

Quick Reference Guide: Formulary & Prescribing Transfer

Key links to documents & guidelines:

All prescribing documents; guidelines, policies, procedures can be found [here](#)

TEWV Formulary - [website](#)

Safe Transfer of Prescribing – [website](#)

Psychotropic Medication Monitoring – [website](#)

Formulary ([link](#))

The TEWV formulary highlights a RAG status for prescribing. This indicates where prescribing can be initiated and indicates whether and how transfer of prescribing can occur. The formulary is noted as a County Durham & Darlington formulary, but it covers the whole of TEWV.

Green Drugs	<ul style="list-style-type: none"> Can be initiated and prescribed in all care settings Second line / alternative green drug
Green+ Drugs	<ul style="list-style-type: none"> Specialist initiation / recommendation. Can be recommended by a specialist for initiation in primary care; or be initiated by a specialist and transferred to primary care once the patient is stabilised. In some cases there may be a further restriction for use outlined – these will be defined in each case.
Amber Drugs	<ul style="list-style-type: none"> These are specialist drugs which must be initiated by the specialist, but with the potential to transfer to primary care within written and agreed shared care protocols and according to the agreed process for transfer of care
Red Drugs	<ul style="list-style-type: none"> Drugs that should remain under the total responsibility of the specialist. Usually considered as "hospital only" drugs
Rejected	<ul style="list-style-type: none"> Drugs that have been considered by the D&T or other approved body (e.g. NICE, NTAG) and are not approved for prescribing within TEWV.
Awaiting Review	<ul style="list-style-type: none"> Drugs that haven't been reviewed by the D&T yet. This usually means that an application is in progress. These drugs are not normally considered appropriate for prescribing in TEWV until such time that a decision is taken by the D&T & interface prescribing groups on their formulary status.

Increasing levels of prescribing controls

In York, Scarborough & Harrogate this is equivalent to:

TEWV	York, Scarborough & Harrogate
Green	Green
Green Plus	Amber
Amber	Amber (SCG)
Red	Red
Purple	Black
Grey	No equivalent

Safe Transfer of Prescribing Guidance ([link](#))

This document outlines the "rules" for prescribing transfer for all of the drugs commonly initiated by TEWV prescribers (effectively chapter 4 of the BNF). It should be used in conjunction with all other prescribing guidelines including specific shared care documents. It should also be used together with the psychotropic medication monitoring guide.

Psychotropic Medication Monitoring Guide ([link](#))

The guide outlines the standard physical health monitoring requirements of psychotropic medicines. It has been agreed that the standard monitoring is as defined by NICE guidelines or the product license. The guidance does not replace clinical judgement. Further tests may be necessary on an individual patient basis. TEWV clinicians should state the rationale for additional tests (especially if requesting from primary care).

Secondary Care (Red drugs)

The prescribing of a red drug (e.g. Agomelatine, clozapine) should be maintained in secondary care.

Shared Care (amber (SCG) drugs)

The only drugs that are "shared care" are those defined as amber, with a supporting shared care guideline (e.g. lithium, methylphenidate). A copy of the shared care guideline should be included with the GP letter.

Drugs that do not have an amber status are not "shared care". Many other common mental health medicines are defined as green or green+.

Specialist Initiation / Recommendation (Amber or Green+)

Specialist initiation or recommendation (although all MH amber/green+ are for secondary care initiation). The Safe Transfer of Prescribing guidance outlines the "rules" for each drug, including initiation, supply and when transfer can be made (e.g. most oral antipsychotics).

Antipsychotics should be monitored at baseline, 3 months and 12 months in secondary care (as per NICE). Prescribing transfer can occur after 3 months or when stable (whichever is longest). It is recognised that TEWV are trying to establish processes to enable this monitoring and this may take some time. Appropriate requests to GPs may continue through this period.

Restricted drugs

Within TEWV some drugs are restricted (e.g. long acting antipsychotic injections). They are subject to an application and clinical director support. This enables greater control of prescribing and may apply to drugs with any RAG status.

Rejected

Rejected drugs (e.g. Lurasidone) are non-formulary and can only be prescribed after an application process.

Communication

The key to safe and effective transfer of prescribing is communication. Letters should be clear and outline detailed plans for the continuation or future cessation of treatment. GPs should not normally be asked to perform any tests or reviews that are not considered standard.

It is advisable to contact a GP directly (preferably via phone) to discuss individual patient circumstances which may require transfer outside of usual processes. GPs can refuse to prescribe medication, but this is not common if the request is appropriate and the communication is effective.

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All documents referenced within this quick reference guide have been supported and approved through the following groups; TEWV Drug & Therapeutics Committee, County Durham & Darlington Area Prescribing Committee, Tees Medicines Governance Group, York & Scarborough Medicines Commissioning Committee