



Northern Lincolnshire
Area Prescribing Committee

>>>>>>> July 2014

Prescribing Unlicensed Medicines

Readers will no doubt be aware that prescribing unlicensed medications can potentially leave the prescriber open to litigation if the patient ultimately suffers some degree of harm from the medication. Both primary and secondary care prescribers face this dilemma every day. Furthermore, sometimes primary care prescribers are asked to continue the prescription of a medication initiated in secondary care that is unlicensed.

On a day to day basis we all regularly prescribe unlicensed medications - amitriptyline for neuropathic pain is a good example. In such circumstances prescribing has become the norm and the Bolam Principle would likely apply but best practice would still dictate that the patient should be counselled about the unlicensed use and their consent to prescribe should be documented. A secondary care prescriber should counsel and document consent in a similar fashion before asking a primary care prescriber to continue prescribing. In many instances the primary care prescriber will feel comfortable to prescribe and the patient's needs will be best met by so doing. The primary care prescriber should however have the confidence to choose to decline such requests if they feel unhappy to proceed and should indicate so to the secondary care prescriber.

Recently two incidents have brought this issue into sharper focus. The first relates to the prescribing of medication from Regional Gender Dysphoria Services. There has been a <u>centrally issued directive</u> for such prescribing to be picked up in primary care. The second relates to similar requests to issue tamoxifen out of licence for prevention of <u>familial breast cancer</u>. Prescribers may have differing views on the appropriateness of these requests and may choose to support prescribing in one, both or neither instance.

The LMC has offered to address these issues with the appropriate authorities. If you require further clarification of your prescribing responsibility in these or other situations, the LMC can be contacted by emailing humberside.lmcgroup@nhs.net.

Clinical Pathways

The Northern Lincolnshire Formulary is accessed via the APC website: www.northernlincolnshireapc.nhs.uk/formulary. This details the medicines that are recommended for use in our region. The Formulary covers primary and secondary

care organisations. This means that patients discharged from hospital should only be on a Formulary medicine (except in extraordinary cases) and seamless transition of care can take place. Primary care are guided by the Formulary to ensure that medicines prescribed are selected from a list that has been evaluated carefully and considered appropriate for use in this region in order to achieve excellent standards of care.

Within several Formulary Chapters, there are links to pathways that all clinicians should find helpful. For example, in Chapter 3 there are clear Asthma Pathways and a COPD Pathway. In Chapter 6, there is a superb reference for the treatment of type 2 diabetes and in Chapter 7, there is the APC Over-Active Bladder Pathway. All Formulary chapters and clinical pathways can be easily saved and printed. There is also a search facility on the website, which allows you to find medicines and related pathways quickly. We would like clinicians to use the resources on the APC website and welcome any feedback. APC contact details are clearly displayed. Look at the links from Chapter 5 of the APC Formulary to view the recent updates to antibiotic prescribing guidance. This is important and easily referenced information for all prescribers. If readers have a specialist interest in a disease area and would like to contribute to new or existing pathways, please contact the APC.

Each month, new medicines are assessed. Newly added medicines are displayed in the Recent Additions section of the APC website, which can be found <u>here</u>.

Shared Care

Until recently, Northern Lincolnshire has not had any agreed region-wide shared care guidelines. Part of the APCs work involves facilitating collaborative working between primary and secondary care clinicians to help develop shared care that can be easily implemented in practice. This work has been supported by the LMC, who have been devoted to ensuring that shared care arrangements benefit all stakeholders and that patient care is shared professionally, rather than transferred. Please see the Shared Care Guideline for the Treatment of IBD.

Methotrexate Prescribing

The Hospital Trust does not stock 10mg methotrexate tablets. This is to reduce the chance of dosage errors. The Trust has asked primary care services to do the same. The National Patient Safety Agency (NPSA) have issued national guidelines reflecting the preference of using 2.5mg tablets in most organisations unless there is a clinical reason otherwise. This allows for dose flexibility that using 10mg would not. Never prescribe or dispense two strengths simultaneously.

New Medicines

In June there was only one amendment to the Formulary. This related to the use of alemtuzumab for multiple sclerosis as per NICE <u>TA312</u>. Alemtuzumab is located in Formulary Chapter 8.2.3.