

NORTH EAST LONDON Primary and Secondary Care Collaborative Hospital Only and Joint Prescribing list

Hospital Only List & Joint Prescribing List

The East London Health and Care Partnership medicines optimisation sub-committee has revised the recommendations previously made by the North East London Medicines Management Network (NELMMN) for a single list of drugs for 'hospital only prescribing'. In addition a second list, Joint Prescribing List (JPL) has also been created to capture those medicines where a specific prescribing arrangement may be in place between the NEL CCGs and Provider trusts.

Criteria for Entry onto the Hospital Only List (HOL)

The drug is only suitable for Hospital prescribing if any of the following criteria is met

- 1) The drug requires a level of specialist knowledge and complexity that can only be managed by a hospital team e.g. Systemic Anti-Cancer Drugs
- 2) Administration of the drug needs to be in a specialist setting as it requires complex monitoring and equipment that is only available in the hospital e.g. day care unit, inpatient drugs
- 3) The medicine is only available through the provider i.e. not available on a FP10, including any 'borderline' products used outside of approved indications
- 4) Medicines classified as 'Orphan drugs' e.g. those designated by the EMEA to promote development of drugs to treat rare diseases or conditions. They have marketing exclusivity for 10 years with assistance from the EMEA in optimising drug development and applications for marketing approval
- 5) Unlicensed medicines where the use of the medicine is not well established and not supported by clear evidence/information
- 6) Responsibility for prescribing will rest with the hospital clinician when drugs are being used as part of a clinical trial
- 7) The drug has been agreed to remain in hospital for a fixed term pending review as agreed at local medicines committees
- 8) Medicines used to treat HIV/AIDS (antiretroviral medicines) should always be prescribed by a hospital specialist and all medicines from this class will not be named individually.
- 9) Blood products including immunoglobulins should only be prescribed by hospital specialist and will not be specifically named in this list.
- 10) Medicines used for Gene therapy or cellular transplantation (liver cell/stem cells etc...) should always be prescribed by a hospital specialist and all medicines in this class will not be specifically named in this list.
- 11) Parenteral nutrition should always be prescribed by a hospital specialist and all individual constituents of the nutrition regimen will not be specifically mentioned in this list.
- 12) Medicines used for complex diagnostics should always be prescribed by a hospital specialist and all medicines in this class will not be named specifically in this list
- 13) Medicines used exclusively as bladder irrigations/instillations should always be prescribed by a hospital specialist and all medicines from this class will not be specifically named in this list.
- 14) Medicines used to treat Tuberculosis (TB) infection should always be prescribed by a specialist and all medicines from this class will not be specifically named in this list if prescribed solely for the purpose of treating TB.

- 15) Monoclonal antibodies (irrespective of the route of administration) should only be prescribed by a hospital specialist and all medicines from this class will not be specifically named in this list.
- 16) Medicines used as Systemic Anti-Cancer Treatment (SACT) must always be prescribed by a hospital specialist. These medicines will not all be specifically named in this list.

Principles for Drugs on the HOL

- 1) Hospital-only classification could be assigned for one indication for a drug as distinct from others.
- 2) Intravenous, intraocular and intrathecal products would generally be assigned hospital-only classification (and may not be individually named on this list), unless part of a specifically commissioned arrangement for Primary Care prescribing. This should not preclude use in urgent treatment or other situations where this has been judged has to be clinically needed, and where oral treatment is not appropriate. Medicines administered via subcutaneous injection should not automatically be designated as hospital only.
- 3) In exceptional cases, there may be occasions due to the location of the patient/mobility issues where it is in the interest of patient care to warrant GP prescribing. In these situations, a case by case assessment will be made and clear guidance must be provided by the referring consultant to the respective GP or a homecare arrangement.
- 4) Drugs should not be added to the list simply because they are newly licensed.
- 5) Drugs listed by NHS England as commissioned exclusively from Secondary and Tertiary Care should always be prescribed by a hospital specialist unless deemed suitable for shared care and agreed to by local prescribing committees and commissioners. These medicines will not be all named specifically as they can be accessed directly from the NHS England website. <https://www.england.nhs.uk/publication/nhs-england-drugs-list>
- 6) Any drugs where prescribing may be a joint responsibility (e.g. shared care, hospital initiation but continuation in primary care) will not be included on this list. These drugs will be included on the Joint Prescribing List (JPL)
- 7) Shared care guidelines will only be produced when there is a sufficiently large group of patients to warrant it. In these situations, sufficient information will be provided to ensure safe prescribing.
- 8) Medicines will not be added to the list solely on the grounds of cost.
- 9) Drugs should not be placed on the list to because there is no mechanism in place to manage prescribing in primary care.
- 10) Medicines deemed by a national or regional body to be of limited clinical value will not be specifically mentioned in this list and local medicines committees should endeavour to remove these from respective formularies.
- 11) Barbiturates should only be prescribed under specialist only supervision, therefore as a group would be considered hospital only.
- 12) Fertility treatments in general would be considered hospital only as a group, and are not individually named
- 13) Non-formulary items that apply to all trusts within the STP are not included, as they are not recommended for prescribing in general unless the relevant Hospital Drugs and Therapeutics Committee (DTC) Chairs actions is sought.
- 14) For medicines recommended from a tertiary centre, prescribers should liaise directly with that centre to clarify prescribing and supply

15) The NHS England Medicines of limited value list can be found here:
<https://www.england.nhs.uk/wp-content/uploads/2017/11/items-which-should-not-be-routinely-prescribed-in-pc-ccg-guidance.pdf>

These recommendations are made without prejudice to established long-standing prescribing, and are not intended to disrupt the care of patients already receiving any of the drugs in the list below.

HOSPITAL ONLY PRESCRIBING LIST

The Medicines listed below are to be prescribed only by a Hospital Specialist

Drug name	indication for use
Antiretrovirals (all)	All indications
Antivirals for Hep B and C drugs	Hep B and C
Blood products including immunoglobulins	All indications
Monoclonal Antibodies	All indications
Systemic Anti-Cancer Treatment	Treatment of cancer
Medicines classified as 'Orphan Drugs'	All indications
Medicines that are administered via intraocular injection or implant, intravenous, intrathecal administration	Unless there is locally commissioned service
Bladder instillations or irrigations	All indications

Parenteral nutrition	All indications
Medicines used for Gene therapy or cellular transplantation	All indications
Medicines used for complex diagnostics in hospital	All indications - to be conducted in hospital
3-4 Diaminopyridine	All indications
5-Aminolevulinic Acid	All indications
5-Methoxypsoralen	All indications
8-Methoxypsoralen	All indications
Abatacept	All indications
Acitretin Capsules	All indications
Alitretinoin Capsules	All indications
Allergoids	All indications
Anagrelide	All indications
Apomorphine	All indications (unless a shared care agreement is in place)
Apremilast	All indications
Aprepitant	All indications

Artemether/Lumefantrine	All indications
Artesunate	All indications
Atovaquone	All indications
Azathioprine	In Severe Resistant Childhood Atopic Eczema Renal Transplantation
Buserelin	All indications
Caffeine Citrate	All indications
Calcium Folate (Folinic acid)	All indications
Calcium Polystyrene Sulphonate	All indications
Continuous ambulatory peritoneal dialysis (CAPD) fluids	All indications
Carboprost	All indications
Cetrorelix	All indications
Chlordiazepoxide	All indications unless specialist commissioned service
Chorionic gonadotropin (choriogonadotropin alfa)	All indications
Ciclosporin	In Renal Transplant Patients Severe Resistant Childhood Psoriasis and Atopic Eczema
Clozapine	All indications

Dapsone	All indications
Denosumab	Skeletal related events in cancer
Diamorphine intranasal (unlicensed)	All indications
Diamorphine Topical (unlicensed)	All indications
Diazoxide	All indications
Dihydrotestosterone 2.5% Gel (Andractim)	All indications
Diloxanide	All indications
Dinoprostone (all formulations)	All indications
Disulfiram	All indications
Eltrombopag	All indications
Erythropoietin	Cancer treatment only
Fidaxomicin	All indications
Gliolan	All indications
Goserelin	All indications except for treatment of Prostate cancer
Hyaluronic Acid Injection and dermal filler (Juvederm 'voluma', 'volift' and 'volbella') Allergan Ltd)	All indications

Hydroquinidine	All indications
Iodine Aqueous Oral Solution	All indications
Iron Isomaltoside 1000 (Diafer)	All indications
Isoniazid	Renal patients post-transplant
Isotretinoin Capsules	All indications, unless there is a locally commissioned specialist service
Leuprorelin	All indications except for treatment of prostate cancer (and BHR for precocious puberty)
Linezolid	All indications
Lofexidine	All indications
Mesna	All indications
Methotrexate	Prescribing in childhood arthritis only
Methoxsalen	All indications
Methoxyflurane (Penthrox)	All indications
Methoxypolyethylene glycol epoetin beta	All indications
Methyl 5- Aminolevulinate (Metvix®) Cream	All indications
Methyl aminolevulinate (Ameluz®) Gel	All indications

Mianserin	All indications
Mifepristone	All indications
Minocycline	All indications
Misoprostol	All obstetrics indications
Mitotane	All indications
Modafinil	Fatigue in patients with Multiple Sclerosis
Mycophenolate mofetil/ mycophenolic acid	For use post organ transplant
Nafarelin	All indications
Nelarabine	All indications
Nepafenac	All indications
Nimodipine	All indications
Octreotide	All indications
Oxandrolone	All indications
Paricalcitol	Refractory Secondary Hyperparathyroidism (SHPT) in patients with chronic kidney disease
Patiomer	All indications

Pentamidine	All indications
Pentosan	All indications
Pericyazine	All indications
Phenoxybenzamine	All indications
Phentolamine	All indications
Primaquine	All indications
Probenecid	All indications
PUVASoralen-8 1.2% Bath Additive	All indications
Pyrimethamine	All indications
Rifampicin	For TB and Leprosy
Romiplostim	All indications
Sclerosing (Aqueous) Solution	All indications
Sculptra® (formerly New Fill®)- cosmetic filler	HIV-associated facial lipoatrophy
Sildenafil	Pulmonary Hypertension and Raynauds
Sirolimus	All indications

Sodium Clodronate	All indications
Stiripentol	For severe myoclonic epilepsy in infancy (Dravet Syndrome)
Tacrolimus	Renal Transplantation
Tadalafil	For pulmonary arterial hypertension only
Thyrotropin alpha	All indications
Tolvaptan	All indications
Triptorelin	All indications except for treatment of prostate cancer
Tuberculin PPD	All indications
Ulipristal for uterine fibromyoma	All indications

Document Control

Version number:	Replaces (if applicable):	Author(s)/Originator(s): (please state author name and department)			
		Name	Position	Organisation	
2	Legacy NELMMN Hospital only list	Mohammed Zahir Rashid	Clinical Pathways and Formulary Pharmacist	Barts Health NHS Trust	Issue date: 01/04/2019 Review Date: 01/04/2020
3	STP update – agreed hospital only list	Farrah Asghar/ Shammi Khatun	Formulary and Commissioning pharmacist	Barts Health NHS Trust	Approved: April 2020 Review: April 2021
Organisations who have adopted this document				Date ratified by prescribing board	
Barts Health NHS Trust				<ul style="list-style-type: none"> Virtual Chair's Approval sought from WEL MOCC; granted 30/03/2020 	
Barking and Dagenham, Havering & Redbridge CCG'S					
Barking Havering and Redbridge University Hospitals NHS Trust					
City and Hackney CCG					
East London Foundation Trust (ELFT)					
Homerton University Hospital NHS Foundation Trust					
North East London Foundation Trust (NELFT)					
WEL CCGs				<ul style="list-style-type: none"> Waltham Forest and East London Medicines Optimisations and Commissioning Committee (WEL MOCC): Chair's Approval granted 16/03/2020 Virtual Ratification from WEL CCGs GP Prescribing Leads 25/03/2020 	