NORTHERN IRELAND
MEDICINES MANAGEMENT

HSC Health and Social Care Board

Specialist Medicines Supplement

January 2019

A specialist medicine is defined as a medicine which has significant pharmacological complexity and / or rarity of use to make the prescribing of the medicine relatively uncommon in the community.

Patients receive a wide range of specialised care through hospitals in Northern Ireland. A regional 'traffic light' system to manage the prescribing and supply of specialist medicines has been agreed. This is known as the Red / Amber list. The Red/Amber list can be found on the website of the Interface Pharmacist Network Specialist Medicines (http://www.ipnsm.hscni.net). The list is updated every three months and the status of drugs may change.

Categorisation of Medicines (Red/Amber)



Specialist medicines are identified as belonging to two categories as follows:

RED List Medicine: It is recommended that the prescribing responsibility should remain with the consultant or specialist clinician and that the supply of these medicines should be organised via the hospital pharmacy.

The table below shows the most common RED list drugs that are inadvertently prescribed in primary care:

Drug	Brand Name
Acitretin	Neotigason®
Iron (parenteral)	Cosmofer®, Venofer®, Monofer®
Isotretinoin	Roaccutane®

Please note that the rational of categorising parenteral iron preparations as a red list drug is primarily a safety one. All parenteral iron preparations, including those administered IM, should only be administered when staff are trained to evaluate and manage anaphylactic reactions immediately, in an environment where full resuscitation facilities can be assured. Hypersensitivity reactions can occur even when previous administration has been tolerated. Test doses are no longer recommended. Full details of the safety alert are available at: http://www.mhra.gov.uk/home/groups/dsu/documents/publication/con300408.pdf

AMBER List Medicine: It is recommended that the responsibility for prescribing be transferred from secondary to primary care with the agreement of an individual GP, and when agreed shared care arrangements have been established. Shared Care Guidelines (SCGs) for many amber drugs are available to download from the Specialist Medicines website.

Some medication will fall into **both categories**, for example denosumab (Prolia®) injection. This is an AMBER list drug when used in the treatment of osteoporosis in postmenopausal women at increased risk of fractures (see NICE TA204). When prescribed to male patients, or for any other indication, it would be regarded as a RED list drug, and therefore prescribing responsibility would remain with the specialist. There is a SCG available for the treatment of women only.

Actions for GP practices (continued over page)

- Save the link to the Red/Amber list to the desktop of all GP clinical systems and highlight to all prescribers.
- If a RED list drug has been initiated in hospital and supplied to the patient, this is normally detailed in the hospital letter. Please ensure that hospital letters are carefully checked, so that RED list drugs are not inadvertently prescribed in primary care.
- When reconciling hospital letters, pay particular attention to:
  - ◊ Drugs that are not familiar to the prescriber.
  - ◊ Drugs that are high cost (although this is not always the case with RED list drugs).

Actions for GP practices (continued)

- ◊ If in doubt always check the Red/Amber list, to confirm the status of the drug PRIOR to prescribing. If you receive a request to supply a RED list drug in primary care, contact your local interface pharmacist (http://www.ipnsm.hscni.net/contact-us/).

- Refer to the practice's COMPASS report as a guide to determine whether RED list medicines are currently prescribed in your practice. If you consider this to be inaccurate, discuss further with your HSCB pharmacy adviser.
- If a RED list medicine has been inadvertently transferred into primary care, please contact your local interface pharmacist. It may be necessary to continue to prescribe the medicine for a limited time until prescribing and supply can be transferred to secondary care. It is also a good idea to contact your HSCB pharmacy adviser to let them know, to prevent duplication of effort, as red list medicines dispensed in primary care will be highlighted through COMPASS reports.
- Record all specialist medicines prescribed and supplied by secondary care on the repeat prescribing screen of the GP clinical system: indicate clearly on the record that these should not be prescribed or dispensed (see Developing a Prescribing Protocol Guidance for GPs on Medicines Governance website). This will ensure:
  a. All healthcare professionals in the practice and in secondary care have access to a complete medication list for each patient.
  b. Interactions are flagged up between specialist medicines and any medicines in primary care.
- It would be good practice to inform community pharmacists if a patient is receiving a RED list drug via secondary care, to ensure the pharmacist has a complete list of the patient's medication.
- For AMBER medicines, monitoring should be completed as per relevant shared care guideline. The GP should be mindful of times, for example, when a dose is increased or another DMARD is added in accordance with individual drug shared care guidelines or on advice of the initiating specialist (this may mean the initial starting schedule of monitoring should be reinstated).

Actions for Community pharmacists

Community Pharmacists are often the last safety net to ensure that RED list drugs are not supplied in primary care.

- Save the link to the Red/Amber list to the desktop of the pharmacy clinical system and highlight to all pharmacists and dispensing technicians.
- Check the Red/Amber list to confirm the status of the drug PRIOR to ordering the drug and/or subsequently dispensing when dispensing medicines which are:
  - ◊ Not routinely prescribed
  - ◊ High cost (although this is not always the case with RED list drugs)
- If a RED list drug has been prescribed, contact the GP practice. It may be necessary to continue to dispense the medicine for a limited time until prescribing and supply can be transferred to secondary care.

Please note: If BSO are contacted for advice, unless the drug is blacklisted, BSO will advise that payment will be processed. Payment for a drug does not infer that it is clinically correct to dispense a drug. It is therefore the responsibility of the pharmacist to check the Red/Amber list to check the status of any drug prescribed if they are unsure of its status PRIOR to dispensing.

- If the drug is an AMBER List drug, the pharmacist should determine the appropriateness of the dose as part of their clinical check. This information can be found under the relevant shared care guideline http://www.ipnsm.hscni.net/red-amber-list-item/?pdb=48. Examples of AMBER list drugs include ciclosporin and leflunomide.
- Take care to ensure that prescriptions for specialist medicines not dispensed are not inadvertently coded and submitted for payment.

This newsletter has been produced for GPs and pharmacists by the Regional Pharmacy and Medicines Management Team.
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