

**North Central London**

**Joint Formulary Committee**

|  |
| --- |
| **Factsheet**  **GENERIC DRUG NAME (Brand®)▼**  **Indication** |

**Start date:   
Review date:**

|  |  |  |
| --- | --- | --- |
| **Document Control** | |  |
| **Date** | **Version** | **Action** |
| Month Year | V1 | Factsheet produced by *Specialist Consultant and Pharmacist; CCG borough team* Agreed by NCL Shared Care Group: Date |

**FACTSHEET TO FACILITATE PRESCRIBING**

PLEASE NOTE THIS IS NOT A SHARED CARE GUIDELINE, NOR IS IT A FULL SUMMARY OF DRUG INFORMATION. ALWAYS REFER TO THE MOST RECENT BNF AND/OR SUMMARY OF PRODUCT CHARACTERISTICS.

**Disclaimer**

This Factsheet is registered at North Central London (NCL) Joint Formulary Committee (JFC) and is intended solely for use by healthcare professionals to aid the treatment of patients within NCL. However, this factsheet is for guidance only; its interpretation and application remain the responsibility of the individual clinician. If in doubt, contact a senior colleague or expert. Clinicians are advised to refer to the manufacturer’s current prescribing information before treating individual patients.

The authors and NCL JFC accept no liability for use of this information from this beyond its intended use.

While we have tried to compile accurate information in this document, and to keep it updated in a timely manner, we cannot guarantee that it is fully complete and correct at all times. If you identify information within this document that is inaccurate, please report this to the [admin.ncl-mon@nhs.net](mailto:admin.ncl-mon@nhs.net). If a patient is harmed as a consequence of following this document, please complete a local incident report and inform [admin.ncl-mon@nhs.net](mailto:admin.ncl-mon@nhs.net).

This document should not be to used or reproduced for commercial or marketing purposes.

NCL JFC is funded by and provides advice to Acute Trusts and NCL Clinical Commissioning Group.

Factsheet –GENERIC NAME (Brand®) ▼ for Indication

*Indication information*

|  |
| --- |
| As per local formulary agreement, *drug* is restricted to consultant *xxxxx* and is *indication with restrictions*.  **The hospital team will:**   1. Provide the patient with initial information regarding the treatment and possible adverse effects 2. Initiate and optimise (stabilise) treatment and inform GP when patient is stable on dose so that GP can continue prescribing (timescale will be dependent on individual dose titration but typically after 3 months). 3. Change dose if necessary and inform patient and GP of dose changes. 4. Clinically supervise patient by routine clinic follow-ups every X months and monitor response to treatment *(to be deleted/amended as appropriate)* |

**Dose and Administration**

The maximum licensed dose is xx mg/day

Specific information about posology/directions when taking the medicine

***Renal impairment****:* dose adjustment information, including if not required

***Hepatic impairment****:* dose adjustment information, including if not required

***Discontinuing treatment:***discontinuation information, including if not required

**Adverse Effects**

|  |  |  |
| --- | --- | --- |
| **Adverse effect** | **Frequency** | **Suggested management by GP** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

*Drug name is a black triangle drug and as such is subject to additional monitoring. Healthcare professionals are asked to report any suspected adverse reactions using the Yellow Card Scheme.*

**Contraindications**

Hypersensitivity to the active substance or to any of the excipients.

**Special Warnings and Precautions for Use**

*Take this information from the SPC*

*Effects on ability to drive and operate machinery:* Include if this is relevant

*Pregnancy and Breastfeeding:* Include information about this

**Drug Interactions**

Include key information (serious interactions), including if there are any specific directions to manage these interactions.

*Please refer to SPC/BNF for full information on interactions with drug name and how to manage these interactions.*

**Clinical Monitoring**

|  |  |  |
| --- | --- | --- |
| **Test** | **Frequency** | **Action if out of range** |
|  |  |  |
|  |  |  |
|  |  |  |

*At the time of approval no specific monitoring was required for drug name. GP’s should review their patients as per their normal practice. However, drug name is a black triangle drug and any suspected adverse reactions should be reported using the Yellow Card Scheme.*

**Contact Details**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name Hospitals NHS Foundation Trust  Department of XXXXXX  *Please see individual consultant secretaries below*   |  |  | | --- | --- | | Name 1 | *Secretary email address 1* | | Name 2 | *Secretary email address 2* | | Name 3 | *Secretary email address 3* | | Name 4 | *Secretary email address 4* |   Other specialist contact – phone number |

**References**

1. Summary of Product Characteristics