

NORTHERN IRELAND MEDICINES MANAGEMENT

Specialist Medicines Update

Nov 2023

What is a specialist medicine?

A specialist medicine has significant pharmacological complexity and/or rarity of use to make prescribing uncommon in the community. In N Ireland, a regional ‘traffic light’ system, the [Red/Amber list](#), details how the prescribing and supply of specialist medicines should be managed. The list is updated every 3 months by the Regional Group on Specialist Medicines which has representatives from 5 local Trusts, the Department of Health, Public Health Agency, GPs, Community Pharmacy and the Patient Client Council. As the status of drugs may change, always refer to the link above. Specialist medicines belong to two categories:

RED List Medicine	Prescribing responsibility remains with the consultant or specialist clinician and supply of these medicines is organised via the hospital pharmacy (Trust) direct to patient. Examples include: acitretin, clozapine, isotretinoin, linezolid and thalidomide.
AMBER List Medicine	The responsibility for prescribing is transferred from secondary to primary care with the agreement of an individual GP, when Shared Care arrangements are in place. Examples include: amiodarone, azathioprine, ciclosporin, Grazax [®] and lithium.

Some medication will be in both categories depending on the indication, e.g. ketamine is **RED** when used for neuropathic pain and **AMBER** when used in palliative care.

Monitoring prescribing of specialist medicines

Who monitors prescribing?

SPPG Prescribing Support Pharmacists (PSPs) monitor **specialist medicines** dispensing data monthly. If a red list medicine is prescribed, the practice and community pharmacy are contacted to understand why the item was prescribed/dispensed in primary care. Trusts are provided with a monthly report of red list medicines issued by primary care. In all scenarios the aim of the monitoring is to share learning and minimise recurrence.

Other medicines which are not specialist medicines that are monitored monthly by SPPG are detailed below:

Methotrexate 10mg tablets	As per MHRA safety alert , 2.5mg tablets is the preferred strength. Any new patient commenced on methotrexate 10mg tablets will be queried. Methotrexate solutions for infusions are Red List.
Warfarin 500 microgram tablets / 5mg tablets	The Guidance on the Safe Use of Oral Anticoagulant Therapy in Primary Care recommends that only 1mg and 3mg warfarin tablets are prescribed, this is to reduce the potential for confusion around the 500 microgram and the 5mg tablets.

The most common specialist medicines prescribed by general practice where the prescribing responsibility should have remained with the consultant and supply organised via hospital pharmacy (July 2022 – June 2023)

Specialist medicines prescribed by GP practices instead of Trusts	Number of prescriptions
Acitretin (Neotigason®)	13
Choriogonadotropin alfa (Ovitrelle®)	4
Valganciclovir	4
Linezolid	3

In most cases these were added to the GP clinical systems for reference purposes only (which is important) but had not been added correctly (as “hospital supply only”) and the scripts were issued and dispensed in error. There is the potential for patients to receive duplicate supplies or to come to harm if appropriate monitoring is not undertaken.

Private prescribing of specialist medicines

The private prescribing and supply of **red** list medication remains the responsibility of the private sector provider.

Should a GP consider that a privately recommended **amber** treatment is clinically appropriate, the GP can choose to issue a HSC prescription. In doing so, the GP is accepting clinical responsibility for this decision and should **ensure that a shared care arrangement continues with the private provider including ongoing review.**

Private providers should **not** ask GPs to prescribe a medicine that is on the ‘red list’. The prescribing and supply of a ‘red list’ medicine should remain the responsibility of the private sector provider.

Actions for GP practices

The following points can help to minimise the risk of inadvertently prescribing a specialist medicine.

- Save the [Red/Amber list](#) shortcut to the desktop of all GP clinical systems and highlight to all prescribers, including non-medical prescribers.
- EMIS practices with Optimise Rx enabled will highlight to a prescriber if they select a red list medicine on initiation and reauthorisation.
- When reconciling hospital letters, pay particular attention to drugs that are not familiar. If in doubt - check it out.
- Ensure the practice has a system for recording all specialist medicines and indicates clearly on the records that these are hospital supply only.
- It is 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.
- Please note the NILES for **AMBER** medication should NOT be used as the default for monitoring prescribing. For **AMBER** medicines, monitoring SHOULD be completed as per the shared care arrangements around that patient and the relevant [Shared Care Guidelines](#).

- If a red list medicine has been inadvertently prescribed in primary care, contact your local [Trust Interface Pharmacist](#) for Specialist Medicines to arrange supply to be transferred back to secondary care. It may be necessary to continue to prescribe the medicine for a limited time until prescribing and supply can be transferred.
- Refer to the Department of Health NI guidance document '[Responsibility for prescribing between primary and secondary / tertiary care services for the supply of medicines and other pharmaceutical products](#)' for further information.

Actions for community pharmacists

Community pharmacists are the last safety net to ensure that specialist medicines are not supplied in primary care. The following points can help to minimise risk.

- Save the [Red/Amber list](#) shortcut to the desktop of the pharmacy clinical system and highlight to all staff involved in the dispensing process
- At clinical check, access the [Red/Amber list](#) to confirm the status of the drug PRIOR to ordering any unfamiliar medicine. Many of these, but not all, are expensive.
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 the responsibility of the pharmacist to check the [Red/Amber list](#) to determine the status of any drug prescribed, if they are unsure PRIOR to dispensing.
- If a RED list medicine has been prescribed or a **new** patient has been prescribed warfarin 500micrograms/5mg or methotrexate 10mg tablets, contact the GP practice **before** ordering/dispensing.
- Ensure that prescriptions for specialist medicines which are not dispensed are not inadvertently coded and submitted for payment, i.e. ENSURE THEY ARE PLACED IN THE AMENDED/PART CODED bundle.
- Remember 2WHAM - For patients requesting OTC medicines, check if they take any medicines supplied by hospital, e.g. anti-retrovirals (red listed) interact with PPIs; pseudoephedrine increases the risk of elevated blood pressure when given with linezolid; and clozapine causes constipation so caution must be exercised when commencing any medicines which cause constipation due to the risk of intestinal obstruction.

Who do I contact for advice?

Speak to a [Pharmacy Adviser](#) in your local office or your local [Trust Interface Pharmacists Specialist Medicines](#)

This newsletter has been produced for GPs and pharmacists by the Regional Pharmacy and Medicines Management Team. If you have any queries or require further information on the contents, please contact one of the [Pharmacy Advisers](#)

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