

High Risk Medicines Prescribing Policy

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Responsible Committee: Quality Committee

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1. INTRODUCTION

South East London Doctors Co-operative (SELDOC) provides out-of-hours and unscheduled primary care services to patients registered with a GP practice in Lambeth, Lewisham, Southwark, Merton, Kingston, Wandsworth and Sutton CCGs including unregistered patients residing within its boundaries.

The service SELDOC provides is for urgent medical conditions, not for routine care such as the issue of repeat prescriptions.

Some medicines carry considerable risks because of their potential for abuse, narrow therapeutic index and adverse side effects - these are known as '**high risk medicines**' in this policy.

2. LEGAL, ETHICAL AND GOOD PRACTICE GUIDANCE FOR PRESCRIBING

The law relating to prescribing of medicines is detailed in the Medicines Act 1968¹, the Misuse of Drugs Act, 1971 (as amended)² and the Misuse of Drugs Regulations 2001³. The General Medical Council (GMC) and the General Pharmaceutical Council (GPhC) expects doctors and prescribing pharmacists to comply with the standards of good practice set out in their guidance – *Good practice in prescribing medicines – guidance for doctors*⁴, *The Single Competency Framework for all prescribers*⁵. This policy will be updated in response to changes in regulations.

3. KEY PRINCIPLES TO CONSIDER

The documents cited above are clear on the following principles:

SELDOC Duty doctors and pharmacists should not prescribe repeat prescriptions unless there is an urgent requirement to do so. The majority of high risk medicines (see Appendix 1) should not be prescribed at all.

If you are the doctor/pharmacist signing and issuing the prescription you bear the legal and professional responsibility for that treatment.

In providing care you must recognize and work within the limits of your competence

If you issue a prescription you should first check that the medicines are still needed, effective and tolerated and that the patient's condition is stable enough to warrant the repeat prescription without further examination or assessment.

You should consider if the medicine is required before the next working day

¹<http://www.legislation.gov.uk/ukpga/1968/67/contents>

²<http://www.legislation.gov.uk/ukpga/1971/38/contents>

³<http://www.legislation.gov.uk/uksi/2001/3998/contents/made>

⁴http://www.gmc-uk.org/guidance/ethical_guidance/prescriptions_fags.asp

⁵ <http://www.rpharms.com/support-pdfs/prescribing-competency-framework.pdf>

4. KEY POINTS FOR DOCTORS AND PHARMACISTS WHEN THERE IS A CLINICAL NEED TO PRESCRIBE HIGH RISK MEDICINES

SELDOC expects the following principles to be followed by all prescribing doctors and pharmacists:

- 4.1 The legal responsibility for the prescription lies with the person who signs the prescription.
- 4.2 The Repeat Prescribing Policy must be followed at all times.
- 4.3 SELDOC has identified certain medicines as high risk in the unscheduled care setting. Appendix A gives details a list of high risk medications and Appendix B appropriate recommendations for prescribing of high risk medications during the OOH period.
- 4.4 In the exceptional circumstance that a prescription for a high-risk medicine is warranted, the doctor must have sufficient knowledge and expertise to prescribe the medicines safely and confidently.
- 4.5 High risk medicines will be regularly audited and reviewed by the Chief Pharmacist and the Clinical Governance Team and audit results will be fed back to prescribers as appropriate.

Appendix A – List of High Risk Drugs

RISK OF ABUSE OR DIVERSION	NARROW THERAPEUTIC INDEX/SPECIAL MONITORING
Buprenorphine (Subutex®)	Acenocoumarin
Codeine	Azathioprine
Diamorphine	Cyclosporine
Diazepam	Cyclophosphamide
Dihydrocodeine	Lithium
Fentanyl	Methotrexate
Flurazepam	Mycophenolate
Loprazolam	Phenindione
Lormetazepam	Sirolimus
Methadone	Tacrolimus
Morphine	Warfarin
Nitrazepam	
Oxycodone	
Pethidine	
Temazepam	
Tramadol	
Zaleplon	
Zolpidem	
Zopiclone	

APPENDIX B – PRESCRIBING RECOMMENDATIONS FOR HIGH RISK DRUGS

	CLASS OF MEDICINE	MEDICINE	COMMENTS	PRESCRIBING RECOMMENDATION	SOURCE OF INFORMATION
ABUSE OR DIVERSION	Opioid substitution therapy	Buprenorphine (Subutex®), Methadone	Treatment for opioid dependence should be within a supportive care programme	Do not prescribe Refer back to addiction service	NICE TA114
	Strong opioids	Buprenorphine, diamorphine, fentanyl, morphine, oxycodone, pethidine	Refer to Prescribing Policy for Controlled Drugs – require evidence on current usage	Do not initiate new prescription	NPSA/2008/RRR005
	Moderate opioids	Codeine, dihydrocodeine	Use codeine as first line	Consider alternatives Only prescribe when convinced of clinical need ONLY prescribe supply until next working day	SELDOC formulary
	Benzodiazepines	Diazepam, flurazepam, loprazolam, lorazepam, nitrazepam, temazepam	Prescribe short courses of benzodiazepines to avoid dependence and potential for abuse		CGL113
	Newer hypnotic drugs – ‘z’ drugs	Zaleplon, zolpidem, zopiclone	As for benzodiazepines		NICE TA77
NARROW THERAPEUTIC INDEX/SPECIAL MONITORING	Methotrexate	Methotrexate	Prescribing should be within a shared care protocol	Do not prescribe	NPSA/2006/13
	Anticoagulants	Warfarin (acenocoumarin, phenindione)	Prescribers must be competent. Yellow book/Record of INR result must be seen before prescribing.	Only prescribe when convinced of clinical need for a repeat prescription ONLY prescribe supply until next working day	NPSA/2007/18
	Lithium	Lithium	Prescribing should be within a shared care protocol		NPSA/2009/PSA005
	Immuno-suppressants	Azathioprine, cyclosporine, cyclophosphamide,	Prescribing should be within a shared care protocol		

		mycophenolate, Sirolimus, tacrolimus			
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