[](https://www.google.co.uk/url?sa=i&source=images&cd=&cad=rja&uact=8&ved=2ahUKEwjn3oWnqYXbAhWBVhQKHeeYA4EQjRx6BAgBEAU&url=https%3A%2F%2Fjobs.bmj.com%2Fjob%2F71595%2Fconsultant-in-public-health%2F&psig=AOvVaw1OzZxZEBbpQ8KTQQokmZ_X&ust=1526391423027722)  

Drug name for X condition (where applicable for drugs which have multiple uses)

**The details of side-effects, cautions, contraindications and interactions are not a complete list and the current BNF (**[**https://www.medicinescomplete.com/#/**](https://www.medicinescomplete.com/#/)**) and the SPC (**[**https://www.medicines.org.uk/emc/**](https://www.medicines.org.uk/emc/)**) remain authoritative.**

|  |  |
| --- | --- |
| **Background Information** | * Include further information on whether the specialist should initiate the drug, or advise the GP on the initiation of the drug (e.g. requests received via the teledermatology service). |
| **BNF therapeutic class** |  |
| **Indication** | * State whether licensed or unlicensed indication * Insert any relevant details of mechanism of action or place in therapy. Please keep these brief * Refer to national prescribing guidance e.g. NICE guidance * Refer to local prescribing guidance * Insert any local variations to national guidance or licensed indications, including recognised evidence base and/or it is standard treatment |
| **Dosage and administration** | * Route of administration * Duration (where applicable) * Products and strengths available |
| **Cautions and Contraindications** |  |
| **Pregnancy and breast feeding** |  |
| **Adverse Drug Reactions** | * Only include common side-effects or relevant significant side effects as link to BNF / SPC above * Include details of incidence, identification, importance and management (include details of when to refer to specialist team) * Any serious adverse reactions should be reported to the MHRA via the Yellow Card scheme: [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard) |
| **Monitoring** | * Insert details of any monitoring requirements, including frequency and who will do it. (This should include details of any baseline tests and initial monitoring that should be carried out by the specialist and any ongoing monitoring requirements to be undertaken in primary care) * Insert details of what action to take when each of the defined parameters alters * Insert details of when discontinuation would be necessary * [If appropriate insert DRUG NAME]▼ is a black triangle drug; report ALL suspected adverse reaction to the MHRA via the Yellow Card scheme:   [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard)   * If monitoring arrangements differ from the SPC or national guidelines, an explanation should be given |
| **Interactions** | Only include clinically important/common interactions and their management as link to BNF / SPC above. |  |
| **Additional information** | * Insert any additional information or action required e.g. recommended vaccinations * Add a link to any training if applicable/available |
| **Ordering information** | * Insert any special details of how to order, contact details etc. |

**Contact names and details**

|  |  |  |
| --- | --- | --- |
| **Contact Details** | **Telephone number** | **Email** |
|  |  |  |
|  |  |  |
|  |  |  |

* Include out of hours contact details where available
* Insert web details of department or trust information page
* Where relevant/available insert web details and/or phone numbers of specialist support groups

**Equality and diversity**

* Insert details of any relevant considerations

**References**

* Include details of references used or referred to e.g. SPC, BNF, national guidance, key clinical papers. Provide weblinks wherever possible.

<https://www.england.nhs.uk/wp-content/uploads/2018/03/responsibility-prescribing-between-primary-secondary-care-v2.pdf>

### *Development Process*

*This guidance has been produced by <insert name and job title> following an AMBER-G classification status of <insert drug name> by the Barnsley Area Prescribing Committee. This guideline has been subject to consultation and endorsement by <insert details of relevant specialists> and was ratified by the Area Prescribing Committee on <insert date>.*