GP Practice Header

Dear

Re: *Patient details*

You recently wrote asking us to prescribe the following medication for the above patient. A copy of your request is attached.

**Medicine………………………………………………. Directions………………………**

**Indication………………………………………………**

**Please be aware that in line with Nottinghamshire Area Prescribing Committee prescribing recommendations, we are unable to prescribe this medication.**

We would be grateful if you could take the action required as detailed below**.**

|  |  |  |
| --- | --- | --- |
| **Tick** | **Issue** | **Action Required** |
|  | A specialist prescribing only / RED medicine has been recommended **\***. | This must be prescribed by a specialist who can take clinical responsibility for this prescription. Please arrange for supplies to be continued from your service.  **The practice will be taking no further action regarding this activity and the transfer of responsibility has not taken place.** |
|  | A shared care / AMBER 1 medicine has been recommended. | We are unable to prescribe this medication under shared care arrangements because:  - The medication is not classified as shared care (Amber 1) in Nottinghamshire or  - The patient has not been stabilised on the medication or  - The formulation / dose / indication is not covered by Nottinghamshire shared care.  **The practice will be taking no further action regarding this activity until this is resolved. The transfer of responsibility has not taken place.**  Shared care agreements available at: [www.nottsapc.nhs.uk/shared-care](http://www.nottsapc.nhs.uk/shared-care) |
|  | An AMBER 2 medicine has been recommended that does not meet APC prescribing criteria. | Please review this treatment and recommend a formulary alternative that can be prescribed in Primary Care.  **Until the action is completed, the practice will be taking no further action regarding this activity and the transfer of responsibility has not taken place.**  Joint Formulary is available at: [www.nottinghamshireformulary.nhs.uk](http://www.nottinghamshireformulary.nhs.uk/) |
|  | A non-formulary / GREY medicine has been recommended **\***. | An alternative formulary medicine has been prescribed for the patient as follows:  ……………………………………………………………….  **Please update the patient’s records accordingly** |
| Please review this treatment and recommend a formulary alternative that can be prescribed in Primary Care.  **Until the action is completed, the practice will be taking no further action regarding this activity and the transfer of responsibility has not taken place.**  Joint Formulary is available at: [www.nottinghamshireformulary.nhs.uk](http://www.nottinghamshireformulary.nhs.uk/) |
|  | A medicine suitable for self-care has been recommended. | We have advised the patient to purchase a medication suitable for self-care and no prescription will be issued.  **Please ensure patients are directed to purchase medicines suitable for self-care.** Policy is available at [www.nottinghamshiremedicinesmanagement.nhs.uk](https://www.nottinghamshiremedicinesmanagement.nhs.uk/policies-and-documents/medicines-management-policies/self-care-guidance/) |
|  | Other (free text). | Reason (free text) |

**\*** Requests for new medicines to be added to the formulary can be made by consultants, GPs, and other appropriate senior clinicians within the Nottinghamshire health community. Application forms and further details of the process are available by emailing [nnicb-nn.nottsapc@nhs.net](mailto:nnicb-nn.nottsapc@nhs.net). This [algorithm](https://www.nottsapc.nhs.uk/media/1340/submission-flowchart.pdf) summarises the formulary application process.

**Additional comments:**

Yours faithfully

**Practice name**