Management of Red Listed drugs in primary care

April 2014
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1 Background

1.1 Medicines considered by the Greater Manchester Medicines Management Group (GMMMG); Interface Prescribing and New Therapies sub-group (IPNTs) are categorised using a traffic light system – Red, Amber and Green (RAG).

1.2 The RAG list is a guide for practitioners in both primary and secondary care. It provides professional guidance on where prescribing responsibility should lie for specialist medicines, to ensure clinicians can make an informed choice about prescribing them.

1.3 The Red drugs are considered to be specialist medicines and the prescribing responsibility for these medicines should normally remain with the consultant or specialist clinician. These drugs should not be initiated or prescribed in primary care unless in exceptional circumstances (see section 3).

1.4 It is recommended that the supply of these specialist Red drugs should be organised via the hospital pharmacy, this may include arranging for supply via a home care company.

1.5 The Red listed drugs are reviewed periodically by the IPNTs and therefore, some drugs may be re-classified, particularly if patient pathways change.

1.6 A list of the most up to date Red listed drugs can be accessed via the GMMMG website: http://www.nyrdtc.nhs.uk/GMMMG/Groups/ipnts/ipnts_rag/ipnts_rag.php

Note: Inclusion of drugs on the Red list does not mean that the drug is approved for use or that it will be commissioned (this is a locality decision). The RAG list merely states where the clinical responsibility for prescribing should lie if it were approved for use.

2 Introduction

2.1 Hospitals must share information with a patient’s GP about changes or additions to medicines prescribed. The aim is to reduce the risks of the GP prescribing incompatible medication and avoiding any potentially severe adverse effect on the patient.

2.2 Under the GMMMG - RAG principles guidance, Red drugs are categorised with one or more of the following criteria:

- Unlicensed products except solely for reasons of formulation
- Unlicensed indications or doses without widespread acceptance of authoritative body of recommended opinion
- Medicines without a substantial wholesale body of support unless in BNF or Children’s BNF
- Medicines by manufacturer’s recommendation or without wholesale opinion as being specialist only
- Medicines whose monitoring or control remains within secondary care
- The individual GP is unable to monitor therapy sufficiently to oversee treatment or adjust the dose where necessary to ensure safety
- IV drugs agreed as not an appropriate drug for primary care prescribing (some of these can appropriately be waived in certain situations e.g. palliative care, paediatrics or cystic fibrosis)
- Medicines for which the funding is levied out with primary care
- The specialist medicine, dressing or appliance is only available through a hospital
- Similar but less familiar medicines to another recommended product
- Medicines that have not been approved by NICE
3 Practice Points

3.1 When requested to prescribe an unfamiliar drug, refer to the appropriate section of the GMMMG for the traffic light coding to check whether prescribing it in primary care is appropriate. A list of most up to date Red listed drugs can be accessed via the GMMMG website: http://www.nyrdtc.nhs.uk/GMMMG/Groups/ipnts/ipnts_rag/ipnts_rag.php

3.2 In all cases below, the GP should advise the patient if the practice is able to prescribe the identified Red drug(s). Ensure a risk assessment of the patient and the drug is carried out and discuss the planned actions (see Appendix 2):

(a) If the requested Red drug is new to the patient and is considered inappropriate for GP prescribing, discuss this with the requesting specialist clinician and return the request to secondary care.

(b) GPs may have a particular proven specialist knowledge or experience of prescribing a Red drug and may need to prescribe Red drugs in exceptional circumstances. Risk assess the patient and the drug and again discuss continuation of prescribing with/by their secondary care team.

(c) If a Red drug is inadvertently prescribed, identify and risk assess patients prescribed Red drugs in conjunction with secondary care team to determine the best course of action for each individual patient.

3.3 Do not stop existing treatment with a Red drug immediately. The GP should repatriate prescribing to the hospital in a seamless manner, which ensures the patient does not have a break in treatment that could be harmful or result in a hospital admission.

3.4 All associated documents and correspondences during the repatriation/initiation of Red drug prescribing to hospital should be made on the patients’ medical records. Red drugs must be recorded in the patient notes for information only; otherwise primary care clinicians will not be alerted to the potential drug interactions and side effects affecting them.

3.5 Specialists should tell the patient’s GP the results of investigations, treatments provided and any other information necessary for the continuing care of the patient, unless the patient objects. If a patient refuses for this information to be shared with their GP i.e. communicable disease status and treatment, the specialist must respect their wishes unless it is considered that failure to disclose the information will put healthcare workers or other patients at risk.

Such situations are likely to be very rare, as it is much less likely for an exposure-prone procedure to be undertaken in primary care than in hospitals. The specialist must encourage the benefits of informing the GP of their treatments, and seek to reassure the patient that the GP has a legal and ethical duty of confidentiality.
4 Recommendations for Practice system

4.1 It is important that GPs are informed of the supply and use of Red drugs and that these are recorded in individual patient records on the GP prescribing system. It is advisable to record Red drugs under the READ code 8B2D (hospital prescription) and add to the patients medication list as a hospital drug.

4.2 The method of recording the patient’s specialist repeat Red drug on the GP clinical system in Greater Manchester will depend on which GP clinical system is in use and any existing practice agreed at the surgery.

4.3 Ensure that the start date is recorded, the Red/Hospital drug appears on the repeat list and interactions/adverse effects are flagged up by the computer when other drugs are supplied. In addition, ensure no Red drug will be given accidentally if a prescription is issued to the patient.

4.4 All practices must ensure Red drugs are continuously reviewed. There may be instances whereby the Red drug is no longer required or changed and consequently, practices must have appropriate processes to update the patients notes as soon as possible and reduce the potential risks associated with inaccurate records.

4.4 Each locality can obtain a list of Red drugs prescribed at a practice level. GPs can contact the CCG Medicines Management Lead or practice pharmacist for advice and support.

5 Local Prescribing information of Red drugs on GP patient systems

5.1 See Appendix 1: Guidance for recording Red drugs on GP systems

- TPP – SystemOne
- INPS – Vision
- EMIS – LV, PCS and Web
- Microtest – Evolution

5.2 For other clinical systems without the facility to add Red drugs or deemed inappropriate by the CCG, an alternative strategy to minimise risks is to record the following data on to the patient’s repeat medication list:

- **a)** Name: Red/Hospital drug
- **b)** Form: Tabs or liquid etc.
- **c)** Strength: e.g. 100mg
- **d)** Dose: CONSULTANT/SPECIALIST PRESCRIBED: DO NOT ISSUE
- **e)** Quantity: ZERO tablets (or lowest possible quantity if not possible e.g. 1 tablet or 1ml)
- **f)** Issues: ZERO ISSUE (or 1 if not possible)
- **g)** Rx type R/C/U: R

Although this method ensures that cautions and interactions are highlighted by the clinical system and there is a complete record of medication, care needs to be taken to keep details updated and to ensure the medication is not removed when repeats are being tidied up.
6 References

- Responsibility for prescribing between hospitals and GPs. NHS Executive Circular EL (91) 127, November 1991

7 Acknowledgements

NHS Salford Medicines Management team
NHS Oldham Medicines Management Team
NHS Stockport Medicines Management Team
GMCSU Data Analyst Team

Produced by:
Jimmy Cheung (Support Pharmacist) GMCSU

8 Appendices

Appendix 1:

Click on required GP system guidance link.

Appendix 1a: TPP System One v2.0
Appendix 1b: INPS Vision v2.0
Appendix 1c: EMIS Web, LV and PCS v2.0
Appendix 1d: Microtest Evolution v2.0
Appendix 2: Prescribing assessment of Red listed drugs in primary care

In exceptional circumstances there may be instances where a Red drug is prescribed in primary care. If a Red drug is prescribed and supplied by a GP, it is essential to document all details on the clinical system. Consider appropriateness for the patient and ensure a risk assessment of the Red drug is carried out. Discuss any planned actions with the patient and specialist clinician.

To prevent unintended breaks in the patient’s treatment, please complete the following details below and contact your local Medicines Management Team for advice and to discuss how the patient will obtain the drug in the interim.

**Patient’s name** ………………………… **NHS Number** …………………………

**Date of Birth** ………………………… **GP Surgery** …………………………

**Hospital / Trust** ………………………… **Consultant name** …………………………

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<td><strong>Indication:</strong></td>
<td><strong>Duration of treatment:</strong></td>
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Points to consider if the GP feels they are not in a position to prescribe and supply a Red drug recommended by a hospital specialist clinician:

(Please mark all that applies)

[ ] Drug is approved by the GMMMG and the Trust as a Red drug – hospital only prescribing

[ ] Drug requires regular specialist monitoring AND/OR the majority of care and monitoring is supplied by the hospital

[ ] Drug is included in the list of products approved by GMMMG and the Trust for shared care prescribing but no current shared care guidance has been provided

[ ] Hospital clinical trial drug

[ ] Unlicensed drug/dose/ indication where the GP is unwilling to take clinical responsibility

[ ] Drug is not in your GMMMG formulary or the requesting Trust prescribing formulary

[ ] Drug is newly licensed drug where place in therapy and/or risks are unknown by the GP

[ ] Patient is not stabilised on the Red drug initiated by the specialist

[ ] Patient is at risk of being confused on which clinician is responsible for prescribing and supplying the above Red drug

General comments / other reasons:

GP Name…………………………. Practice……………………………………….. Date…………………………

(Please send completed details to your local Medicines Management Team to follow up accordingly)