

SHARED CARE PRESCRIBING GUIDELINE

Aripiprazole long-acting injection for the treatment of schizophrenia in

ADULTS

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| **SHARED CARE PROCESS FLOWCHART** |
| **Specialist clinician completes Shared Care Request Letter (Appendix 1) and sends to patient’s GP via email.**  **GP considers shared care request, taking into account the following:**   * Is the patient’s condition predictable or stable? * Whether they have the relevant knowledge, skills and access to equipment to allow them to monitor treatment as indicated in this shared care prescribing guideline? * Whether they have been provided with relevant clinical details including monitoring data?   **If NO to any of these questions, GP should contact the requesting consultant or the local primary care Medicines Optimisation Team within 2 weeks of receipt to discuss**  **If YES to all the above, and after reading this shared care guideline then it is appropriate for GP to accept prescribing responsibility**  Issues not resolved  Issues resolved / details clarified  **Complete Shared Care Refusal Letter (Appendix 3) and email back to the requesting clinician**  **Complete Shared Care Agreement Letter (Appendix 2) and email back to the requesting clinician within 2 weeks of receipt**  **NOTES**  There may be implications for the patient where invitation to share care is declined. For example, the patient may need to be changed to an alternative treatment regimen. It would not normally be expected that shared care prescribing would be declined on the basis of cost.  Sharing of care assumes communication between the specialist, GP and patient. The intention to share care should be explained to the patient by the doctor initiating treatment. **It is important that patients are consulted about treatment and are in agreement with it**.  Prescribing should follow requirements in the [South East London Interface Prescribing Policy](https://selondonccg.nhs.uk/wp-content/uploads/dlm_uploads/2021/09/SEL-Interface-prescribing-policy-2019-21-JULY-2020-FINAL.pdf).  **The doctor who prescribes the medication legally assumes clinical responsibility for the drug and the consequences of its use. The patient’s best interests are always paramount.**  If the GP is not confident to undertake these roles, then he or she is under no obligation to do so. In such an event, the total clinical responsibility for the patient for the diagnosed condition remains with the specialist. If a specialist asks the GP to prescribe this drug, the GP should reply to this request as soon as practicable (within 2 weeks). |

1. **Areas of responsibility**

It is the responsibility of the specialist team to work with the Primary Care Lead to support GPs with drug monitoring, including consideration of patient recall systems where appropriate, and to advise on long-term stock issues where these become apparent.

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| **Consultant / Specialist team responsibilities** |
| * To initiate aripiprazole long-acting injection and assess its effects (clinical benefit and side effects) * To supply treatment and administer injections for the first **12 months** * To inform patients that further injections will be administered at their GP practice. * To inform the GP of the results of baseline and routine treatment tests, including plasma glucose, plasma lipids and ECG. * To inform the GP of how often the patient will be reviewed by the psychiatric team * To review patient at the request of GP should any problems arise (side-effects / lack of efficacy). * To inform the GP within 2 weeks of any changes to treatment * To report any suspected adverse effects to the MHRA: <http://www.yellowcard.gov.uk> |

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| **General Practitioner responsibilities** |
| ***Before agreement to shared care:***   * To consider shared care proposal within 2 weeks of receipt. If agree to request to continue prescribing as detailed in shared care guideline. Confirmation to the requesting consultant is required within 2 weeks of receipt of this guideline by completing and returning the agreement on page 3 * If do not agree to shared care discuss with requesting consultant or local primary care medicines management team within 2 weeks of receipt of shared care request   ***After agreement to shared care:***   * To provide ongoing prescriptions for aripiprazole long-acting injection. To adjust the dose as advised by the specialist. * To administer injections * To agree monitoring requirements with specialist * To report and seek advice regarding any concerns, for example: side-effects, co-morbidities, pregnancy, or lack of efficacy to the specialist team * To advise the specialist psychiatric team if the patient does not attend appointment for the injection. * To advise the specialist psychiatric team if the patient refuses injection. * Agree between the specialist psychiatric team and GP who will contact the patient if he/she misses their appointment. * To refer back to specialist if the patient's condition deteriorates. * To stop treatment on the advice of the specialist or immediately if an urgent need to stop treatment arises. * To report any suspected adverse effects to the MHRA via the Yellow Card scheme: <http://www.yellowcard.gov.uk> |

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| **Patient's / Carer’s responsibilities** |
| * To contact the specialist or GP if he or she does not have a clear understanding of any aspect of the treatment. * To inform prescribing specialist, GP and other healthcare professionals of any other medication being taken, including over the counter products, alternative therapies or recreational drugs. * To inform community pharmacists that they are prescribed aripiprazole long-acting injection before purchasing medication over-the-counter * To attend all hospital and GP appointments * To take medicines as agreed and take steps to ensure that no doses are missed and not to share medicines with others * To read the patient information leaflet included with the medication. * To inform GP or hospital specialist of any concerns about treatment. * To report any adverse effects or warning symptoms to GP or hospital specialist * Inform GP and specialist if intending to become pregnant. * To report to GP if pregnant or breastfeeding. * To inform GP and specialist psychiatric team of any changes in addresses or telephone contact numbers. |

1. **CLINICAL INFORMATION**

**NOTE:** The information here is not exhaustive. Please also consult the current Summary of Product Characteristics (SPC) for aripiprazole long-acting injection prior to prescribing for up to date prescribing information, including detailed information on adverse effects, drug interactions, cautions and contraindications (available via [www.medicines.org.uk](http://www.medicines.org.uk))

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| **Background** | Aripiprazole is an atypical antipsychotic drug indicated for the treatment of schizophrenia, or manic episodes in the context of bipolar disorder. It is a partial agonist at dopamine D2 and serotonin 5HT1A receptors and an antagonist at serotonin 5HT2A receptors. The partial agonism of aripiprazole at D2 receptors may be responsible for its effects on positive, negative and cognitive symptoms of schizophrenia. It has a lower likelihood of causing cardiometabolic side effects than most other atypical drugs, and does not cause hyperprolactinaemia. | | |
| **Indications**  Note if indication is unlicensed or not | Maintenance treatment of schizophrenia in adult patients stabilised with aripiprazole. | | |
| **Place in Therapy**  Indicate what drugs should have been tried before this drug is considered | Aripiprazole long-acting injection is approved for use in South East London in line with its licensed indication. | | |
| **Locally agreed off-label use**  Including supporting information | Not applicable. | | |
| **Initiation and ongoing dose regime**  **Note:**   * Transfer of monitoring and prescribing to primary care is normally after the patient’s dose has been optimized and with satisfactory investigation results for at least 4 weeks. * The duration of treatment & frequency of review will be determined by the specialist, based on clinical response and tolerability. * All dose or formulation adjustments will be the responsibility of the initiating specialist unless directions have been discussed and agreed with the primary care clinician. * Termination of treatment will be the responsibility of the specialist. | **Initial stabilisation:**  **(The loading period must be prescribed by the initiating specialist)**  Aripiprazole long-acting injection is for intramuscular administration into the gluteal or deltoid muscle. One of two regimens may be followed for administering the starting dose:  **Note:** Starting doses will always be administered by the specialist psychiatric team. The loading dose information is provided here for information only. The shared care covers the maintenance dosing only. For missed doses please contact medicines advice/information (see below for details).  One injection start  Aripiprazole 1-monthly  On the day of initiation, administer one injection of 400mg aripiprazole long-acting injection and continue treatment with oral aripiprazole for 14 consecutive days.  Aripiprazole 2-monthly  On the day of initiation, administer one injection of 960mg aripiprazole long-acting injection and continue treatment with oral aripiprazole for 14 consecutive days.  **Or**  Two injection start:  Aripiprazole 1-monthly  On the day of initiation, administer two separate injections of 400 mg aripiprazole long-acting injection at separate injection sites in two different muscles (see [SPC](https://www.medicines.org.uk/emc/product/12955/smpc)), along with one 20 mg dose of oral aripiprazole.  Aripiprazole 2-monthly  On the day of initiation, administer one injection of 960mg aripiprazole long-acting injection and one injection of aripiprazole 400mg long-acting injection at separate injection sites in two different muscles (see [SPC](https://www.medicines.org.uk/emc/product/15678/smpc)), along with one 20mg dose of oral aripiprazole.  **Maintenance dose (following initial stabilisation):**  **(The initial maintenance dose of aripiprazole 1-monthly must be prescribed by the initiating specialist. All maintenance doses of aripiprazole 2-monthly may be prescribed in primary care as patients considered for 2-monthly injections will already be stabilised on 1-monthly dosing).**  Aripiprazole 1-monthly   * 300mg or 400mg each month. * The starting dose is 400mg. The dose may be reduced to 300mg a month if 400mg is poorly tolerated. However, GPs should contact the psychiatrist before making any dose adjustments. No other doses may be used except in those patients receiving potent hepatic enzyme inhibiting drugs (e.g., ketoconazole and quinidine). Aripiprazole long-acting injection is not recommended for patients taking concomitant CYP3A4 inducers (e.g., carbamazepine). See [SPC](https://www.medicines.org.uk/emc/product/12955/smpc) for details or contact medicines advice.   Aripiprazole 2-monthly   * 720mg or 960mg every two months. * The starting dose is 960mg. The dose may be reduced to 720mg every two months if 960mg is poorly tolerated. However, GPs should contact the psychiatrist before making any dose adjustments. No other doses may be used except in those patients receiving potent hepatic enzyme inhibiting drugs (e.g., ketoconazole and quinidine). Aripiprazole long-acting injection is not recommended for patients taking concomitant CYP3A4 inducers (e.g., carbamazepine). See [SPC](https://www.medicines.org.uk/emc/product/15678/smpc) for further details or contact medicines advice.   **Conditions requiring dose adjustment**  Dose adjustments are necessary in patients taking CYP2D6 and CYP3A4 inhibitors. See [SPC](https://www.medicines.org.uk/emc/product/15678/smpc) for details or contact medicines advice/information when introducing a new drug for long-term use.  **Duration of treatment**  Indefinite. | | |
| **Pharmaceutical aspects** | Route of administration | Intramuscular | |
| Formulation | The injections are available as:   * Pre-filled syringes (containing a powder and solvent) in the strengths 300mg, 400mg, 720mg and 960mg * Vials (supplied with solvent) in the strengths 300mg and 400mg | |
| Administration details | * For instructions on reconstitution and administration see [SPC](https://www.medicines.org.uk/emc/product/15678/smpc) and the package inserts. There are some specific requirements for reconstitution and administration that nursing staff should familiarise themselves with. * The suspension should be injected immediately after reconstitution. * The recommended needle for gluteal administration is a 38 mm (1.5 inch), 22 gauge hypodermic safety needle. For obese patients (Body mass index > 28 kg/m2), a 51 mm (2 inch), 21 gauge hypodermic safety needle should be used. See [SPC](https://www.medicines.org.uk/emc/product/15678/smpc) for further details * The recommended needle for deltoid administration is a 25 mm (1 inch), 23 gauge hypodermic safety needle. For obese patients, a 38 mm (1.5 inch), 22 gauge hypodermic safety needle should be used. See [SPC](https://www.medicines.org.uk/emc/product/15678/smpc) for further details * The powder and solvent vials are for single-use only.   Aripiprazole 1-monthly injection  The suspension should be administered slowly as a single injection into either the gluteal or the deltoid muscle. The injection sites should be rotated between the two gluteal or deltoid muscles. Care should be taken to avoid inadvertent injection into a blood vessel.  Aripiprazole 2-monthly injection  The suspension should be administered slowly as a single injection into the gluteal muscle. The injection sites should be rotated between the two gluteal muscles. Care should be taken to avoid inadvertent injection into a blood vessel. Note that administration is gluteal only. | |
| Other important information | Do not divide doses. Avoid giving other injections concurrently into the same muscle. | |
| **Baseline investigations, initial monitoring and ongoing monitoring to be undertaken by specialist** | **Baseline investigations:**  Plasma lipids, plasma glucose, weight/BMI, U&Es, FBC, LFTs, BP, CPK and ECG  **Initial monitoring**  Monitoring at baseline and during initiation is the responsibility of the specialist, only once the patient is optimised on the chosen medication with no anticipated further changes expected in immediate future will prescribing and monitoring be transferred to the GP.  **Ongoing monitoring:**  Annual plasma lipids, plasma glucose, weight/BMI, U&Es, FBC, LFTs and BP, ECG | | |
| **Ongoing monitoring requirements to be undertaken by primary care** | **Monitoring** | | **Frequency** |
| Plasma lipids  Plasma glucose  Weight/BMI  U&Es  FBC  LFTs  BP  ECG  ***Note:****Aripiprazole is not clearly associated with weight gain, dyslipidaemia or glucose dysregulation. However, prevalence of these is high in* *this patient group. Aripiprazole may have a minor effect on cardiac QTc interval. However, patients with schizophrenia have a higher risk of sudden cardiac death than general population. Thus the recommendation for annual ECG.* | | Annual |
| **Adverse effects and management**  Any serious adverse reactions should be reported to the MHRA via the Yellow Care scheme  [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard) | **Result** | | **Action for GP** |
| Clinically significant changes in monitoring parameters | | Discuss with medicines advice/information |
| **Advice to patients and carers**  The specialist will counsel the patient with regard to the benefits and risks of treatment and will provide the patient with any relevant information and advice, including patient information leaflets on individual medicines. | Patients should be asked to contact their GP if:   * They have concerns about their medication * They are considering stopping medication. * Are considering becoming pregnant * Suspect they are pregnant * Wish to breastfeed * Have been prescribed medication by another specialist service, so that drug interactions can be checked | | |
| **Criteria for stopping treatment**  e.g. poor response, adverse effects requiring cessation | * Significant adverse reaction * Intolerable side effects * Lack of efficacy * At request of patient/family. Patient must discuss any decision to stop or change medication with the specialist team. | | |
| **Follow up arrangements**  e.g. frequency of specialist clinic attendance | * The patient should be seen by the specialist psychiatric team at least once a year. * Where there are local CCG commissioned mental health in primary care services in place and there is agreement, the annual review may be carried out by the primary care service. * In addition, the patient may be referred for a review by the specialist psychiatric team if there are concerns about the patient’s mental state or their long-acting injection treatment. * The patient should be referred to A&E for out of hours specialist psychiatric care. | | |
| **Pregnancy, paternal exposure and breast feeding**  It is the responsibility of the specialist to provide advice on the need for contraception to male and female patients on initiation and at each review but the ongoing responsibility for providing this advice rests with both the GP and the specialist. | **Pregnancy:**   * There are limited data on the safety of aripiprazole in pregnancy. GPs should contact the medicines information service if pregnancy is planned or suspected.   **Breastfeeding:**   * There are limited data on the safety of aripiprazole in breastfeeding. GPs should contact medicines advice/information if pregnancy is planned or suspected. | | |
| **Additional information** | **Where patient care is transferred from one specialist service or GP practice to another, a new shared care agreement must be completed.**  **Missed dose**  Contact medicines advice/information service for guidance on administration when a dose is missed. | | |
| **Evidence base for treatment and key references**  Include hyperlinks to original sources and access dates | 1. Otsuka Pharmaceuticals (UK) Ltd. Abilify Maintena 400mg powder and solvent for prolonged-release suspension for injection. [SPC](https://www.medicines.org.uk/emc/product/7965/smpc) date of revision of text: 30.05.24 2. Otsuka Pharmaceuticals (UK) Ltd. Abilify Maintena 960mg prolonged-release suspension for injection in pre-filled syringe. [SPC](https://www.medicines.org.uk/emc/product/15679/smpc) date of revision of text: 10.05.24 3. NICE. Psychosis and schizophrenia in adults: prevention and management. Published 12.02.14, updated 01.03.14 [CG178](https://www.nice.org.uk/guidance/cg178) 4. Hanna P, Suo T, Komossa K, Ma H, Rummel-Kluge C, El-Sayeh HG, Leucht S, Xia J. Aripiprazole versus other atypical antipsychotics for schizophrenia. Cochrane Database of Systematic Reviews 2014, Issue 1. Art. No.: CD006569. DOI: 10.1002/14651858.CD006569.pub5. <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006569.pub5/abstract> 5. Kirson N.Y., Weiden P.J., Yermakov S., et al. Efficacy and effectiveness of depot versus oral antipsychotics in schizophrenia: Synthesizing results across different research designs. J Clin Psychiatry,2013; 74: 568-575 6. Belmonte C et al. Evaluation of the relationship between pharmacokinetics and the safety of aripiprazole and its cardiovascular effects in healthy volunteers. J Clin Psychopharmacol 2016; **36**:608–614. 7. Citrome L, Such P, Yildirim M, Madera-McDonough J, Beckham C, Zhang Z, Larsen F, Harlin M. Safety and Efficacy of Aripiprazole 2-Month Ready-to-Use 960 mg: Secondary Analysis of Outcomes in Adult Patients With Schizophrenia in a Randomized, Open-label, Parallel-Arm, Pivotal Study. J Clin Psychiatry. 2023 Sep 4;84(5):23m14873 8. Taylor D et al. The Maudsley Prescribing Guidelines in Psychiatry. 14th 2021 | | |
| **To be read in conjunction with the following documents** |  | | |
| **Local arrangements for referral**  Define the referral procedure from hospital to primary care prescriber & route of return should the patient’s condition change. | See communication and support section below. | | |

# **COMMUNICATION AND SUPPORT**

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| **South London and Maudsley (SLAM): switchboard 0203 228 6000** | |
| **Medication – Prescribing advice, interactions, availability of medicines**  Siobhan Gee  Deputy Director of Pharmacy  Maudsley Psychiatric Medicines Advice Service | Tel: 07773108081  Email: Siobhan.gee@slam.nhs.uk  Tel: 0203 228 2317  Email: Pharmacy\_Staff\_Medicines\_Advice@slam.nhs.uk |
| **Oxleas NHS Trust switchboard** | |
| **Medication – Prescribing advice, interactions, availability of medicines**  Sarah Elliott  Clinical Pharmacy Team Leader for Community MH  Oxleas Medicines Line for clinicians | Tel: 01322 625762  [sarah.elliott22@nhs.net](mailto:sarah.elliott22@nhs.net)  Tel: 01322 625002  oxl-tr.medicinesinfo@nhs.net |

**Appendix 1: Shared Care Request letter (Specialist to Primary Care Prescriber)**

Dear *[insert Primary Care Prescriber's name]*

Patient name: *[insert patient's name]*

Date of birth: *[insert date of birth]*

NHS Number*: [insert NHS Number]*

Diagnosis: *[insert diagnosis]*

As per the agreed South East London shared care prescribing guideline for aripiprazole *[1-monthly or 2-monthly]\*delete as applicable* long-acting injection for the treatment of *[insert indication],* this patient is now suitable for prescribing to move to primary care.

The patient fulfils criteria for shared care and I am therefore requesting your agreement to participate in shared care. Where baseline investigations are set out in the shared care protocol, I have carried these out.

I can confirm that the following has happened with regard to this treatment:

|  |  |
| --- | --- |
| **[Shared care can only be considered if the following requirements have been met. Please complete all parts of the right hand column to confirm this]** | **Specialist to complete:** |
| *The patient has been initiated on this therapy and has been on an optimised dose for the following period of time:* | *………….. weeks/months* |
| *Baseline investigation and monitoring as set out in the shared care documents have been completed and were satisfactory* | *Yes* |
| *The condition being treated has a predictable course of progression and the patient can be suitably maintained by primary care* | *Yes* |
| *The risks and benefits of treatment have been explained to the patient* | *Yes* |
| *[If applicable to SCA, otherwise delete] A contraceptive check for this patient has been completed within the last …….. months/week* | *Yes, Dated:…………….*  *N/A* |
| *The roles of the specialist/specialist team/* *Primary Care Prescriber / Patient and pharmacist have been explained and agreed* | *Yes* |
| *The patient has agreed to this shared care arrangement, understands the need for ongoing monitoring, and has agreed to attend all necessary appointments* | *Yes* |
| *I have enclosed a copy of the shared care protocol which covers this treatment/the SCP can be found here (insert electronic/ web link)* | *Yes* |
| *I have included with the letter copies of the information the patient has received* | *Yes* |
| *I have provided the patient with sufficient medication to last until:* | *……………………………………..* |
| *I have arranged a follow up with this patient in the following timeframe e.g. within 3 months / 6 months (please specify)* | *……………………………………..* |

Treatment was started on *[insert date started]* and the current dose is *[insert dose and frequency]*.

If you are in agreement, please undertake monitoring and treatment from *[insert date]* NB: date must be at least 1 month from initiation of treatment.

The next blood monitoring is due on *[insert date]* and should be continued in line with the shared care guideline.

Please could you reply to this request for shared care and initiation of the suggested medication to either accept or decline within 14 days.

**Appendix 2: Shared Care Agreement Letter (Primary Care Prescriber to Specialist)**

**Primary Care Prescriber Response**

Dear *[insert Doctor's name]*

Patient *[insert Patient's name]*

NHS Number *[insert NHS Number]*

Identifier *[insert patient's date of birth and/oraddress]*

Thank you for your request for me to accept prescribing responsibility for this patient under a shared care agreement and to provide the following treatment

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| --- | --- | --- |
| Medicine | Route | Dose & frequency |
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I can confirm that I am willing to take on this responsibility from *[insert date]* and will complete the monitoring as set out in the shared care protocol for this medicine/condition.

Primary Care Prescriber signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Primary Care Prescriber address/practice stamp:

**Appendix 3: Shared Care Refusal Letter (Primary Care Prescriber to Specialist)**

**Re*:***

Patient *[insert Patient's name]*

NHS Number *[insert NHS Number]*

Identifier *[insert patient's date of birth and/oraddress]*

Thank you for your request for me to accept prescribing responsibility for this patient.

In the interest of patient safety, NHS South East London ICS**,** in conjunction with local acute trusts have classified *[insert medicine name]*as a Shared Care drug, and requires a number of conditions to be met before transfer can be made to primary care.

**I regret to inform you that in this instance I am unable to take on responsibility due to the following:**

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|  |  | **Tick which apply** |
| **1.** | **The prescriber does not feel clinically confident in managing this individual patient’s condition, and there is a sound clinical basis for refusing to accept shared care**  As the patients primary care prescriber I do not feel clinically confident to manage this patient’s condition because *[insert reason]*. I have consulted with other primary care prescribers in my practice who support my decision. This is not an issue which would be resolved through adequate and appropriate training of prescribers within my practice.  **I have discussed my decision with the patient and request that prescribing for this individual remain with you as the specialist, due to the sound clinical basis given above.** |  |
| **2.** | **The medicine or condition does not fall within the criteria defining suitability for inclusion in a shared care arrangement**  As the medicine requested to be prescribed is not included on the national list of shared care drugs as identified by RMOC (Regional Medicines Optimisation Committees) or is not a locally agreed shared care medicine I am unable to accept clinical responsibility for prescribing this medication at this time.  **Until this medicine is identified either nationally or locally as requiring shared care the responsibility for providing this patient with their medication remains with you** |  |
| **3.** | **A minimum duration of supply by the initiating clinician**  As the patient has not had the minimum supply of medication to be provided by the initiating specialist, I am unable to take clinical responsibility for prescribing this medication at this time. Therefore, can you please contact the patient as soon as possible in order to provide them with the medication that you have recommended.  ***Until the patient has had the appropriate length of supply the responsibility for providing the patient with their medication remains with you.*** |  |
| **4.** | **Initiation and optimisation by the initiating specialist**  As the patient has not been optimised on this medication I am unable to take clinical responsibility for prescribing this medication at this time. Therefore can you please contact the patient as soon as possible in order to provide them with the medication that you have recommended.  ***Until the patient is optimised on this medication the responsibility for providing the patient with their medication remains with you.*** |  |
| **5.** | **Shared Care Protocol not received**  As legal responsibility for clinical care lies with the clinician who signs the prescription, I need to ensure that I am in possession of sufficient clinical information for me to be confident to prescribe this treatment for my patient and it is clear where each of our responsibilities lie to ensure the patient is safely managed***.***  For this reason I am unable to take clinical responsibility for prescribing this medication at this time, therefore would you please contact the patient as soon as possible in order to provide them with the medication that you have recommended.  ***Until I receive the appropriate SCP, responsibility for providing the patient with their medication remains with you.*** |  |
| **6.** | **Other (Primary Care Prescriber to complete if there are other reasons why shared care cannot be accepted. NB: Capacity issues to be discussed with local primary care Medicines Optimisation Team prior to returning this form)** |  |

I would be willing to consider prescribing for this patient once the above criteria have been met for this treatment.

NHS England ‘Responsibility for prescribing between Primary & Secondary/Tertiary care’ guidance (2018) states that “when decisions are made to transfer clinical and prescribing responsibility for a patient between care settings, it is of the utmost importance that the GP feels clinically competent to prescribe the necessary medicines. It is therefore essential that a transfer involving medicines with which GPs would not normally be familiar should not take place without full local agreement, and the dissemination of sufficient, up-to-date information to individual GPs.” In this case we would also see the term GP being interchangeable with the term Primary Care Prescriber.

Please do not hesitate to contact me if you wish to discuss any aspect of my letter in more detail and I hope to receive more information regarding this shared care agreement as soon as possible

Yours sincerely

**Primary Care Prescriber signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Primary Care Prescriber address/practice stamp:**