**Guidance on prescribing for children and young people**  
**June 2018**

Up to 40% of necessary medicines prescribed for children are unlicensed or used outside their licence. In February 2000, the Standing Committee on Medicines – a Joint Committee of the Royal College of Paediatrics and Child Health and the Neonatal and Paediatric Pharmacists Group – issued a statement to inform health professionals, parents, carers, and health service managers about the use of unlicensed medicines and licensed medicines for unlicensed indications in children. This statement indicates the informed use of these drugs for children in accordance with a respectable, responsible body of professional opinion and is supported by Medicines for Children (https://www.medicinesforchildren.org.uk/).

The Joint Committee has produced a generic Patient Information Leaflet (PIL) explaining the use of licensed and unlicensed medicines for children to help communication with parents and children about these issues and to avoid misunderstandings when parents and children read in the PIL that "the medicine is not indicated in children". The full statement and copies of the generic PIL (which can be given out with all paediatric prescriptions) can be found on the Royal College of Paediatrics and Child Health website at www.rcpch.ac.uk. The British National Formulary for Children (https://bnfc.nice.org.uk/) includes up to date recommendations for drugs used in paediatric rheumatology.

**Recommended format for the shared care prescribing of immuno-modulating therapy**

Whenever shared care prescribing is undertaken, there should be a clearly stated, formally agreed protocol for the use, prescription and monitoring of the drug, with visibly defined roles and responsibilities agreed between all parties involved. Use of the drug must comply with local and national guidelines on cytotoxic prescription, dispensing, administration, and monitoring. It is advised that shared care prescribing guidelines be submitted to the Local Area Prescribing Committee for scrutiny as part of good practice. A suggested format is shown below.

**Development**
1. Who produced the share care protocol?  
2. Why has the protocol been produced?  
3. Are there any financial implications?

**Rationale**
1. What is the evidence?  
2. Why should the medicine be managed in this way?  
3. Suitability of the drug for shared care  
4. What are the alternatives?  
5. Criteria for patient selection for both the drug and the actual shared care process

**Peer review**
1. How has the shared care protocol been endorsed and by whom?

**Context (general)**
1. Description of the patient to whom the shared care protocol applies  
2. The circumstances under which the shared care protocol should be used  
3. How should patient preferences be taken into account?

**Context (specific)**
1. Pharmacology  
2. Dose and administration  
3. Precautions and contra-indications  
4. Side-effects  
5. Drug interactions  
6. Use in pregnancy and lactation  
7. If the drug is licensed for this indication then it may be helpful to supply the Summary of Production Characteristics

**Responsibilities**
1. Responsibility that each party has  
2. Responsibility as to who monitors what and when  
3. Dosage adjustments if and when necessary  
4. Referral procedure for exacerbation and / or emergency with contact numbers  
5. Referral procedure for regular review
6. Duration of treatment

Cost and Benefits
1. Describe health benefits

Monitoring of the shared care guidelines
1. State criteria which require monitoring and by whom

Update
1. State date produced and date of next revision

The Council of the paediatric and adolescent rheumatology section within the British Society for Rheumatology strongly recommends that any shared care protocol for immuno-modulating drugs must include, as standard, the following responsibilities:

Paediatric rheumatology service responsibilities
1. Make decision about the drug dose
2. Ensure that robust arrangements are in place for blood monitoring, and that the patient and family, as well as the professionals involved, are aware of the arrangements
3. Continue clinical supervision of patients in the paediatric rheumatology follow-up clinics
4. Ensure baseline FBC, U&Es and LFTs etc. as per protocol
5. Oversee drug counselling from consultant and nurse practitioner with written information on the immuno-modulating drug, including advice where relevant regarding sexual health, contraception and pregnancy
6. Monitor as per protocol until the GP takes over
7. Inform the GP of any changes in drug dose
8. Provide back-up by the consultant and/or nurse practitioner, with contact numbers available within and outside routine working hours for advice
9. Be responsive to GP’s concerns with regards to monitoring
10. Agree guidelines for action in case of exposure of non-immune patients to chickenpox
11. Agree a form of contract as to what level of involvement the GP will have

GP Responsibilities
1. Monitor overall health status and well-being of the patient
2. Complete the drug monitoring book
3. Monitor any adverse drug reactions
4. Prescribe immuno-modulating drug in accordance with protocol
5. Notify responsible consultant immediately of any alteration in drug dose or disease state
6. Contact the paediatric rheumatology service for advice if there is any doubt about any potential adverse reaction
7. Notify the responsible consultant rheumatologist or paediatrician when permanent withdrawal of a patient’s immuno-modulating drug is considered due to side effects or any other causes

References

This guidance document was ratified by the Council of the paediatric and adolescent rheumatology section of the British Society for Rheumatology and is designed to support the delivery of paediatric and adolescent rheumatology.

Publication date: June 2018
Review date: June 2020