[Department Name]

[Hospital Name]

[Hospital Address]

[City, Postcode]

[Date]

**Re: Medication Request for [Patient Name & DOB]**

Dear [Specialist’s Name],

We have received your request to initiate/prescribe [Medication Name] for the above-named patient. As per our practice policy and standard prescribing guidance, the responsibility for initiating, titrating, and stabilising certain medications lies with the specialist team before transferring prescribing responsibility to primary care.

In line with this, we kindly request that:

* The first prescription is **issued by the hospital**.
* Any **dose titration and monitoring** are managed within your department, including arranging and reviewing any necessary blood tests.
* The patient is only transferred to **GP prescribing once clinically stable**, with clear guidance on ongoing monitoring requirements.

This also applies to all medications regardless of their Lancashire and South Cumbria Medicines Management RAG status (except for RED and BLACK drugs) or whether they are classed as shared care medications.

This policy is necessary in order to ensure safe prescribing practices and appropriate responsibility-sharing between primary and secondary care. The initiating clinician therefore remains responsible for any initial monitoring, assessment of suitability, and patient counselling regarding the medication being issued. **Any requests for the practice to take over prescribing of unlicensed medications or unlicensed dosages (or not licensed for the specific indication for which they are being prescribed) will be rejected outright.** The practice will also not entertain any requests that it deems outside of their clinicians expertise or experience.

For example, if this request relates to methotrexate or another specialist medication (for which this practice has a formal funded shared care agreement in place), the **hospital should handle dose adjustments and necessary monitoring before transferring responsibility**. Once the patient is stable and all relevant monitoring arrangements are in place, we will be happy to continue prescribing in primary care.

Please confirm how you wish to proceed with this request. If a shared care agreement is in place, please provide full details of the monitoring arrangements and patient safety protocols.

Should you wish to discuss this matter further, please do not hesitate to contact us.

Yours sincerely,

[Practice Name]