North West London Red List – Medicines that Hospital Doctors should not ask GPs to prescribe

1.0 Background

Hospital New Drugs Panels or Drug and Therapeutics Committees (NDP or D&TC) consider published evidence on the effectiveness of a new medicine and its cost-effectiveness before deciding whether to add it to the hospital's formulary. All such committees in North West London (NWL) have representation from local Clinical Commissioning Groups (CCGs). When a medicine is added to a hospital formulary, the committee will also consider whether it is reasonable for a hospital doctor to ask a GP to prescribe the medicine, or whether it should be added to the red list.

The NWL Medicines Management Pharmacy Network (NWLMMPN) is a network of Clinical Commissioning Group/ Commissioning Support Unit Senior Pharmacists from NWL, Acute and Mental Health Trust Chief Pharmacists from all Trusts in NWL and Community Health Care Pharmacists representatives from NWL. It meets at least 4 times a year to provide a mechanism for formal liaison in order:

- To work together to improve prescribing of medicines at the interface between primary, secondary/tertiary care and be involved in service redesign.
- To share ideas on cost improvement programmes (CIP) for drugs and QIPP plans
- To share information about the managed entry of new drugs
  To keep all parties informed and aligned with regard to prescribing priorities and local policies for primary and secondary care
- To respond to NHS policies including NICE guidance that affect prescribing and medicines management across the interface
- To identify ways of improving medicines management in both sectors
- To maintain the North West London red list and shared care tracker and make recommendations to the NWLIF NDP and to Trust New Drugs Panels
- To share information on medicines expenditure

The NWLMMPN has an advisory role on whether medicines are suitable for addition to or removal from the 'red list' and makes recommendations to the relevant decision making bodies.

2.0 Criteria for adding a medicine to or removing from the red list :

The following criteria are used by NDPs, D&TCs and the NWLMMPN in deciding whether a change to the red list should be made:

- Safe or effective use of the medicine, throughout its use, requires expertise or facilities that a GP will not normally have.
- Medicines added to the red list will normally be 'specialist medicines' that a GP will see infrequently.
- Relevant changes to a medicine's licensing or to national policy (e.g. NICE guidance).

Criteria for removing a medicine from the red list:

- Guidance from NICE states that it is reasonable for GPs to prescribe the medicine, perhaps in the context of a shared care agreement.
- New trial evidence or a change in licence has made the medicine easier to use than at the time it was added to the red list (e.g. by demonstrating that less monitoring is needed than previously thought).

A medicine will not be added to the red list:

- If, although the medicine should only be initiated by a hospital specialist, it is reasonable for a GP to continue to prescribe it once the patient and treatment are stable (e.g. monitoring, dose changes and stopping treatment require no specialist expertise or facilities).
- Simply because it is expensive.

There should be an annual review of the red list to incorporate any change in national policy and if a significant incident occurs in clinical practice.

3.0 Process for adding a new medicine to or removing from the red list

Appendix 1 is a template for requesting the addition of a medicine to or removal from the red list. When an NDP or D&TC decide a new medicine should be added to the red list, the NW London Medicines Management Pharmacy Network (NWLMMPN) will review the request and make a recommendation to the North West London Integrated Formulary Panel and to individual Trust NDPs or DTCs as to whether the medicine should be added to the red list.

Any NW London CCG, Hospital or Mental Health Trust can request that a medicine is added to or removed from the red list. The trigger for consideration for the red list is normally following the review of a new medicine at a hospital NDP or D&TC. The Trust's Chief Pharmacist (or equivalent) should make the case for the change at a NWLMMPN meeting. The NWLMMPN will normally take a view on red list decisions at the first meeting to which the decision is presented. The red list document is updated quarterly and presented for review at the NWL Integrated Formulary New Drugs Panel following on from discussions held at local hospital Drugs and Therapeutics or New Drugs Panel meetings. The list contains medicines that are not on the NWL Integrated Formulary but are on hospital formularies. Owing to their speciality, safety or monitoring requirements, GPs should not be asked to continue the prescribing. The responsibility for prescribing should remain with the hospital trust consultant.

4.0 Disputes

If a NDP or D&TC decision appears inconsistent with the criteria in Section 2, the NWLMMPN will check the decision against the criteria. If there still appears to be inconsistency, the NWLMMPN will recommend that the NDP or D&TC reviews its decision. If there is disagreement about where prescribing of a patient's treatment should best take place, the case should be referred to the North West London Integrated Formulary Panel.

5.0 Red List		
GPs should not be asked to take on the prescribing of any of the following drugs. It relates to all formulations unless a specific formulation is given.		
BNF Section	**BNF Section Title**	**Generic Name**
2.1.2	Phosphodiesterase inhibitors	Enoximone, milrinone
2.5.1	Vasodilator antihypertensive drugs	Ambrisentan, bosentan, iloprost, sildenafil, sitaxentan, tadalafil, treprostinil
2.8.1	Parenteral anticoagulants	Low molecular weight heparins: dalteparin sodium, enoxaparin sodium, tinzaparin sodium (except when used as part of palliative care) Bivalirudin, epoprostenol, fondaparinux
2.10.2	Fibrinolytic drugs	Alteplase, reteplase, streptokinase, tenecteplase, urokinase
3.3.3	Phosphodiesterase type-4 inhibitors	Roflumilast
3.4.2	Allergen immunotherapy	Grass pollen extract (Grazax®), omalizumab,
3.4.3	Allergic emergencies	C1-Esterase inhibitor, conestat alfa, icatibant
3.11	Antifibrotics	Pirfenidone
4.1.1	Hypnotics	Sodium oxybate
4.2.1	Antipsychotic drugs	Clozapine
4.6	Drugs used in nausea and vertigo	Nabilone
4.9.1	Dopaminergic drugs used in parkinsonism	Apomorphine
4.9.3	Drugs used in essential tremor, chorea, tics and related disorders	Botulinum toxins type A and B
5.1	Antibacterial drugs	All IV antibacterials (or according to locally agreed primary care services – contact your local CCG for further information)
5.1.7	Other antibacterials	Linezolid
5.2	Antifungal drugs	Posaconazole, voriconazole, IV antifungals
5.3.1	HIV infection	All antiretroviral drugs for treatment/prophylaxis of HIV infection, lamivudine (for chronic hep B)
5.3.2.2	Cytomegalovirus	Cidofovir, ganciclovir, foscarnet, valganciclovir
5.3.3	Viral hepatitis	Adefovir, boceprevir, entecavir, interferon alpha, peginterferon alfa, ribavirin ,lamivudine, telaprevir, telbivudine, tenofovir
5.3.5	Respiratory syncytical virus	Palivizumab, ribavirin
5.4.8	Drugs for pneumocystis pneumonia	Pentamidine
6.5.1	Hypothalamic and anterior pituitary hormones and anti-oestrogens	Chorionic gonadotropin, choriogonadotropin alfa
	Infertility treatments	Corifollitropin alfa, follitropin alfa and beta, human menopausal gonadotrophins, lutropin alfa, urofollitrophin
	Growth hormone receptor antagonists	Pegvisomant

6.6.1	Calcitonin and parathyroid hormone	Teriparatide
6.6.2	Bisphosphonates and other drugs affecting bone metabolism	Disodium pamidronate, ibandronic acid (injection), zoledronic acid
6.7.2	Drugs affecting gonadotrophins	Cetrorelix, ganirelix
6.7.4	Somatomedins	Mecasermin
7.4.5	Drugs for Erectile Dysfunction	Alprostadil, apomorphine, sildenafil, tadalafil, vardenafil (unless for indications in Schedule 2).
8.1	Cytotoxic Drugs	Oncology use of all I.V, intracavitary and oral cytotoxics; all use if injectables
8.2.1	Antiproliferative immunosuppressants	Mycophenolate mofetil
8.2.2	Corticosteroids and other immunosuppressants	Basiliximab, belatacept, ciclosporin, sirolimus, tacrolimus
8.2.3	Rituximab and alemtuzumab	Alemtuzumab, ofatumumab, rituximab
8.2.4	Other immunomodulating drugs	Interferon alfa, peginterferon alfa, interferon beta, interferon gamma, aldesleukin, BCG bladder installation, canakinumab, fingolimod, glatiramer, histamine, lenalidomide, thalidomide, mifamurtide, natalizumab, teriflunomide (*not currently in the BNF*)
8.3.4	Hormone Antagonists	Fulvestrant, abiraterone
9.1.3	Drugs used in hypoplastic, haemolytic, and renal anaemias	Darbepoetin alfa, epoetin alpha, beta, theta and zeta, methoxy polyethylene glycol-epoetin beta, deferasirox, deferiprone, desferrioxamine, eculizumab
9.1.4	Drugs used in platelet disorders	Eltrombopag, romiplostim, anagrelide
9.1.6	Drugs used in neutropenia	Filgrastim, lenograstim, pegfilgrastim
9.1.7	Drugs used to mobilise stem cells	Plerixafor
9.4.1	Foods for special diets	Saproterin dihydrochloride
9.5.1.2	Hypercalcaemia and hypercalciuria	Cinacalcet (secondary hyperparathyroidism in patients with end-stage renal disease)
9.8.1	Drugs Used in metabolic disorders	Agalsidase alfa and beta, imiglucerase, velaglucerase alpha, galsulfase, idursulfase, laronidase, mercaptamine, algucosidase alpha, nitisinone, carglumic acid, sodium phenylbutyrate, betaine, miglustat
9.8.2	Acute porphyrias	Haem arginate
10.1.3	Drugs that suppress the rheumatic disease process	Abatacept, adalimumab, anakinra, belimumab, certolizumab, etanercept, golimumab, infliximab, leflunomide , methotrexate injections, tocilizumab
10.2.1	Drugs that enhance neuromuscular transmission	Amifampridine, fampridine
10.2.2	Tetrahydrocannabinol/cannabidiol	Sativex
11.4.1	Corticosteroids	Dexamethasone intravitreal implant, fluocinolone acetonide
11.8.2	Ocular diagnostic and peri-operative preparations and photodynamic treatment	Aflibercept, ranibizumab, pegaptanib, verteporfin, bevacizumab (unlicensed indication)
13.5.1	Preparations for eczema	Alitretinoin
13.5.2	Preparations for psoriasis	Acitretin
13.5.3	Drugs affecting the immune response	Ustekinumab
13.6.2	Oral preparations for acne	Isotretinoin

14.5	Immunoglobulins	Normal immunoglobulin
N/A	Anabolic steroid	Oxandrolone (not in BNF)

Appendix 1 – Template Request for the North West London Medicines Management Pharmacy Network to Consider Adding a Medicine to the 'Red List' of Medicines

The following criteria are used to decide whether a change to the red list should be made:

Criteria for adding a medicine to the red list

- Safe or effective use of the medicine, throughout its use, requires expertise or facilities that a GP will not normally have.
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- Simply because it is expensive, if the criterion for adding a medicine to the red list (above) is not met.

Name of medicine	
Presentation	
Indication	
Specialist expertise needed to prescribe safely	
Special facilities required to prescribe safely	
Details of recent change to license or national policy	
Form completed by	
Date of completion	

Please email completed forms to Monika Chowdhury, Secretary to the North West London Medicines Management Pharmacy Network, Monika.Chowdhury@nwlcsu.nhs.uk