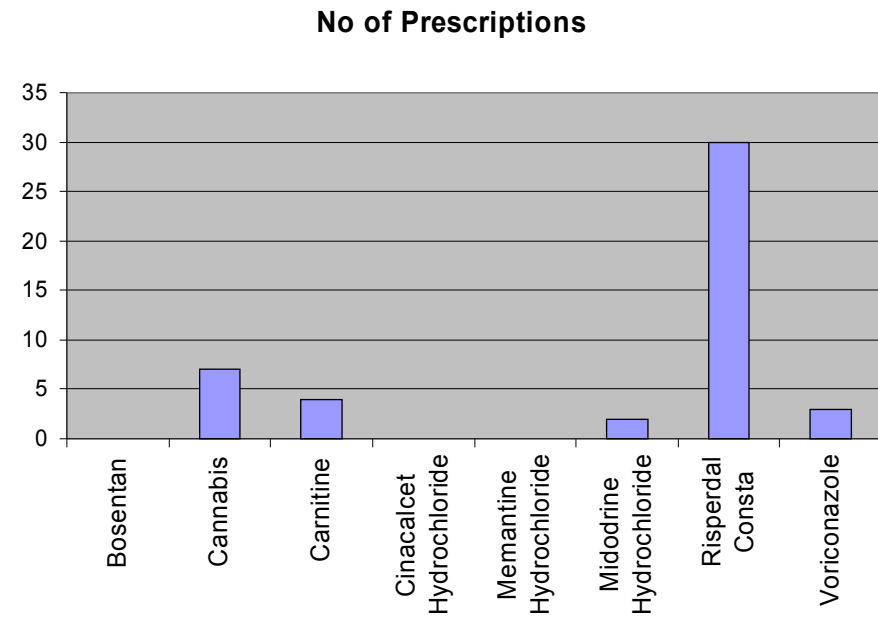
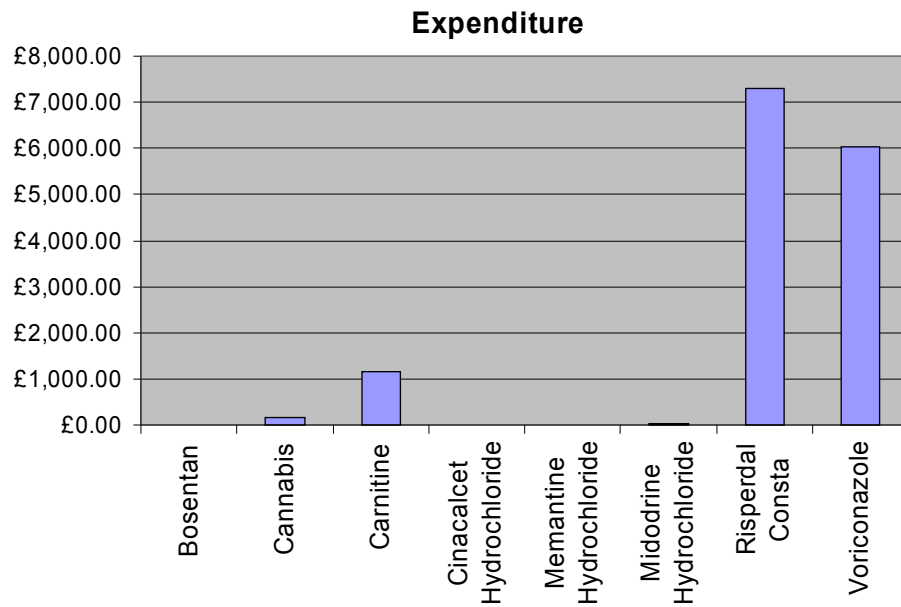
# Red list



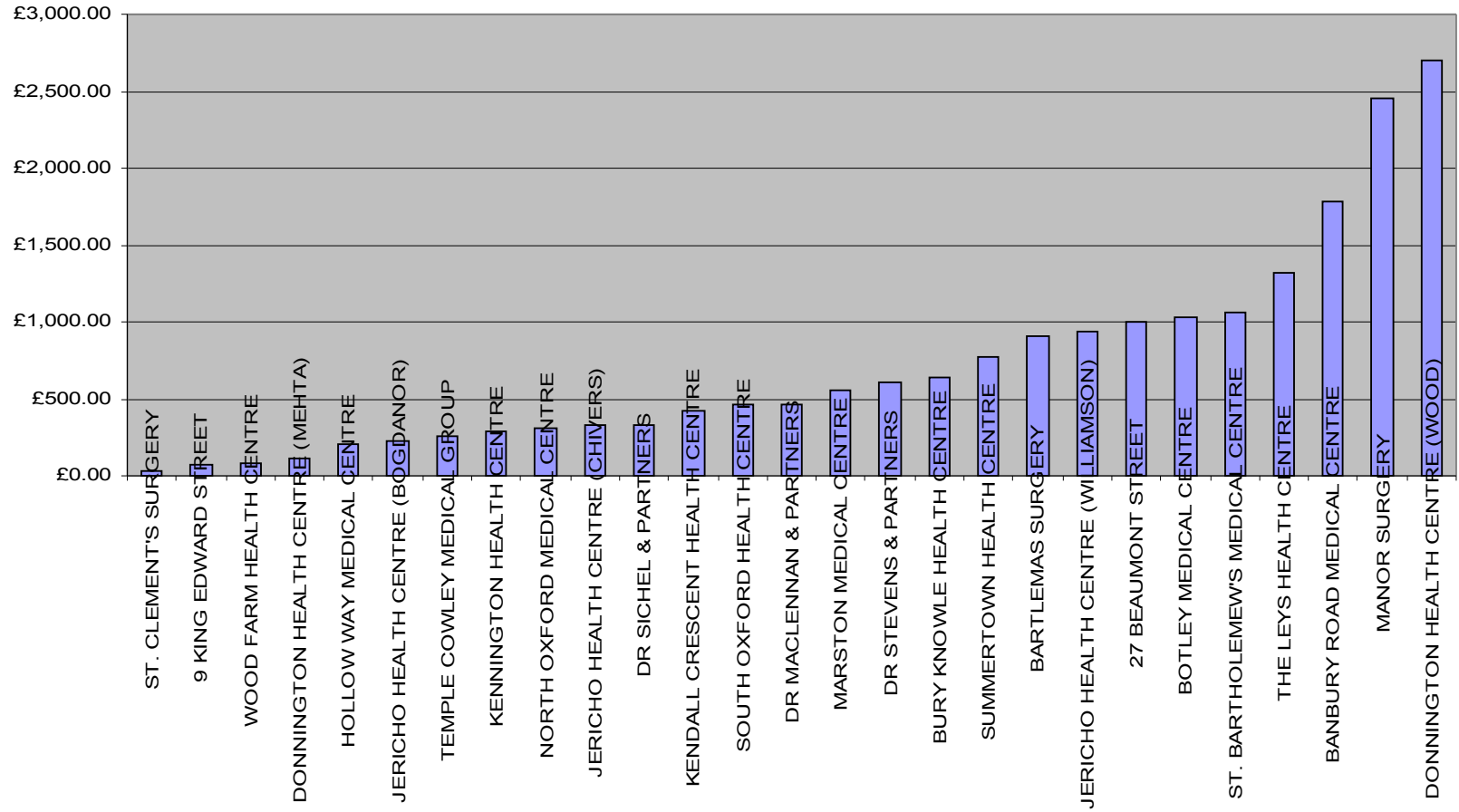
- Drugs for continued specialist prescribing
- Drugs may move from red to yellow
- Referral of patients on these drugs
- Eg: bosentan, cannabis spray, cinacalcet,



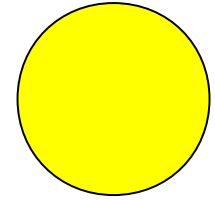
# RED list and Oxford City GP prescribing between April and Aug 06



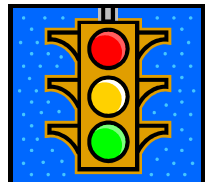
# Expenditure on Mepilex by Oxford City GP practice from April to Aug 06



# Yellow protocol list

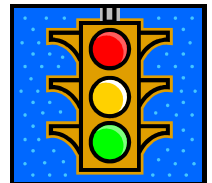


- May be prescribed in primary care following a shared care protocol
- Shared care protocol to be approved by APCO
- Some drugs suitable for near patient testing under nGMS
- Eg; azathioprine, gold, donepezil, testosterone gel



# Shared care protocols

- Explains responsibilities
- GPs can request a protocol
- APCO developed a template for shared care protocols



# **Oxford Radcliffe Hospitals NHS Trust, Oxfordshire Primary Care Trust, Nuffield Orthopaedic Centre and Oxfordshire Mental Health NHS Trust Shared Care Protocol and Information for GPs**

## **Name of drug**

This leaflet provides the necessary information and guidance for the shared care of adult patients requiring (insert name of drug) therapy

## **Summary**

## **Background**

## **Indications**

## **Prescribing Information**

## **Adverse effects (Include incidence and likelihood)**

## **Contra-indications/Cautions**

## **Pregnancy and lactation (if appropriate)**

## **Drug interactions (refer also to BNF or SPC; include significance of interaction)**

## **Monitoring**

## **Patient information leaflet**

Patients should be supplied with an information leaflet from the manufacturer and/or the hospital team.

## **Contact details**

# Shared Care Responsibilities

## **a) Aspects of care for which the Hospital Consultant is responsible:**

Write to the GP requesting shared care and outline shared care protocol criteria.

Liaise with GP regarding changes in disease management, drug dose, missed clinic appointments.

Ensure clinical supervision of the patient is done by follow-up as appropriate.

Ensure the patient understands the nature and complications of drug therapy and their role in reporting adverse effects promptly.

Provide clear instruction to GP on when therapy needs to be referred back to specialist.

Be available to give advice to GP and patient.

## **b) Aspects of care for which the GP is responsible:**

Prescribe (insert name of drug) according to a written protocol.

Advise the Hospital Consultant of any clinical changes or adverse effects where appropriate.

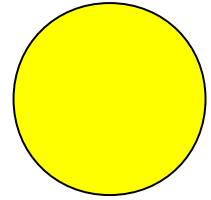
Monitor for adverse effects as detailed above.

## **c) Aspects of care for which the Patient is responsible:**

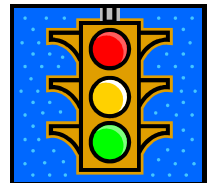
Report any adverse effects to their GP and/or consultant

Attend for regular monitoring as outlined in patient information leaflet.

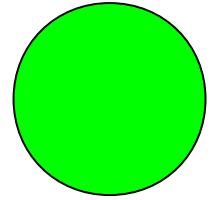
# Yellow - continuation



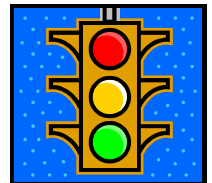
- May be initiated in primary care following advice from a specialist
- Eg: Aquacel Ag; aripiprazole; sevelamer



# Green list

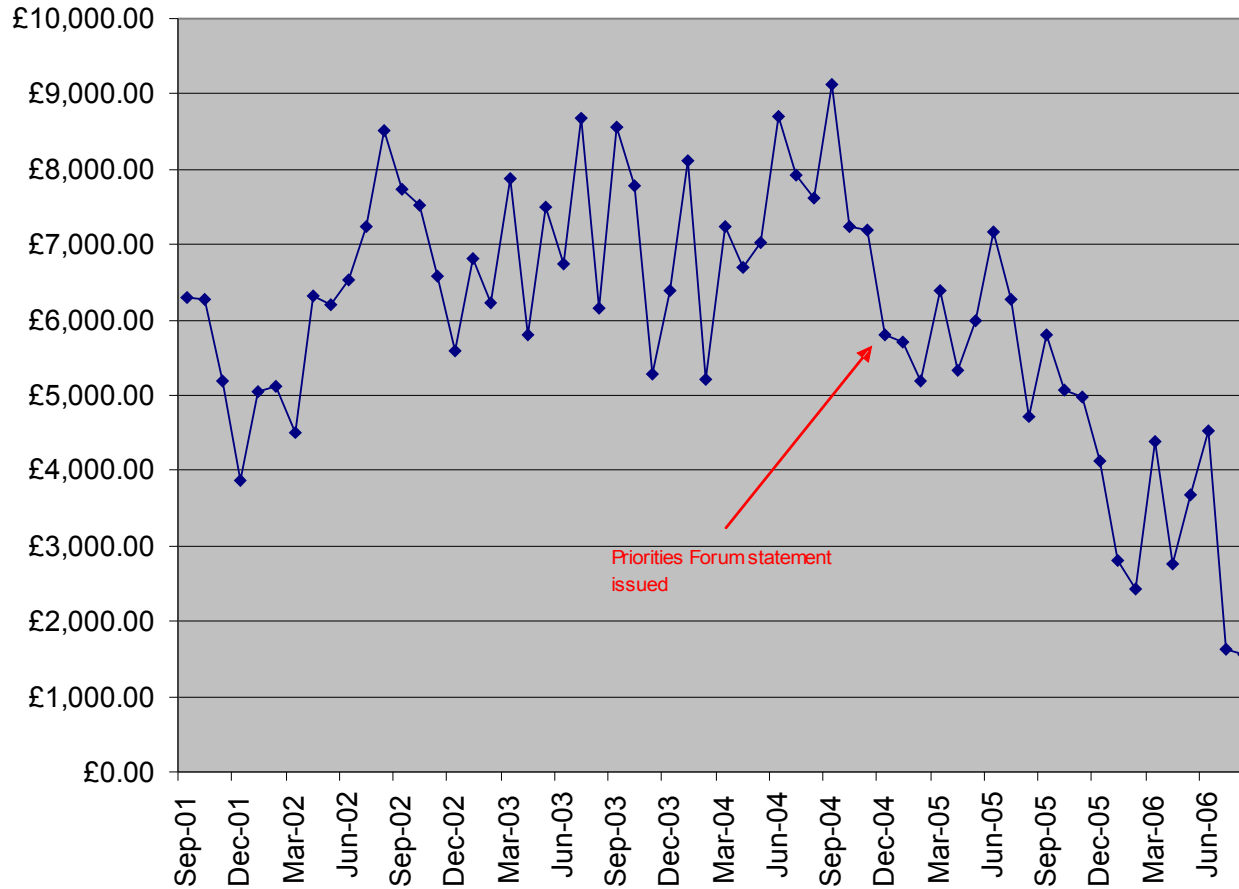


- Medicines suitable for limited GP prescribing following agreed guidelines

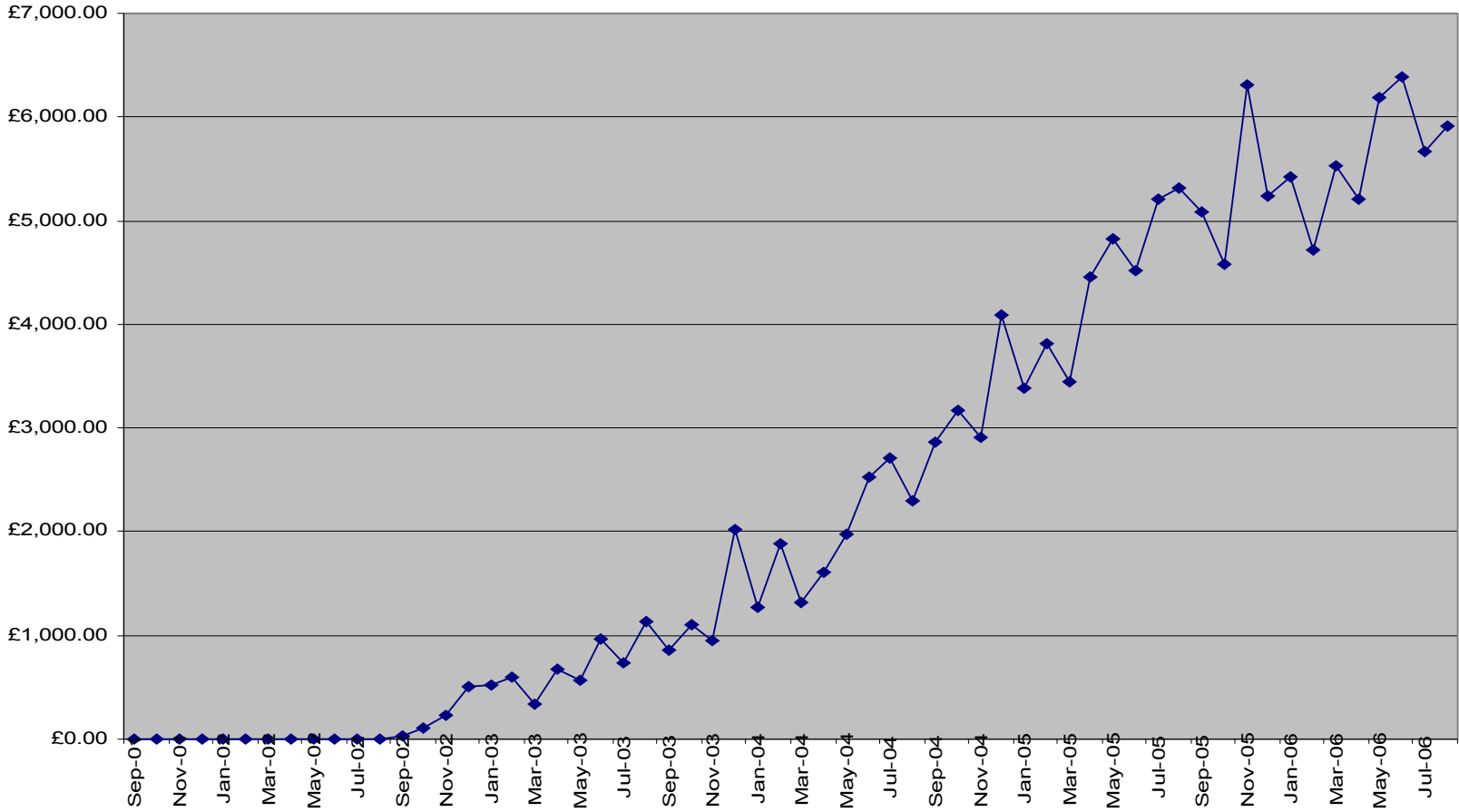


<b>bupropion</b>	prescribe according to <a href="#">Lavender statement</a>
<b>erectile dysfunction drugs</b>	prescribe according to <a href="#">Lavender statement</a>
<b>glargine</b>	only prescribe according to <a href="#">Lavender statement</a>
<b>nicotine replacement therapy</b>	prescribe according to <a href="#">Lavender statement</a>
<b>Ocuvite Presser Vision VisiVite Original Formula Viteyes AREDS Formula</b>	<a href="#">Consider only</a> these preparations for patients who have never smoked with advanced age-related macular degeneration in only one eye (Category 4) (See DTB Vol 44 No 2 Feb 2006)
<b>oseltamivir</b>	prescribe according to guidelines for the <a href="#">treatment</a> or <a href="#">prophylaxis</a> of influenza
<b>sibutramine</b>	prescribe according to <a href="#">Lavender statement</a>
<b>terbinafine</b>	follow recommendations from Priorities Forum Lavender statement <a href="#">Patient Information leaflet</a> available
<b>tiotropium</b>	prescribe according to guidelines in <a href="#">Prescribing Points</a>
<b>zanamivir</b>	prescribe according to guidelines for the <a href="#">treatment</a> or <a href="#">prophylaxis</a> of influenza

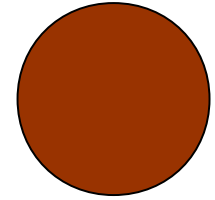
# Prescribing of Terbinafine by Oxford City GPs



# Prescribing of Tiotropium by Oxford City GPs

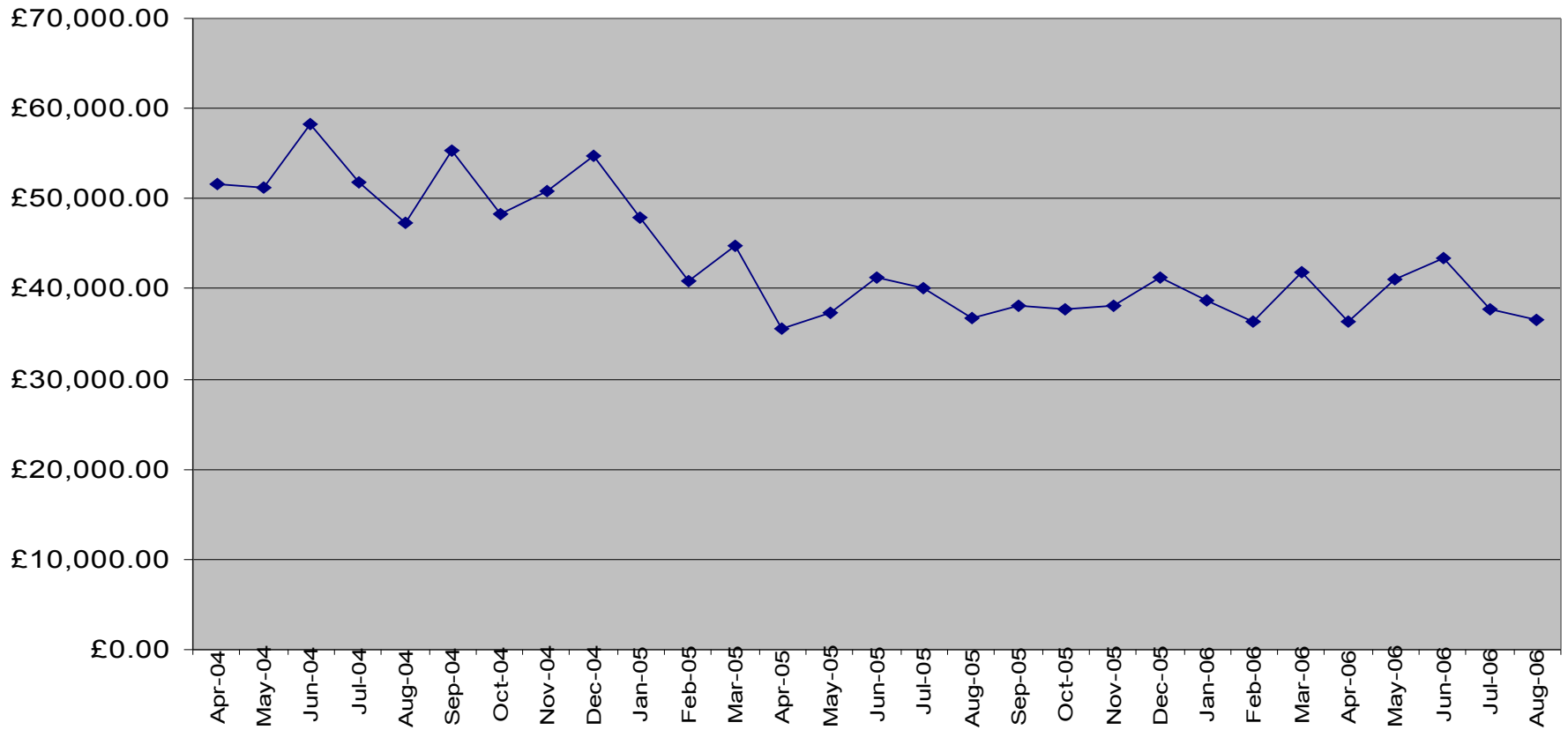


# Brown list

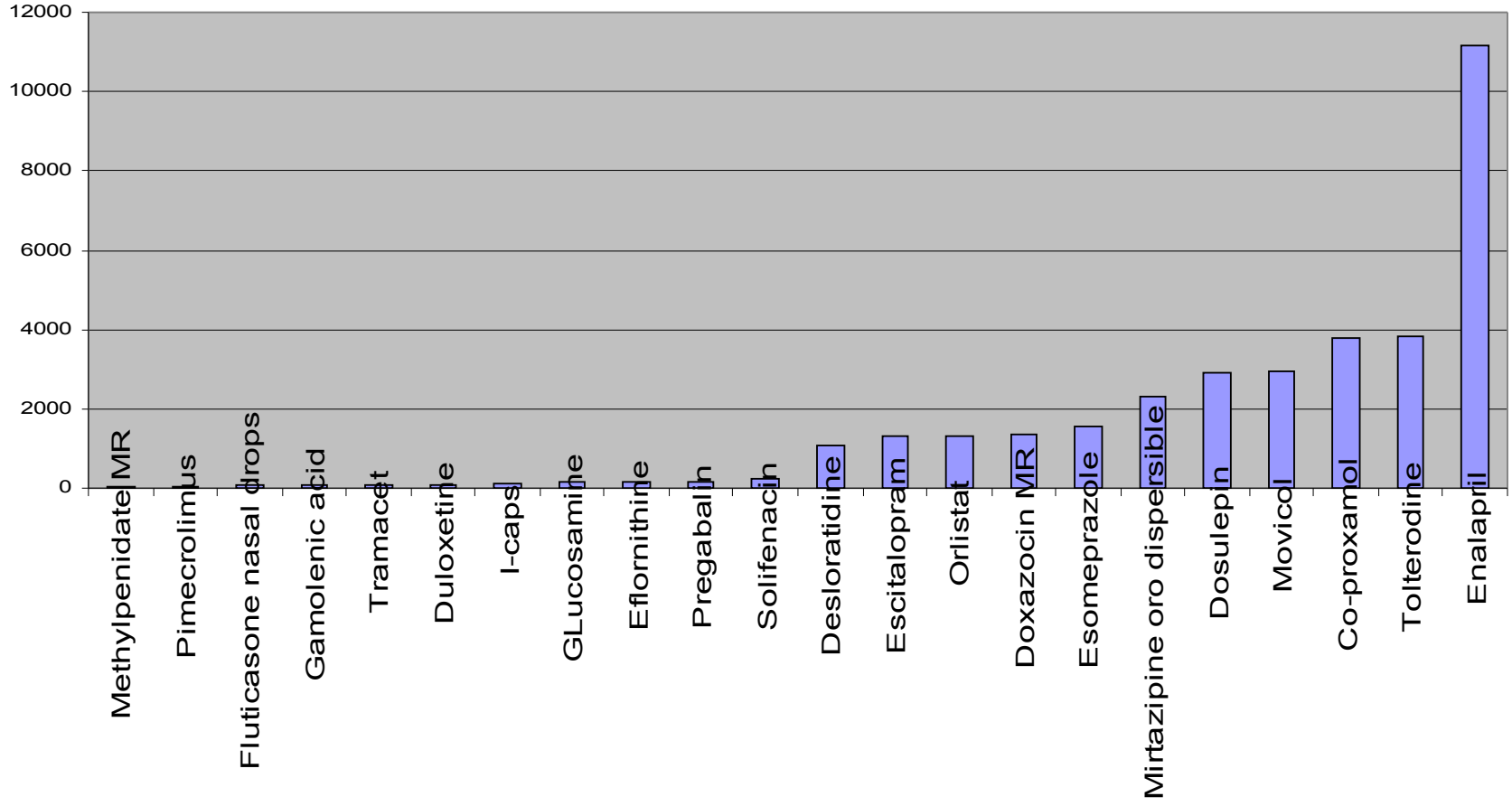


- Medicines not recommended for prescribing
- Not approved onto ORHT formulary
- Often poor cost effectiveness
- eg: 4 Ulcer care, co proxamol, eflornithine

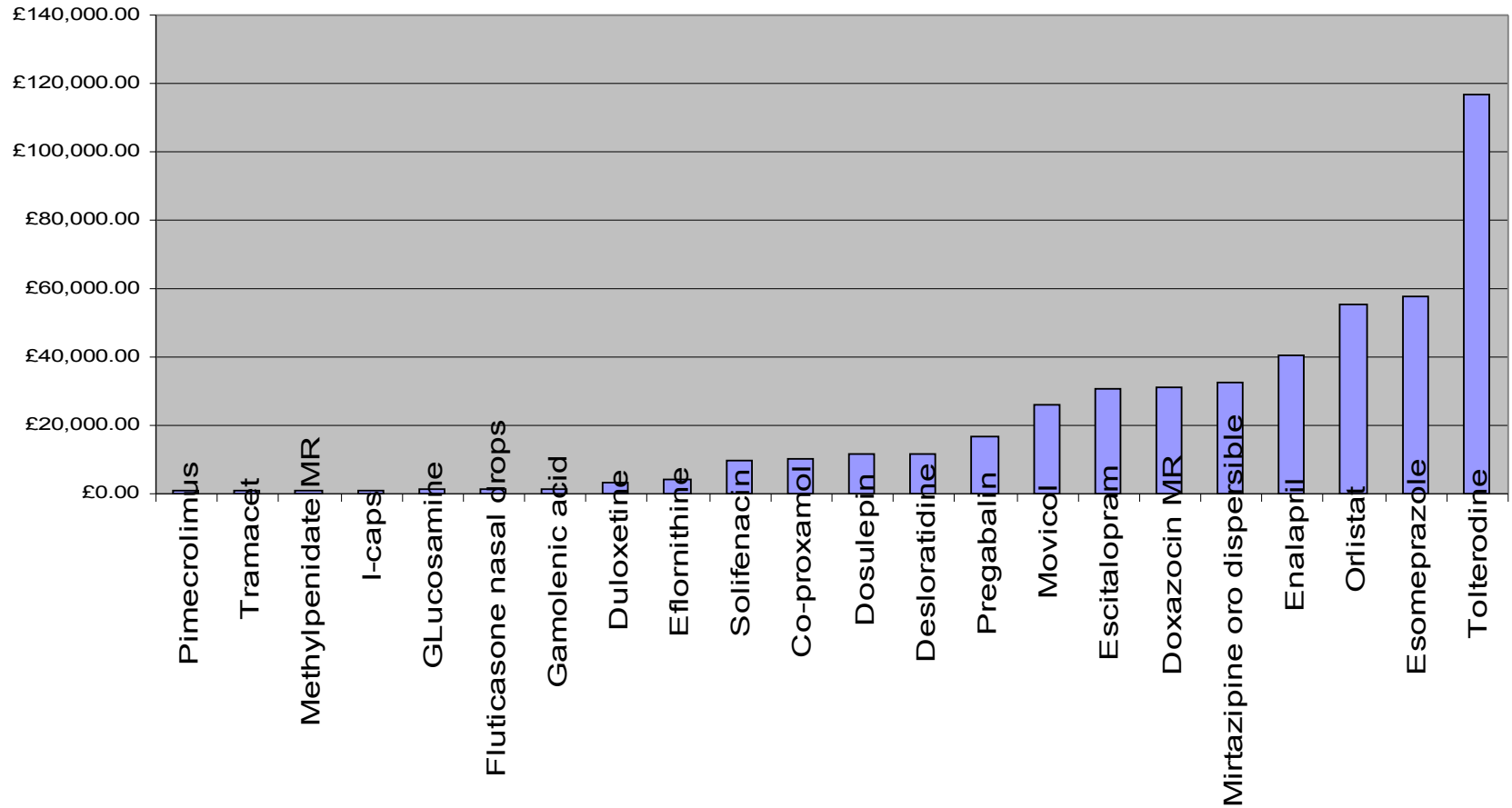
# Expenditure on brown list drugs by Oxford City GPs



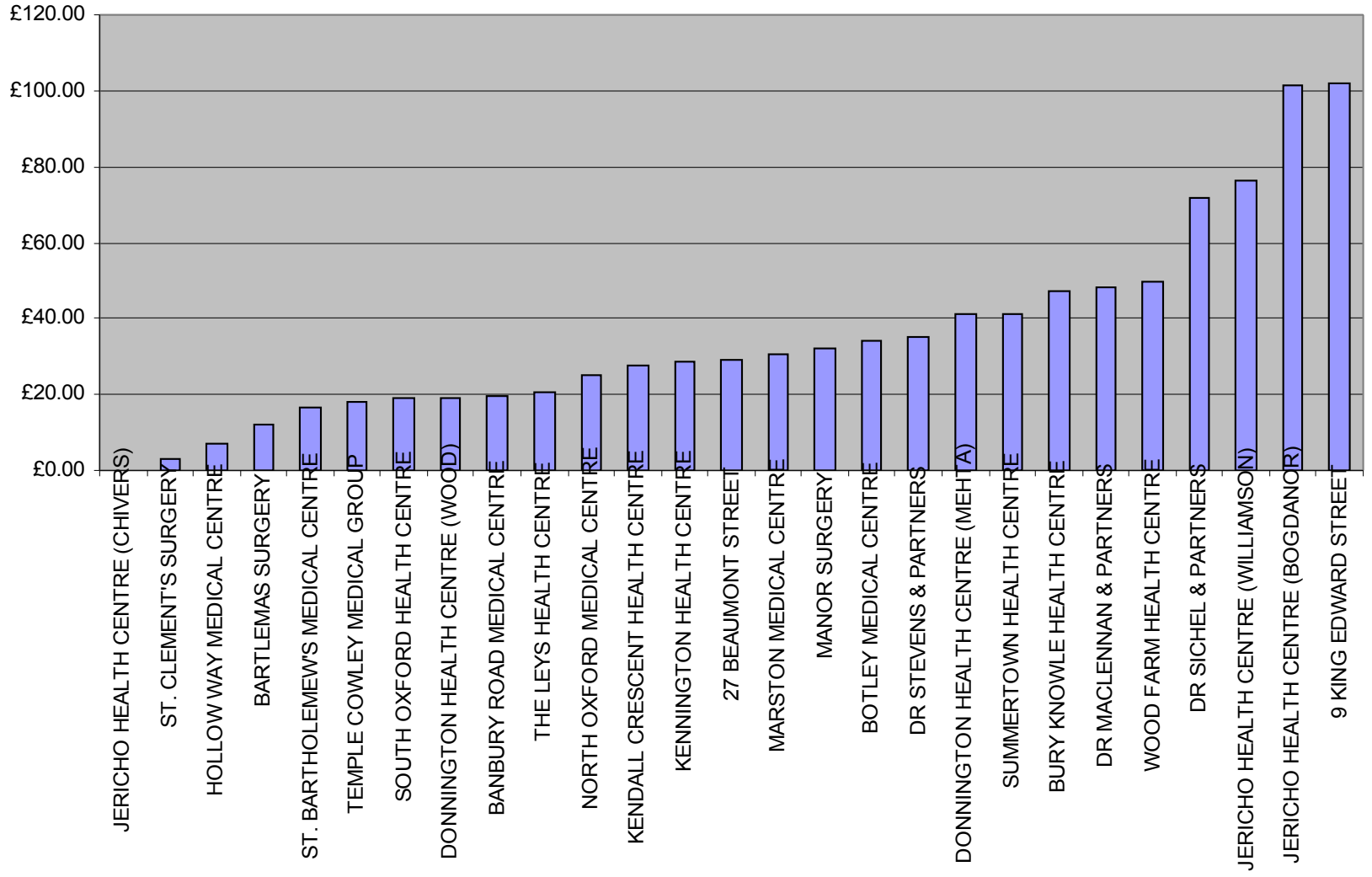
# Brown list prescriptions for Sept 05 to Aug 06 by Oxford City GPs



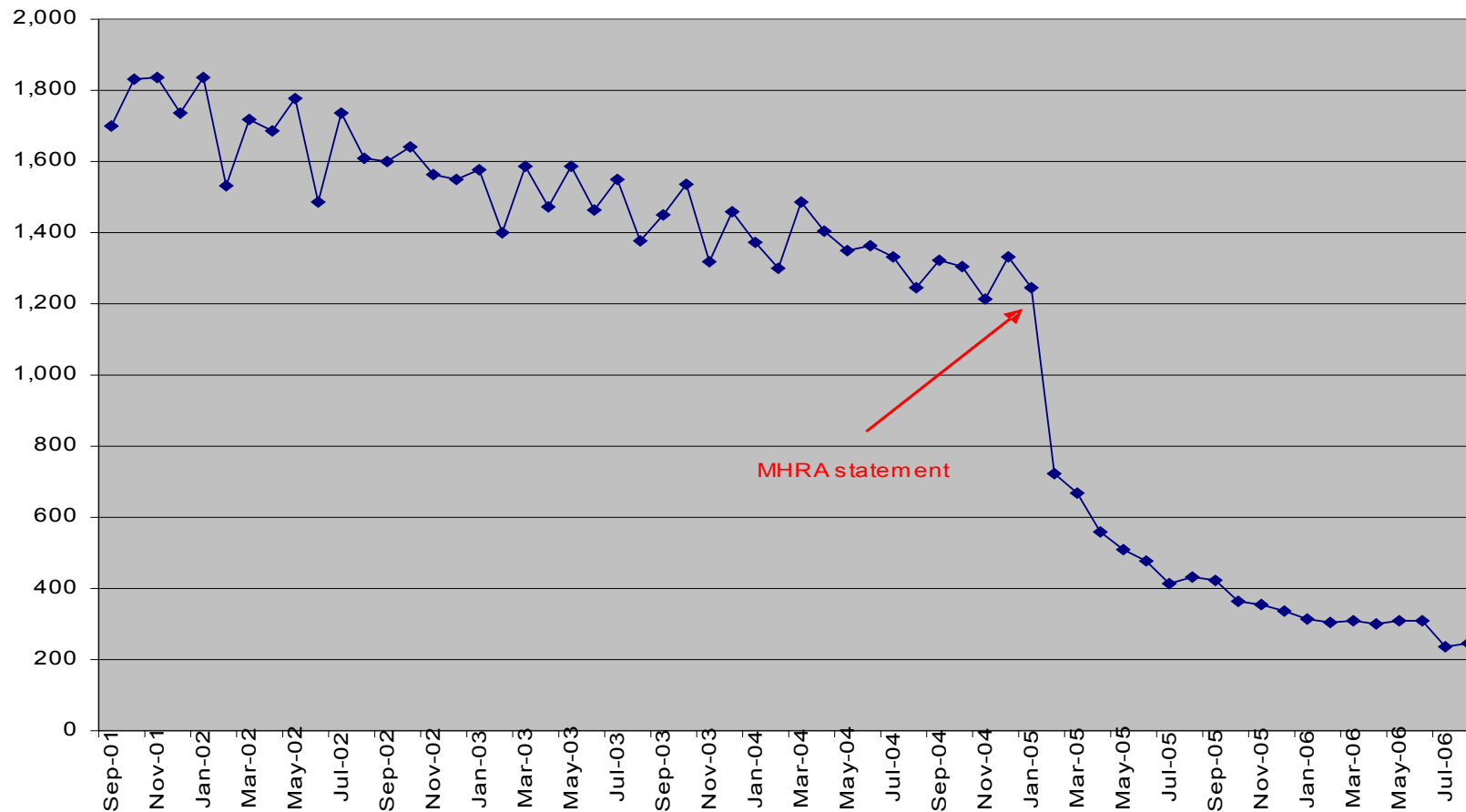
# Brown list cost for Sept 05 to Aug 06 by Oxford City GPs



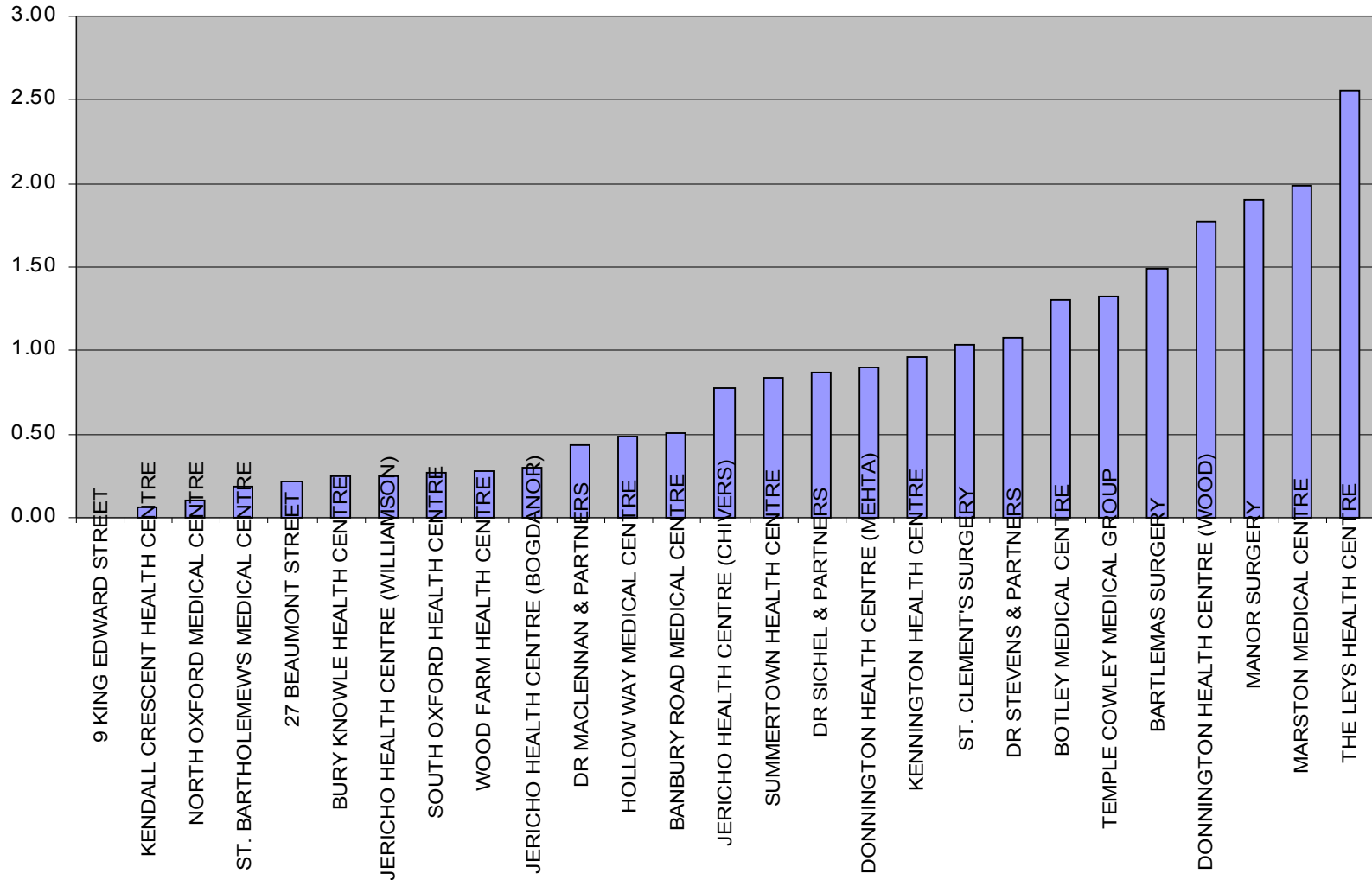
## Cost/1000 Astro PU for prescribing of esomeprazole April to August 2006



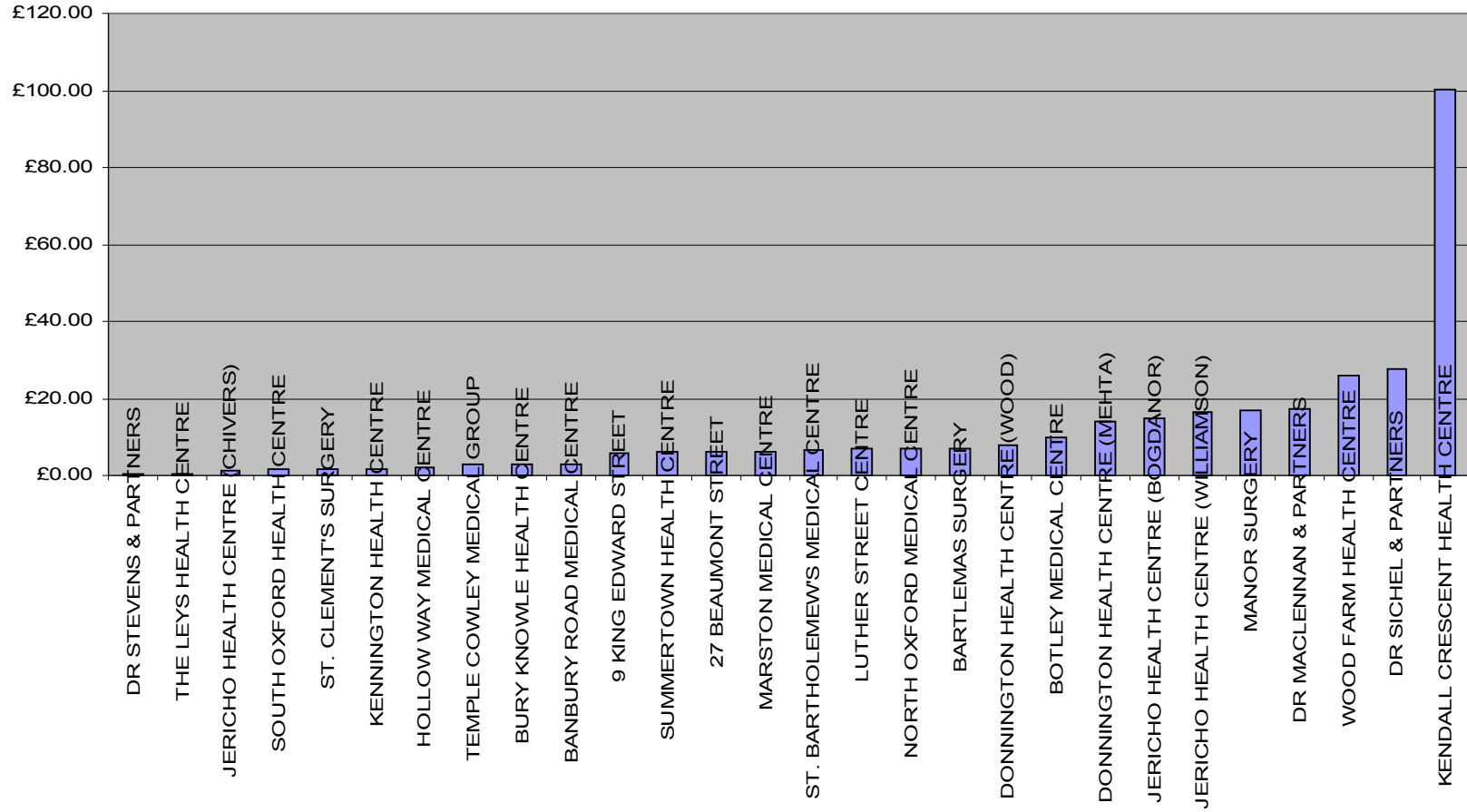
# Prescriptions issued by Oxford City GPs for co-proxamol



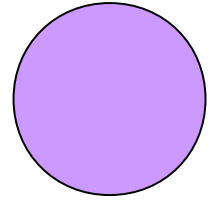
# Items/1000AstroPUs for the prescribing of Co-proxamol by Oxford City GPS between April and August 2006



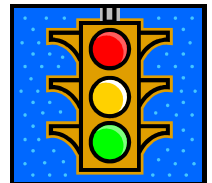
# Cost /1000AstroPU by Oxford City GPs of Desloratidine between April and August 2006



# Purple list



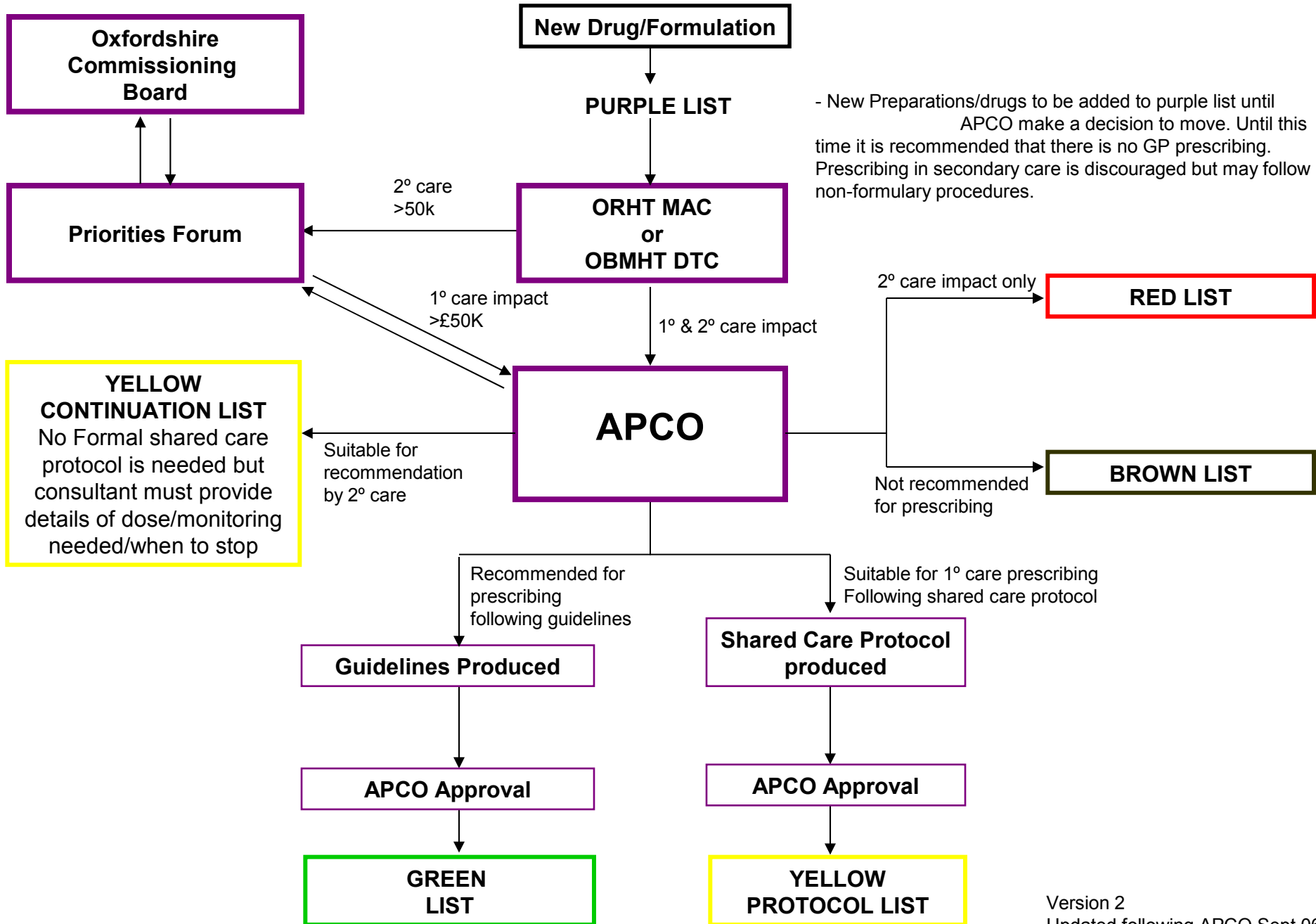
- New category
- Medicines not formally assessed
- Medicines where no guidelines available



# Purple List – Following APCO September 06

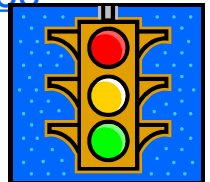
Name of Drug	Indication	Date first discussed at APCO
Exemastone	Breast Cancer	Sept 06
Letrozole	Breast Cancer	Sept 06
Ezetimibe	Cholesterol lowering	
Imiquimod cream	Basal cell carcinoma	
Strontium	Osteoporosis	
Eplenerone		
GTN 0.4% ointment	Anal fissure	
Ibandronate	Osteoporosis	
Oxybutinin patches		Sept 06
Aripiprazole oro dispersible tablets		Sept 06
Balsalazine	Ulcerative colitis	Sept 06
Diltiazem 2% ointment	Anal fissures	Sept 06
Buprenorphine patches	Pain Control	Sept 06

# New Drug/Formulation and Oxfordshire Traffic Light System



# Traffic light document

- Updates published in prescribing points as bullet points
- Twice yearly publication of complete traffic light document
- Available from oxweb (in clinical disciplines / prescribing)
- [www.oxweb.nhs.uk/lib/23217/8740/Oxfordshrie Traffic Lighting Final Sept 06.doc](http://www.oxweb.nhs.uk/lib/23217/8740/Oxfordshrie%20Traffic%20Lighting%20Final%20Sept%2006.doc)



- Zones**
- [redesign of Urgent Care](#)
- [ways \(RUCP\)](#)
- [Clinical Disciplines](#)
- [Doctors Desktop](#)
- [Human Resources](#)
- [IT Helpdesk](#)
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- [Libraries](#)
- [Logos & Templates](#)
- [Organisations](#)
- [Oxfordshire Health](#)
- [Oxmetrics Service \(OHIS\)](#)
- [Oxfordshire Wide Initiatives](#)
- [Oxfordshire PCT](#)
- [Pre-ESR](#)
- [Public Health Information](#)
- [Research Management and Governance](#)
- Contact and Travel**
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- About OxWEB**



# OxWEB

n. 1. A web site dedicated to the information needs of Healthcare Professionals in Oxfordshire.



## Prescribing

[ [Back to Clinical Disciplines](#) ]



### [Prescribing Points](#)

A newsletter for GPs, pharmacists and other health care professionals in oxfordshire.



### [Patient Group Directions](#)

This gives guidance to managers and nurses on the use and process for patient group directions in the community.



### [APCO Bullet Points](#)

Summary of discussions and decisions from the Area Prescribing Committee, Oxfordshire - a group that looks at primary care prescribing issues and prescribing at the interface ( between primary and secondary care)



### [Oxfordshire Shared Care Protocols](#)

This folder contains the shared care protocols which have been agreed by APCO



### [Patient Information leaflets](#)

Patient information leaflets that have been designed within Oxfordshire to support some of the policy decisions made



### [Useful templates/forms](#)



### [Oxfordshire's Prescribing Traffic Lights](#)

There have been 3352 visitors to this page since Wednesday, June 12, 2002



- Zones**
- Design of Urgent Care
  - Guidelines (RUCP)
  - Clinical Disciplines
  - Doctors Desktop
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12 100% Read Final Showing Markup

3 1 2 1 1 1 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

	secondary care.	
• → <b>Vivaglobulin</b> <del>-subcutaneous immunoglobulin</del>	<b>Prescribing by specialists only</b>	<input type="checkbox"/>
<b>voriconazole</b>	<del>-to be prescribed by specialists only</del>	<input type="checkbox"/>
• → <b>Zoledronic acid</b> <del>.....for home TPN patients</del>	<del>...For specialist prescribing only</del> <del>...APCO March 2006</del>	<input type="checkbox"/>
▪ <b>Zonisamide</b> <del>-partial epilepsy in children</del>	<b>Prescribing by specialists only</b>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Yellow Protocol list

To be prescribed only under shared care agreements

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Adefovir for hepatitis B</b>	<b>To be prescribed following shared care protocol</b>	<input type="checkbox"/>
<b>amiodarone</b>	Prescribe following shared care agreement.	<input type="checkbox"/>
<b>atomoxetine</b>	to be used following recommendations.	<input type="checkbox"/>

**Zones**

[Redesign of Urgent Care](#)  
[RCPSC Ways \(RUCP\)](#)  
[Clinical Disciplines](#)  
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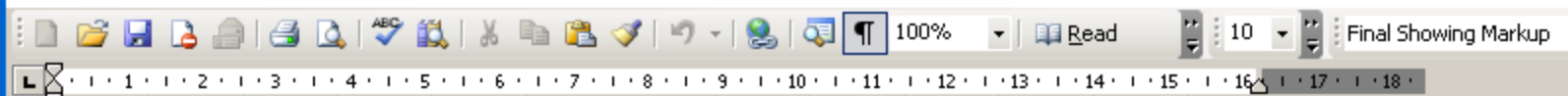
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**About OxWEB**

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## Oxford Gastroenterology Unit

### Shared Care Protocol & Information for GPs

#### LAMIVUDINE and ADEFOVIR

#### Prescribing guideline for Chronic Hepatitis B

*This leaflet provides the necessary information relating to lamivudine/adefovir and to outline the responsibilities of the primary and secondary care teams in the prescribing of Lamivudine and Adefovir to patients with chronic hepatitis B*

#### Introduction

Chronic hepatitis B infection can cause hepatic inflammation and fibrosis leading to cirrhosis. Patients with active chronic hepatitis B will have a high viral load (usually  $> 10^5$  IU/ml), elevated LFTs and histologically evidence of hepatic inflammation. They may be either HBV e-antigen positive or HBV e-antigen negative (have a mutation that stops production of detectable e-antigen despite high viral turnover).

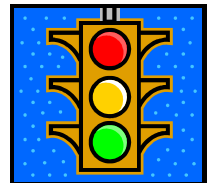
The aim of treatment is to suppress inflammation (normalise liver biochemistry) and suppress viral load and to induce a state of immune tolerance so that antiviral therapy can eventually be stopped.

Lamivudine is a nucleoside analogue which when given for a year to patients who have e-antigen positive chronic hepatitis B suppresses HBV DNA to undetectable levels in about 41% and induces HBV e-antibody seroconversion in 20%. In patients with HBV e-antigen negative chronic hepatitis B (precore mutants with an elevated ALT, high viral load despite lack of e-antigen) viral load can be suppressed in up to 60%. Viral levels usually rebound on stopping the drug, which is given long-term. However, virus escape mutants develop in about 60% of patients maintained on monotherapy lamivudine by 4 years leading to rise in viral load.

Adefovir is a nucleotide reverse transcriptase inhibitor. It has similar efficacy to lamivudine in HBV e-antigen positive chronic hepatitis with complete suppression of virus ( $< 400$  copies/ml) in 21% at 1 year, and histologic improvement in 53%. In patients with HBV e-antigen negative chronic hepatitis B, after 2.5 years of treatment, 79% will have a viral load  $< 10^3$  IU/ml. Virus escape mutants appear in about 20% of patients by 4 years if

# Feedback

- Monitoring
- Feedback from practitioners



### Prescribing of medicines recommended by hospital PRESCRIBERS

<b>GPs</b>	Complete this form if you are unwilling to take responsibility for prescribing medicines recommended by a hospital prescribers
------------	--

*Please send a copy of this form to the hospital consultant, an anonymised copy to the PCT Pharmaceutical Adviser.*

<b>Patient Name</b>		<b>Date of Birth</b>	
		<b>Hospital Number</b>	
<b>Consultant Name</b>		<b>Name of Prescribing Doctor</b>	
<b>Hospital/Trust</b>			

Name of Drug	Dose & Frequency	Indication	Duration of Treatment

**I have been asked to take over the responsibility of prescribing the above drug for this patient. However I feel I am not in a position to do this for the following reasons:**

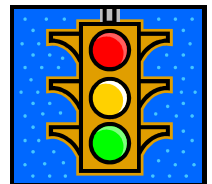
*Responsibility for prescribing should not be refused on the grounds of drug cost. If this is an issue please contact the PCT Pharmaceutical Adviser for guidance*

*Responsibility for prescribing should not be refused on the grounds of drug cost. If this is an issue please contact the PCT Pharmaceutical Adviser for guidance*

<b>Please tick</b>	<b>A. Prescribing responsibility should stay with the hospital</b>
	Drug is included in the APCO Traffic light Classification 'red' list of products for specialist prescribing only
	Hospital clinical trial drug
	Unlicensed drug/dose/indication (delete as applicable) where the GP is unwilling to take clinical responsibility and an approved shared care protocol does not exist
<b>Please tick</b>	<b>B. Lack of Experience/Information</b>
	Drug not on the 'red' list but GP feels unable to accept clinical responsibility because:
	Drug is included in the APCO Traffic light Classification 'brown' list of products not recommended for prescribing in Oxfordshire
	Drug not in the Hospital Formulary. <i>Hospital prescribers are asked not to ask GPs to initiate treatment with non-formulary medicine..</i>
	Newly licensed drug where place in therapy and/or risks due to drug unknown by the GP.
<b>Please tick</b>	<b>C. Monitoring by Specialist Required</b>
	Drug requires regular specialist monitoring AND/OR the majority of care and monitoring is supplied by the hospital (delete as appropriate).
	Patient not stabilised on the drug.
	<b>D. General Comments/Other Reasons</b>

# Feedback

- Monitoring
- Feedback from GPs/NMP etc
- Feedback into commissioners
  - 32 issues from Oxfordshire PCTs from 16-8-06 to 28-9-06



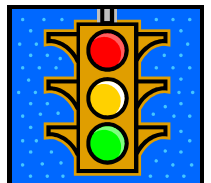
# Issues (1)

- Following Private Consultation GP asked to prescribe **tacrolimus 0.03%** bd for vitiligo – an unlicensed indication and outside NICE.
- On discharge the patient was advised that she needed **paracetamol**, but advised her to contact her GP for a prescription.



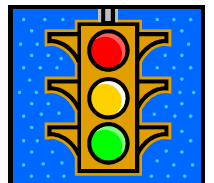
# Issues (2)

- Requested GP to prescribe **solifenacin** 5 – 10mg daily for urge incontinence for at least 2 months.
- Following a Private consultation, a patient was given a compliments slip with the names **oxybutynin** or **tolterodine** – no dose, no instruction, no diagnosis and extremely difficult to read (initially misread by the repeat prescribing clerk as oxytetracycline). Pt instructed the patient to visit her GP practice as a matter of urgency to get a prescription issued by her GP for the same day.



# Issues (3)

- Request for GP to prescribe **teriparatide** for patient when patient does not meet NICE criteria
- Urgent prescription request from hospital to GP practice via patient for **sucralfate** and **Gaviscon**, in order that patient could be reviewed in one week by the consultant.



# Next steps

- Tighten up through commissioning
- Ensure fully published in ORHT
- Monitor prescribing.....

