Proud to be part of Somerset Integrated Care System

NHS Somerset

TRAFFIC LIGHT STATUS

June 2025

Latest amendment: (12/06/2025)

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Medicines Programme Board

"TRAFFIC LIGHT" STATUS

BACKGROUND

Aim

The "traffic light" status defines where responsibility for prescribing between primary and specialist clinicians should lie through categorising individual drugs as ***red, amber, green or not for general use****. The system is intended to encourage appropriate shifts in prescribing between specialists and general practitioners (GPs) consistent with clinical responsibility and supported by shared care arrangements where appropriate. The Traffic Light agreement should cover the majority of cases likely to be seen in primary care, however, prescribers retain their clinical freedom to make individual decisions.*

Following a review of clinical data on efficacy, safety and cost-effectiveness by the Medicines Programme Board (MPB), drug treatments will either be:

- ***Recommended,*** *following which they will receive a "traffic light" category as follows:*

Green		**Appropriate for prescribing in primary and secondary care**
Amber[1]		**Appropriate for prescribing without formal shared care protocol, may be initiated by GP on advice of a specialist**
Amber[2]		**Appropriate for prescribing when trust initiated, without formal shared care protocol**
Amber[3]		**Appropriate for prescribing when trust initiated, with formal contractual shared care protocol**
Red		**Appropriate for specialist prescribing only**

Not for general use		**Appropriate for prescribing on case-by-case basis for individual exceptional cases**
NR		**Prescribing is not generally recommended in primary or secondary care**

- **Explanation and background around NICE decisions for NHS ENGLAND commissioned and ICB commissioned.**
  - *NHS England Commissioned - means funded centrally by NHS ENGLAND and providers are NHS hospital trusts.*
  - *ICB Commissioned - means funded by Somerset ICB and providers are NHS hospital trusts.*
  - *NICE, terminated appraisal - NICE is unable to make a recommendation.*

*Drugs not categorised as red, amber, green, or not recommended will **not** have been referred to the Somerset Prescribing Forums. Prescribing of these will be at the discretion of individual NHS Trusts and GPs but we strongly recommend discussing with the medicines management team.*

Where drug treatments have been appraised by the National Institute for Health and Clinical Excellence (NICE), their categorisation will be consistent with the recommendations that have been made.

For unlicensed medicines the prescriber, patient and GP should be aware of unlicensed nature of the drug and reference to the protocol on the use of unlicensed drugs should be made.

CATEGORIES

Red

- *These are drugs for which it is considered that responsibility for prescribing should be retained within secondary care. These will generally be specialist treatments requiring special monitoring or where rigorous supervision is required due to their side-effect profile*

Amber

- *These are drugs for which treatment*

a) *is initiated and initially prescribed by a relevant specialist and is considered appropriate for transfer for the responsibility of prescribing to primary care prescribers,* **or**

b) *initiation and initial prescribing in primary care is on the advice of a relevant specialist*

- *Where drug initiation and initial prescribing by a relevant specialist is recommended and for which transfer of responsibility for prescribing, from a specialist setting to primary care, is considered appropriate: transfer to primary care is appropriate when:*
  - *the GP has agreed to accept clinical responsibility for an individual patient. It is the responsibility of the consultant to approach the GP with the drug and patient information, and any relevant shared care guideline;*
  - *if there is a shared care agreement in place, the agreement should clarify between the relevant specialist and the primary care prescriber accepting responsibility what monitoring is required and at what point further advice should be sought and how to access this advice;*
  - *where appropriate, a shared care guideline should be developed by the specialist in the format outlined below (Appendix 1) and accepted by the Somerset Prescribing Forum to support the transfer of clinical responsibility.*

It should be noted that where a shared care agreement has been approved by the Medicines Programme Board, a condition of the transfer from Specialist to Primary care is on the basis that:

- *the specialist clinician is usually responsible for initiating and stabilising treatment;*
- *it is normally presumed that GPs will accept the shared care of amber drugs. If a GP wishes to decline a shared care they should respond promptly to the specialist, setting out appropriate reasons;*
- *monitoring requirements and responsibility for monitoring treatment have been clearly defined;*
- *the drug is being used for the indication and in accordance with the shared care guidance that has been agreed;*
- *a GP may choose* ***not*** *to accept clinical responsibility on the basis of lack of familiarity or experience with a drug or if it is being used outside of the guidance that has been agreed;*
- *Cost of a medicine is not a basis for transferring care or a reason for refusing to accept clinical responsibility.*

Green

- *Drugs categorised as green are not complex specialist drugs and their introduction is regarded as appropriate in both primary and secondary care.*

- *Categorisation of a drug as green is on the basis that it is considered to offer significant benefit over existing treatment and that its use as a first, second or third-line drug has been defined.*

Not recommended

- *For a drug treatment to be categorised as "not recommended" it will have been referred to, and been reviewed by, the Medicines Programme Board.*
- *A drug treatment may also be categorised as "not recommended" as an interim measure pending review of the drug treatment. When this is the case, it should be clearly stated and a date for completion of the review agreed.*
- *It should be noted that there may be occasions where the use of a drug treatment that has been categorised as "not recommended" is considered appropriate. This should be managed by NHS Trusts and Primary Care Trusts on an individual patient basis.*

REQUESTS FOR CHANGES TO THE LIST

All requests should be made on the form at Appendix 2

Summary of "Traffic Light Drugs"

The table attached provides a summary of the drugs categorised as red, amber, and not recommended listed in alphabetical order. ***Blue shading in the table indicates entries that have been added or amended since the previous edition.***

The Medicines Programme Board should also be referred to for drugs categorised as green.

This is not a definitive list. For unusual drugs that are not listed please review the NHS England drugs list or contact the medicines management team. Some drugs are rarely used and so the ICB does not hold a formal position, in this instance refer to the SPC.
Information on the "traffic light" system, guidelines included in the Somerset Medicines Formulary and shared care guidelines can be accessed on the Somerset Integrated Care Board website (https://nhssomerset.nhs.uk) *Further information can be obtained from the Head of Medicines Management, Somerset ICB or NHS Trust Chief Pharmacists.*

Dermatology Special Products Advice

Most prescribing uses licensed medicines whose safety and efficacy are assured. For many common dermatological diseases including psoriasis and eczema, the range of licensed medicines is limited. As a result, Dermatology prescribing may rely significantly on unlicensed

creams and ointments (known as 'Specials') containing tars, dithranol, salicylic acid,
steroids and other active constituents in a range of concentrations and bases. This is of particular concerning primary care where lack of effective price controls and a mechanism to ensure independent scrutiny of product quality has increased costs and concern about standards. To address these concerns and help to optimise quality of care, adherence to the revised British Association of Dermatologists (BAD) list of preferred Specials(2018)

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SUMMARY OF "TRAFFIC LIGHT DRUGS"

Changes included in the most recent update are highlighted with blue shading

To search for a drug in this PDF press Ctrl+F, type the drug name and press enter or click edit, find, type drug name and press enter.

Quicklink→ 0-9 αβ A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
0-12					
12 SQ-HDM SLIT				**Amber[2]**	**ICB Commissioned.** 12 SQ-HDM SLIT for treating allergic rhinitis and allergic asthma caused by house dust mites [TA1045] agreed March 25 MPB
A					
Abaloparatide				**Red**	**ICB commissioned.** Abaloparatide for treating osteoporosis after menopause (Agreed MPB Sept 24).
Abatacept				**Red**	For the treatment of rheumatoid arthritis after failure of TNF inhibitor.
					For the treatment of highly active rheumatoid arthritis after failure of conventional DMARD treatment.
					Use in children is within the remit of NHS England Specialist Commissioning
				Not recommended	**NICE terminated appraisal.** For treating psoriatic arthritis after DMARDs (Agreed at SPF Mar-19).
				Red	**ICB commissioned.** Adalimumab, etanercept, infliximab and abatacept for treating moderate rheumatoid arthritis after conventional DMARDs have failed (Agreed at SPF Jul-21).

1 CD = Schedule 1, 2 or 3 controlled drug; NHS = Products not prescribable on FP10 prescription.

2 Medicines and Healthcare Regulatory Authority (MHRA) and Commission on Human Medicines (CHM) intensively monitored medicines are identified by ▼ and **all** suspected adverse drug reactions (including any not considered to be serious) must be reported using the MHRA / CHM "Yellowcard" see BNF or www.yellowcard.gov.uk for details. See individual SmPCs for black triangle status.

3 Brand names are listed for search purposes. All medicines should normally prescribed by generic name unless otherwise indicated or for certain medicines for patient safety reasons or if disparity in bioequivalence between brands exists (as as detailed in the BNF.)

4 = Preparation considered by the BNF Joint Formulary Committee to be less suitable for prescribing; D&TC = Drug and Therapeutics Committee; OTC = over-the-counter medicines (GSL or pharmacy-only medicines); SPC = summary of product characteristics available at https://www.medicines.org.uk/emc.

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Abemaciclib		MHRA DSU June 21		Red	**NHS England commissioned.** Abemaciclib with an aromatase inhibitor for previously untreated, hormone receptor-positive, HER2-negative, locally advanced or metastatic breast cancer (Agreed at SPF Mar-19).
				Red	**NHS England commissioned.** Abemaciclib with fulvestrant for treating hormone receptor-positive, HER2-negative advanced breast cancer after endocrine therapy (Agreed at SPF Nov-21).
				Red	**NHS England commissioned.** Abemaciclib with endocrine therapy for adjuvant treatment of hormone receptor-positive, HER2-negative, node-positive early breast cancer at high risk of recurrence (Agreed at SPF Sept-22).
Abiraterone acetate				Red	For castration-resistant metastatic prostate cancer previously treated with a docetaxel-containing regimen (Approved by SPF Jul-12). NHS England Specialist Commissioning have responsibility for commissioning use to treat cancer.
				Not recommended	Unlicensed indications
				Not recommended	**Not recommended by NICE.** For treating newly diagnosed high-risk hormone-sensitive metastatic prostate cancer (Agreed SPF Sep-21).
				Red	**NHS England commissioned.** Olaparib with abiraterone for untreated hormone-relapsed metastatic prostate cancer (Agreed MPB Feb-24).
Abrocitinib		MHRA DSU Apr 23		Red	**ICB commissioned - Adults.** **NHS ENGLAND commissioned – Adolescents.** Abrocitinib, tralokinumab or upadacitinib for treating moderate to severe atopic dermatitis (Agreed SPF Sept-22).
Acalabrutinib				Red	**NHS England commissioned.** For treating chronic lymphocytic leukaemia (Agreed SPF May-21).
Acamprosate				Green	For maintenance of abstinence in alcohol dependent patients

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Acetylcysteine, oral	*N*-acetylcysteine		Unlicensed 'special'	**Not recommended**	For pulmonary fibrosis
			NACSYS®	**Amber**[1]	**Appropriate for prescribing without formal shared care protocol, may be initiated by GP on advice of a specialist.** For licensed indications. NACSYS – acetylcysteine 600mg effervescent tablets price £5.50 for 30 tablets (Agreed at SPF Nov-17).
Acetylcysteine, parenteral	*N*-acetylcysteine		*Parvolex*®	**Red**	For the emergency treatment of poisoning
Aciclovir	Acyclovir			**Green**	**First-line** choice for herpes virus infections. See Somerset Managing Infections Guidance
Aciclovir, ocular			*Aciclovir Agepha*®	**Green**	First line for treatment of acute herpetic keratitis in children and pregnancy (licenced). Second line for adults (Agreed SPF Sept-22).
Acitretin		MHRA DSU July 21 June 19 Jun 13		**Red**	Expert supervision & monitoring required,
Aclidinium bromide. inhaled			See Inhaler Venn Diagram	**Green**	**For treatment of COPD:** alternative option for maintenance bronchodilator treatment to relieve symptoms in adult patients with chronic obstructive pulmonary disease (COPD). Approved by SPF (Jan-13). See [NG115] for further information.
Aclidinium/ formoterol			See Inhaler Venn Diagram	**Green**	For treatment of COPD only.
Acrivastine				**Not recommended**	Only currently available for oral use in OTC formulation *Benadryl Allergy Relief*® capsules.

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Adalimumab				**Red**	For rheumatoid arthritis and ankylosing spondylitis in accordance with locally agreed guidance and the recommendations made by NICE for Etanercept and Infliximab.
				Red	Hidradenitis Suppurativa
				Red	Psoriatic Arthritis
				Red	Paediatric use: NHS England Specialist Commissioning is responsible for commissioning for use in children.
				Red	**Funded by NHS England**, **ICB commissioned** for treating non-infectious uveitis (Agreed at SPF Sept-17).
				Red	Adalimumab, etanercept and ustekinumab for treating plaque psoriasis in children and young people (Agreed at SPF Jul-17).
				Red	**ICB commissioned.** Adalimumab, etanercept, infliximab and abatacept for treating moderate rheumatoid arthritis after conventional DMARDs have failed (Agreed at SPF Jul-21).
Adalimumab (Biosimilars)				**Red**	Agreed at SPF Sept-18.
Adapalene/Benzoyl peroxide 0.3%/2.5% gel				**Green**	Indicated for the cutaneous treatment of acne vulgaris where comedones, papules and pustules are present. (Agreed PAMM/SPF Sept-20)
Adrenaline		MRHA DSU June 23 Dec 21		**Green**	For Acute anaphylaxis. **MHRA:** New guidance and resources for safe use Adrenaline auto-injectors: reminder for prescribers to support safe and effective use ICB leaflet: Advice on use for GPs and patients
Adefovir dipivoxil				**Red**	For the treatment of chronic hepatitis B infection. NHS England Specialist Commissioning is responsible for commissioning for viral hepatitis B treatment.
Afatinib				**Red**	Funded by NHS England – as an option for adults with locally advanced or metastatic non-small-cell lung cancer if they have the EGFR-TK mutation and have not had a EGFR-TK inhibitor previously and the drug is provided at the discount agreed in the patient access scheme.

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
				Not recommended	For treating advanced squamous non-small-cell lung cancer after platinum-based chemotherapy NICE terminated appraisal (Agreed at SPF Jul-17).
Aflibercept, intravitreal				**Red**	As an alternative to Ranibizumab for the treatment of age-related macular degeneration. Approved by SPF (Jan-13.) For treating visual impairment caused by macular oedema secondary to central retinal vein occlusion. For treating visual impairment caused by macular oedema after branch retinal vein occlusion. Somerset approved commissioning. For treating choroidal neovascularisation, ICB commissioned, according to NICE.
Aflibercept		MHRA DSU July 20		**Not recommended**	Negative appraisal NICE TA307 (Mar-14) Not recommended in combination with irinotecan and fluorouracil-based therapy for metastatic colorectal cancer that is resistant to or has progressed after chemotherapy that includes oxaliplatin.
Agalsidase alfa, parenteral				**Red**	For treatment of Fabry's disease: NHS England Specialist Commissioning is responsible for commissioning
Agalsidase beta, parenteral				**Red**	For treatment of Fabry's disease: NHS England Specialist Commissioning is responsible for commissioning
Agomelatine		MHRA DSU Nov 14		**Amber[3]**	**Appropriate for prescribing when specialist / trust initiated, with formal contractual shared care protocol.** Secondary care specialist initiated with the following conditions: • Moderate to severe depression in adults (license =Treatment of major depressive episodes) • Secondary care to prescribe and monitor patients for effectiveness, adverse effects and tolerance for first six months Patients would be eligible for shared care (Agomelatine SCP) GP prescribing after six months. **MHRA:** Risk of liver toxicity – reminder to test liver function before and during treatment
Aldesleukin, parenteral	Recombinant interleukin-2			**Red**	Immunomodulator: NHS England Specialist Commissioned.

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Alectinib				**Red**	**NHS England commissioned.** For untreated ALK-positive advanced non-small-cell lung cancer (Agreed at SPF Sep-18).
				Not recommended	**Not recommended by NICE.** Alectinib for previously treated anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer (Mar-17).
				Red	**NHS England commissioned.** Alectinib for adjuvant treatment of ALK-positive non-small-cell lung cancer (Agreed MPB Nov-24).
Alemtuzumab		MRHA DSU Feb 20 May 19		**Red**	For oncological and transplant indications: NHS England Specialist Commissioning is responsible for commissioning. No longer licensed but available through a patient access programme.
				Red	Funded by NHS England as an option for adults with active relapsing–remitting multiple sclerosis.
Alendronic acid, oral (70mg tablets) (once-weekly dosing)	Alendronate		Non-proprietary	**Green**	For the prevention of osteoporosis in accordance with NICE guidance NICE TA464 (Update Feb-18), NICE TA160 (Update Feb-18), NICE TA161 (Update Feb-18) and NICE TA204 (Oct-10). First –line formulary bisphosphonate before risedronate (once-weekly dosing) (second-line), and ibandronic acid (once-monthly dosing) (third-line.)
			Fosamax® *Fosamax Once-weekly*®	**Not recommended**	Branded prescribing is not considered cost-effective use of NHS resources.
Alendronic acid / colecalciferol combination, oral (once-weekly dosing)	Alendronate / colecalciferol, oral Alendonic acid / vitamin D Alendronate / vitamin D			**Not recommended**	Formulary recommends treatment with bisphosphonate and a combined calcium and vitamin D supplement.

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Alfentanil		MHRA DSU Sept 20		**Amber[3]**	**Appropriate for prescribing when specialist / trust initiated, with formal contractual shared care protocol.** For use in palliative care patients with chronic kidney disease (eGFR <30ml/min), or severe acute renal impairment in accordance with locally agreed shared care protocol. **MHRA** safety update Sept 20: New recommendations following a review of the risks of dependence and addiction associated with prolonged use of opioid medicines (opioids) for non-cancer pain. Before prescribing opioids, discuss with the patient the risks and features of tolerance, dependence, and addiction, and agree together a treatment strategy and plan for end of treatment.
				Red	All other indications **MHRA:** Risk of dependence and addiction
Alirocumab				**Amber[2]**	**Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol.** IG1 monoclonal antibody for lowering lipids. Alirocumab is recommended as an option for treating primary hypercholesterolemia or mixed dyslipidaemia, only if: • Low-density lipoprotein concentrations are persistently above the thresholds specified in table 1 despite maximal tolerated lipid-lowering therapy. That is, either the maximum dose has been reached or further titration is limited by intolerance (as defined in NICE's guideline CG71 familial hypercholesterolaemia: identification and management). Changed form 'Red' to 'Amber' no shared care document (Agreed at SPF Jul-21)
Alglucosidase alfa, parenteral				**Red**	For treatment of Pompe disease: NHS England Specialist Commissioning is responsible for commissioning
Alimemazine				**Not for general use**	To be prescribed on case-by-case basis (Agreed at SPF Sept-22).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Alisporivir, oral	Debio 025 DEB025		Not yet launched in UK.	**Red**	For treatment of viral hepatitis C: NHS England Specialist Commissioning is responsible for commissioning
Alitretinoin		MHRA DSU July 21 June 19 Jun 13		**Red**	**Warning: teratogenic risk** **Note:** SPC states should only be prescribed by dermatologists or physicians with experience in the use of systemic retinoids and a full understanding of the risks of systemic retinoid therapy and monitoring requirements.
Alpelisib				**Red**	**NHS ENGLAND commissioned.** Alpelisib with fulvestrant for treating hormone-receptor positive, HER2-negative, PIK3CA-positive advanced breast cancer (Agreed at SPF Sept-22).
Alprazolam				**Not recommended**	*Removed from Drug tariff-not prescribable on NHS*
Alprostadil				**Green**	*Erectile dysfunction.* *When used in accordance with Health Service Circular 1999/148 (see BNF or Drug Tariff for details) otherwise NHS. FP10 prescriptions must be endorsed 'SLS'.*
Alprostadil				**Red**	*For congenital heart defects in neonates prior to corrective surgery.*
Alprostadil, cream				**Green**	*As alternative to oral medication*
Alteplase, parenteral	rt-PA tissue-type plasminogen activator			**Red**	For treatment of acute ischaemic stroke. (SPF (May-12) approved extended use (beyond NICE TA 122 Jun-07) in anticipation of NICE update (NICE TA264)).
Aluminium oxide paste				**Not recommended**	**For acne**: ◢ Preparation considered by the BNF Joint Formulary Committee to be less suitable for prescribing.
Amantadine				**Amber[2]**	**Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol.** For the treatment of Parkinson's disease only.

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
				Not recommended	For use in the treatment of multiple sclerosis (MS) Unlicensed indication.
				Not recommended	**For influenza:** NICE TA158 (Sept-08) recommends against use.
Ambrisentan, oral				**Red**	For treatment of pulmonary hypertension: NHS England Specialist Commissioning is responsible for commissioning
Amphotericin liposomal, parenteral	Amphotericin B, lipid formulation	MHRA DSU July 20		**Red**	For treatment of severe systemic fungal infections: NHS England Specialist Commissioning is responsible for commissioning
Amsacrine				**Red**	Cytotoxic drug (Antineoplastic agent)
Amiodarone, oral		MHRA DSU Mar 22	Generic	**Amber[2]**	**Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol.** Amiodarone should only be initiated by specialists and the entirety of the loading dose should be under specialist supervision. Care should be taken to ensure that only the ongoing dose is used for prescribing by any other doctor. No shared care document, but any primary care prescribing must have 6 monthly thyroid and liver tests. **MHRA**: Reminder of risks of treatment and need for patient monitoring and supervision
			Cordarone X®	**Not recommended**	Branded prescribing not recommended: not considered a cost-effective use of NHS resources.
Aminolevulinic acid, topical	BF-200 ALA			**Not recommended**	Photosensitiser for the treatment of mild to moderate actinic keratosis on the face or scalp. No application for review by acute trust D&TC or Prescribing Forum received.
Amisulpride				**Amber[3]**	**Appropriate for prescribing when specialist / trust initiated, with formal contractual shared care protocol.** In accordance with the recommendations made by NICE CG178 (Update Mar-14) for the use of atypical antipsychotic drugs for the treatment of schizophrenia and the locally agreed shared care protocol (Antipsychotic SCP).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Amivantamab				**Not recommended**	**NICE Negative Appraisal.** Amivantamab for treating EGFR exon 20 insertion mutation-positive advanced non-small-cell lung cancer after platinum-based chemotherapy (Agreed PAMM Jan-23).
Anagrelide				**Red**	
Anakinra, parenteral				**Red**	For specialist treatment of rheumatoid arthritis (RA): NHS England Specialist Commissioning is responsible for commissioning
				Not recommended	In accordance with NICE NG100 (Update Oct-20) do not offer the combination of tumour necrosis factor-a (TNF-a) inhibitor therapy and anakinra for rheumatoid arthritis (RA).
				Red	**NHS ENGLAND Commissioned.** For treating Still's disease (Agreed SPF May-21)
Anastrozole			Generic	**Amber[1]**	**Appropriate for prescribing without formal shared care protocol, may be initiated by GP on advice of a specialist.** For adjuvant endocrine treatment of postmenopausal patients with advanced oestrogen receptor-positive breast cancer, in accordance with NICE NG101 (Updated Jun-23)
				Amber[1]	**Appropriate for prescribing without formal shared care protocol, may be initiated by GP on advice of a specialist.** For prophylaxis of high-risk breast cancer.
			Arimidex®	**Not recommended**	Branded prescribing where a brand's purchase price exceeds the Drug Tariff price is not considered a cost-effective use of NHS resources. Treat as RED if originator brand is specified and intended as a recommendation by a relevant specialist.
Andexanet alfa				**Red**	**ICB commissioned.** For reversing anticoagulation from apixaban or rivaroxaban (Agreed at SPF Jul-21).
				Not recommended	**NICE terminated appraisal.** Andexanet alfa for reversing anticoagulation in people with intracranial haemorrhage (MPB Agreed Jan 25).
				Red	**ICB commissioned.** Andexanet alfa for reversing anticoagulation from apixaban or rivaroxaban (MPB Agreed Jan 25).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Angiotensin II				Not recommended	**NICE terminated appraisal.** Angiotensin II for treating vasosuppressor-resistant hypotension caused by septic or distributive shock (Agreed PAMM Jan-23).
Anhydrous sodium thiosulfate				Red	Anhydrous sodium thiosulfate for preventing hearing loss caused by cisplatin chemotherapy in people 1 month to 17 years with localised solid tumours. NHSE commissioned, provided in Secondary care [TA1034] (Agreed March 25 MPB)
Anidulafungin, parenteral				Red	For treatment of severe systemic fungal infections: NHS England Specialist Commissioning is responsible for commissioning
Anifrolumab				Not recommended	**NICE terminated appraisal.** Anifrolumab for treating active autoantibody-positive systemic lupus erythematosus (Agreed SPF Jul-22).
Anti-D (Rh_0) immunoglobulin				Red	For routine antenatal anti-D prophylaxis for RhD-negative women.
Antibiotics for prophylaxis of infective endocarditis				Not recommended	For prophylaxis of infective endocarditis prior to certain dental or medical procedures unless at site of suspected infection in line with the recommendations of NICE CG64 (Jul-16).
Antibiotics for prophylaxis of catheter associated urinary tract infections (CAUTIS)				Not recommended	Do not use prophylactic antibiotics for catheter changes unless history of catheter-change-associated UTI or experience trauma during catheterisation.

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Antihaemophilic factor, parenteral	Factor von Willebrand Factor VIII Factor VIII–Fc fusion protein Octocog alfa Recombinant human coagulation factor VIII von Willebrand Factor Complex			**Red**	For treatment of haemophilia and other bleeding disorders: NHS England Specialist Commissioning is responsible for commissioning
Antithrombin III, parenteral	AT-III Serpin C1			**Red**	For treatment of hypoplastic, haemolytic and renal anaemias: NHS England Specialist Commissioning is responsible for commissioning
Antioxidant vitamins, minerals, lutein, meso-zeaxanthin and zeaxanthin for AMD				**Not recommended**	
Anti-retrovirals for HIV				**Red**	AIDS / HIV treatments come within the remit of NHS England Specialist Commissioning.
Antithymocyte immunoglobulin (rabbit), parenteral	Immunoglobulin anti-thymocyte Rabbit anti-human thymocyte immunoglobulin			**Red**	For treatment of hypoplastic, haemolytic and renal anaemias (iron overload): NHS England Specialist Commissioning is responsible for commissioning
Antithymocyte immunoglobulin (equine), parenteral	Immunoglobulin anti-thymocyte Equine anti-human thymocyte immunoglobulin			**Red**	For treatment of hypoplastic, haemolytic and renal anaemias (iron overload): NHS England Specialist Commissioning is responsible for commissioning

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Apalutamide				Red	**NHS ENGLAND Commissioned.** Apalutamide with androgen deprivation therapy for treating hormone-sensitive metastatic prostate cancer (agreed SPF Nov-21).
				Red	**NHS ENGLAND Commissioned.** Apalutamide with androgen deprivation therapy for treating high-risk hormone-relapsed non-metastatic prostate cancer (agreed SPF Nov-21).
Apixaban		MHRA DSU Oct 20 June 19 Dec 14		Red	For the prevention of venous thromboembolism after hip or knee replacement surgery. Patients must be closely monitored for signs of bleeding or anaemia. Providers commissioned to supply full course.
				Green	For treatment of non-valvular atrial fibrillation: In accordance with NICE TA275 (Updated Jul-21). Apixaban is recommended as an option for treating and preventing recurrent deep vein thrombosis or pulmonary embolism NICE TA341 (Jun-15). See NHS Somerset Prescribing Formulary for guidance on implementation priorities. Patients must be closely monitored for signs of bleeding or anaemia.
Apomorphine				Red	Treatment is managed by the Parkinson's disease speciality nurses. Patients must receive domperidone for at least two days before starting treatment.
Apraclonidine, ocular				Not recommended	1.0% ophthalmic solution: licensed for control or prevention of postoperative elevation of intra-ocular pressure after anterior segment laser surgery. Treat as a RED drug if requested for primary care prescribing.
				Not recommended	0.5% ophthalmic solution: short-term adjunctive treatment of chronic glaucoma in patients not adequately controlled by another drug. May not provide additional benefit if patient already using two drugs that suppress the production of aqueous humour. Treat as a RED drug if requested for primary care prescribing.

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
				Not recommended	0.5% ophthalmic solution: long-term use (usually >1 month) unlicensed. Treat as a RED drug if requested for primary care prescribing.
Apremilast		MHRA DSU Jan 17		**Red**	Apremilast for treating moderate to severe plaque psoriasis. Somerset commissioned. **MHRA**: Risk of suicidal thoughts and behaviour
Aprepitant				**Red**	Prevention of nausea & vomiting associated with moderate & highly emetogenic chemotherapy. RED drug, funded by NHS ENGLAND.
Aqueous cream BP		MHRA DSU Mar 13		**Not recommended**	Evidence that the application of aqueous cream BP damages their skin barrier – most likely associated with sodium lauryl sulphate (SLS) resulting in increased protease activity. **MHRA**: May cause skin irritation
Arginine	Human arginate			**Red**	For treatment of metabolic disorders: NHS England Specialist Commissioning is responsible for commissioning
Aripiprazole		MHRA DSU Dec 23		**Amber[3]**	**Appropriate for prescribing when specialist / trust initiated, with formal contractual shared care protocol.** In accordance with NICE CG178 (Update Mar-14) for the use of atypical antipsychotic drugs for the treatment of schizophrenia and the locally agreed shared care protocol (Antipsychotics SCP). **MHRA:** Risk of pathological gambling
				Amber[3]	**Appropriate for prescribing when specialist / trust initiated, with formal contractual shared care protocol.** For the treatment of schizophrenia in 15 to 17 year olds in accordance with NICE TA213 (Jan-11) and NICE CG155 (Update Oct-16) and the locally agreed shared care protocol (Antipsychotics SCP). **MHRA:** Risk of pathological gambling

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
				Amber[3]	**Appropriate for prescribing when specialist / trust initiated, with formal contractual shared care protocol.** For the treatment of moderate to severe manic episodes in adolescents with bipolar disorder in accordance with NICE TA292 (Jul-13) and the locally agreed shared care protocol (Antipsychotics SCP). **MHRA:** Risk of pathological gambling
Aripiprazole Long acting Injection				**Amber[3]**	**Appropriate for prescribing when specialist / trust initiated, with formal contractual shared care protocol.** The decision to share care is at the GP discretion. The locally agreed shared care protocol (Antipsychotics SCP). **MHRA:** Risk of pathological gambling
Arsenic trioxide				**Red**	Antineoplastic drug
				Red	**NHS England commissioned.** For treating acute promyelocytic leukaemia (Agreed at SPF Jul-18).
Asciminib				**Red**	**NHS England commissioned.** For treating chronic myeloid leukaemia after 2 or more tyrosine kinase inhibitors (Agreed SPF Sept-22).
Asenapine, sub-lingual				**Not recommended**	Licensed as monotherapy in of moderate to severe manic episodes associated with bipolar 1 disorder. Patients should avoid alcohol during treatment. No local acute trust Drugs and Therapeutics committee has yet received an application to consider this drug. Treat as a RED drug if requested for primary care prescribing.
Aspirin, oral, enteric-coated (low dose)	Aspirin e/c, low dose Aspirin gastro-resistant Aspirin g/r		Generic *Micropirin*® *Nu-Seals*®	**Not recommended**	No local acute trust Drugs and Therapeutics committee has yet received an application to consider this drug. Recommend use aspirin 75mg dispersible tablets as the most cost-effective option.
Aspirin, oral, modified release (low dose)			*Flamasacard*®	**Not recommended**	No local acute trust Drugs and Therapeutics committee has yet received an application to consider this drug. Licensed for secondary prophylaxis following a coronary or cerebrovascular ischaemic event

Aspirin, oral, (low dose)			Generic	**Green**	Somerset have agreed 150mg aspirin once daily from 12 weeks of pregnancy until delivery is GREEN for: • People at risk of pre-eclampsia • People with Low PAPP-A • Previous Small for gestation • People at risk of placental dysfunction. Details: In accordance with NICE [NG133] (Updated Apr-23) NICE advise 75-150mg of aspirin to reduce the risk of pre-eclampsia. Somerset have agreed people at risk of pre-eclampsia should be prescribed aspirin 150mg (unless contra-indicated) from twelve weeks of pregnancy until birth for women and people with one high risk factor, or more than one moderate risk factor for pre-eclampsia. High risk factors include: • hypertensive disease in a previous pregnancy • chronic kidney disease • autoimmune disease, such as systemic lupus erythematosus or antiphospholipid syndrome • type 1 or type 2 diabetes • chronic hypertension. Moderate risk factors include: • first pregnancy • age 40 years or older • pregnancy interval of more than 10 years • body mass index (BMI) of 35 kg/m2 or more at first visit • family history of pre-eclampsia • multiple pregnancy. In accordance with Small-for-Gestational-Age Fetus and a Growth Restricted Fetus, Investigation and Care (Green-top Guideline No. 31) | RCOG Saving-Babies-Lives-Care-Bundle-Version-Two-Updated-Final-Version.pdf (england.nhs.uk) for low pregnancy associated plasma protein-A and small for gestational age/at risk of placental dysfunction 150mg OD from 12 weeks to delivery.

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
					Medicines in pregnancy, children and lactation - NHS Somerset ICB Recommend use aspirin 75mg dispersible tablets (TWO once daily,) as the most cost-effective option.
Atezolizumab		MHRA DSU June 21		**Red**	**NHS England commissioned.** For untreated locally advanced or metastatic urothelial cancer when cisplatin is unsuitable (Agreed at SPF Jan-18).
				Red	**NHS England commissioned.** For treating locally advanced or metastatic non-small-cell lung cancer after chemotherapy (Agreed at SPF Jul-18).
				Red	**NHS England commissioned.** For treating locally advanced or metastatic urothelial carcinoma after platinum-containing chemotherapy (Agreed at SPF Jul-18).
				Red	**NHS England commissioned.** In combination for treating metastatic non-squamous non-small-cell lung cancer (Agreed at SPF Jul-19).
				Not recommended	**NICE terminated appraisal.** Atezolizumab with carboplatin and nab-paclitaxel for untreated advanced non-squamous nonsmall-cell lung cancer (Agreed at SPF Mar-20).
				Red	**NHS England commissioned**. Atezolizumab with carboplatin and etoposide for untreated extensive-stage small-cell lung cancer (Agreed at SPF July-2020).
				Red	**NHS England commissioned.** Atezolizumab with nab-paclitaxel for untreated PD-L1-positive, locally advanced or metastatic, triple-negative breast cancer (Agreed at SPF July -2020)
				Red	**NHS England commissioned.** Atezolizumab with bevacizumab for treating advanced or unresectable hepatocellular carcinomar (Agreed at SPF Jan-21).
				Red	**NHS England commissioned.** Monotherapy for untreated advanced non-small-cell lung cancer (Agreed at SPF Jul-21).
				Red	**NHS England commissioned.** For untreated PD-L1-positive advanced urothelial cancer when cisplatin is unsuitable (agreed SPF Nov-21).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
				Red	**NHS England commissioned.** For adjuvant treatment of resected non-small-cell lung cancer (Agreed at SPF Nov 22).
				Not Recommended	**NICE terminated appraisal** Atezolizumab for untreated advanced or recurrent non-small-cell lung cancer when platinum-doublet chemotherapy is unsuitable **March 25 MPB**
Atogepant				Green	**Commissioned by ICB.** Atogepant for preventing migraine (Agreed MPB Jun-24).
Atomoxetine				Amber[3]	**Appropriate for prescribing when specialist / trust initiated, with formal contractual shared care protocol.** **Second-line** use according to locally agreed shared care protocol ADHD and in line with NICE NG87 (Updated Sep-19).
Autologous anti-CD19-transduced CD3+ cells				Red	**NHS England commissioned.** For treating relapsed or refractory mantle cell lymphoma (Agreed at SPF Mar-21).
Avacopan				Red	**NHS England commissioned.** Avacopan for treating severe active granulomatosis with polyangiitis or microscopic polyangiitis. Providers are specialist centres with expertise in the management of ANCA-associated vasculitis (Agreed SPF Nov 22).
Avalglucosidase alfa				Red	**NHS England commissioned.** For treating Pompe disease (Agreed SPF Sept-22).
Avapritinib				Not recommended	**NICE terminated appraisal.** For treating unresectable or metastatic gastrointestinal stromal tumours (agreed SPF Nov-21)
				Red	**NHS England commissioned.** Avapritinib for treating advanced systemic mastocytosis (Agreed MPB Nov-24).
Avatrombopag				Red	**ICB commissioned.** For treating thrombocytopenia in people with chronic liver disease needing a planned invasive procedure (Agreed at SPF July-2020).
				Red	**ICB commissioned.** Avatrombopag for treating primary chronic immune thrombocytopenia (Agreed PAMM Jan-23).
Avelumab				Red	**NHS England commissioned.** For treating metastatic Merkel cell carcinoma (Agreed at SPF May-18).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
				Red	**NHS England commissioned.** Avelumab with axitinib for untreated advanced renal cell carcinoma. Cancer Drugs Fund. (Agreed at SPF Sept-20).
				Red	**NHS England commissioned.** For untreated metastatic Merkel cell carcinoma (Agreed May-21).
				Red	**NHS England commissioned.** For maintenance treatment of locally advanced or metastatic urothelial cancer after platinum-based chemotherapy (Agreed SPF Jul-22).
Axicabtagene ciloleucel				Red	**NHS England commissioned.** For treating diffuse large B-cell lymphoma and primary mediastinal large B-cell lymphoma after 2 or more systemic therapies (Agreed at SPF Mar-19).
				Red	**NHS England commissioned.** Axicabtagene ciloleucel for treating relapsed or refractory diffuse large B-cell lymphoma after first-line chemoimmunotherapy (Agreed at MPB Jun-23).
				Not recommended	**Not Recommended by NICE.** Axicabtagene ciloleucel for treating relapsed or refractory follicular lymphoma (Agreed at MPB Jun-23).
Axitinib, oral		MHRA DSU July 20		Red	For treatment of advanced renal carcinoma (RCC) after failure of prior treatment with sunitinib or a cytokine: NHS England Specialist Commissioning is responsible for commissioning.
				Red	**NHS England commissioned.** Avelumab with axitinib for untreated advanced renal cell carcinoma. Cancer Drugs Fund. (Agreed at SPF Sept-20).
Azacitidine, oral				Red	**NHS England commissioned.** Oral azacitidine for maintenance treatment of acute myeloid leukaemia after induction therapy (Agreed at SPF Nov 22).
Azacitidine, parenteral			*Vidaza*®	Red	For the treatment of myelodysplastic syndromes: NHS England Specialist Commissioning is responsible for commissioning.
			Non-proprietary	Red	**NHS England commissioned.** Venetoclax with azacitidine for untreated acute myeloid leukaemia when intensive chemotherapy is unsuitable (Agreed at SPF Apr-22).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Azathioprine		MHRA DSU May 25		**Amber[3]**	**Appropriate for prescribing when specialist / trust initiated, with formal contractual shared care protocol.** In accordance with the guidance on the use of disease modifying anti-rheumatic drugs (DMARDs) and Locally Enhanced Service specification and the locally agreed shared care protocol DMARD. **MHRA DSU:** Thiopurines and intrahepatic cholestasis of pregnancy
				Amber[3]	**Appropriate for prescribing when specialist / trust initiated, with formal contractual shared care protocol.** For the treatment of inflammatory bowel disease (IBD) and the locally agreed shared care protocol DMARD. **MHRA DSU:** Thiopurines and intrahepatic cholestasis of pregnancy
Azilsartan medoxomil				**Not recommended**	Only licensed for the treatment of essential hypertension in adults. No application for review by either acute trust or partnership D&TC or Prescribing Forum received. Treat as a RED drug if requested for primary care prescribing. **ACEIs remain renin-angiotensin system drugs of choice for first-line treatment.** ARB formulary choices (i.e. if several ACEIs not tolerated) remain candesartan, losartan (first-line), and valsartan.
Aztreonam lysine, inhalation	Aztreonam nebuliser solution			**Red**	For treatment of cystic fibrosis: NHS England Specialist Commissioning is responsible for commissioning.
B					
Baclofen, intrathecal				**Red**	Specialist use only: severe chronic spasticity unresponsive to oral antispastic drugs (or where side-effects of oral therapy unacceptable) *or* as alternative to ablative neurosurgical procedures.

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Balsalazide, oral				**Amber[2]**	**Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol.** For the treatment of mild-to-moderate active ulcerative colitis and maintenance of remission
				Amber[2]	**Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol.** **For the induction of remission or maintenance of remission of Crohn's Disease** in line with NICE NG129 (May-19) (unlicensed indication)
				Not recommended	**To treat severe presentations or exacerbations of Crohn's disease**: NICE 'Do not do' recommendation NICE NG129 (May-19) or greater than eight-week's budesonide treatment (unlicensed). Treat as RED if recommended by a relevant secondary or tertiary care specialist.
Baloxavir marboxil				**Not recommended**	**NICE terminated appraisal.** For treating acute uncomplicated influenza (agreed SPF Nov-21).
Baricitinib		MHRA DSU Apr 23 Aug 20 Mar 20		**Red**	For moderate or severe rheumatoid arthritis. ICB funded, specialist prescribing only (Agreed at SPF Sept-17). **MHRA**: New measures to reduce risks of major cardiovascular events, malignancy, venous thromboembolism, serious infections and increased mortality
				Red	**ICB commissioned.** For treating moderate to severe atopic dermatitis (Agreed at SPF Mar-21).
				Not recommended	**Not recommended by NICE.** Baricitinib for treating severe alopecia areata (Agreed MPB Oct 23).
				Not recommended	**NICE terminated appraisal.** Baricitinib for treating juvenile idiopathic arthritis in people 2 years and over (Agreed MPB Jul-24).
Basiliximab, parenteral		MHRA DSU Oct 14		**Red**	For prophylaxis of organ rejection: NHS England Specialist Commissioning is responsible for commissioning.

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Beclometasone dipropionate, Inhaler			See Inhaler Venn Diagram	**Green**	Prescribe beclometasone MDIs by brand name to avoid confusion over the product intended. Not all brands are equipotent (Agreed at PAMM Sept-18).
Beclometasone dipropionate, oral (tablets)				**Amber[1]**	**Appropriate for prescribing without formal shared care protocol, may be initiated by GP on advice of a specialist.** On consultant recommendation only: To induce remission of left-sided or extensive ulcerative colitis as add-on therapy to 5-ASA containing drugs in accordance with NICE NG130 (May-19). Maximum course of treatment is four weeks.
				Not recommended	Proctitis and proctosigmoiditis
				Not recommended	Unlicensed uses including asthma, allergic and vasomotor rhinitis, and oral ulceration
Beclometasone /formoterol fine powder inhaler			See Inhaler Venn Diagram	**Green**	
Beclometasone/ formoterol/ glycopyrronium DPI inhaler			See Inhaler Venn Diagram	**Green**	COPD triple therapy inhaler (agreed SPF Nov-21).
Beclometasone/ formoterol/ glycopyrronium MDI inhaler			See Inhaler Venn Diagram	**Green**	COPD triple therapy inhaler. Better value than separates if ICB is needed
Belatacept, parenteral				**Red**	For the prophylaxis of graft rejection in adults undergoing renal transplantation: NHS England Specialist Commissioning is responsible for commissioning.
Belimumab, parenteral		MHRA DSU Apr 19		**Red**	**NHS England commissioned.** For treating active autoantibody-positive systemic lupus erythematosus (Agreed at SPF Jan-22).
				Not recommended	**NICE terminated appraisal.** Belimumab for treating lupus nephritis (Agreed SPF Jul-22).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Belumosudil				**Red**	**NHS England commissioned.** Belumosudil for treating chronic graft-versus-host disease after 2 or more systemic treatments in people 12 years and over (Agreed MPB Feb-24).
Belzutifan				**Red**	**NHS England commissioned.** Belzutifan for treating tumours associated with von Hippel-Lindau disease (Agreed MPB Nov-24).
Bempedoic acid (monotherapy)				**Amber[1]**	**Appropriate for prescribing without formal shared care protocol, may be initiated by GP on advice of a specialist. ICB commissioned**. Changed from 'Not recommended' to 'Amber' (Agreed MPB Jun-24). Prescribers must adhere to: NHS Accelerated Access Collaborative » Summary of national guidance for lipid management
Bempedoic acid / Ezetimibe				**Green**	**ICB commissioned** Bempedoic acid with ezetimibe for treating primary hypercholesterolaemia or mixed dyslipidaemia in line with NICE TA694 (Apr-21). Changed from 'Amber' to 'Green' (Agreed at MPB Apr-23). Prescribers must adhere to: NHS Accelerated Access Collaborative » Summary of national guidance for lipid management
Bendamustine, parenteral		MHRA DSU Mar 21 Jul 17		**Red**	For the first-line treatment of chronic lymphocytic leukaemia, in patients not suitable for fludarabine based combination chemotherapy: NHS England Specialist Commissioning is responsible for commissioning.
				Not recommended	Ibrutinib with bendamustine and rituximab for treating relapsed or refractory chronic lymphocytic leukaemia after systemic therapy not recommended by NICE TA437 (Mar-17).
Benralizumab				**Red**	**NHS England commissioned.** For treating severe eosinophilic asthma (Agreed at SPF Sept-19).
Berotralstat				**Red**	**NHS England commissioned.** For preventing recurrent attacks of hereditary angioedema (agreed SPF Nov-21).
Beta interferons				**Red**	**NHS England commissioned.** Beta interferons and glatiramer acetate for treating multiple sclerosis (Agreed at SPF Jul-18).
Betaine, oral	Betaine anhydrous			**Red**	For treatment of metabolic disorders: NHS England Specialist Commissioning is responsible for commissioning.

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Betamethasone valerate, medicated plasters				**Not recommended**	No application for review by either acute trust or partnership D&TC or Prescribing Forum received.
Bevacizumab		MHRA DSU July 20		**Red**	Antineoplastic drug (monoclonal antibody): NHS England Specialist Commissioning is responsible for commissioning.
				Red	**NHS England commissioned.** Atezolizumab with bevacizumab for treating advanced or unresectable hepatocellular carcinomar (Agreed at SPF Jan-21).
				Not recommended	**NICE terminated appraisal.** Bevacizumab for treating EGFR mutation-positive non-small cell lung cancer.
				Not recommended	**NICE terminated appraisal.** Bevacizumab with carboplatin, gemcitabine and paclitaxel for treating the first recurrence of platinum-sensitive advanced ovarian cancer (Agreed at SPF Mar-19).
				Red	**NHS England commissioned.** Olaparib with bevacizumab for maintenance treatment of advanced high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer (Agreed MPB Jan-24).
				Red	**NHS England Commissioned.** Trifluridine–tipiracil with **bevacizumab** for treating metastatic colorectal cancer after 2 systemic treatments (Agreed MPB Nov-24).
Bevacizumab gamma				**Red**	**ICB commissioned.** Bevacizumab gamma for treating wet age-related macular degeneration (Agreed MPB Jan 25).
Bexarotene				**Red**	Antineoplastic drug (retinoid X receptor agonist)

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Bicalutamide, oral				**Amber[1]**	**Appropriate for prescribing without formal shared care protocol, may be initiated by GP on advice of a specialist.** Bicalutamide **50mg** for the treatment of advanced prostate cancer in combination with LHRH analogue therapy or surgical castration.
				Amber[1]	**Appropriate for prescribing without formal shared care protocol, may be initiated by GP on advice of a specialist.** Bicalutamide **150mg** for the treatment of locally advanced prostate.
				Not recommended	CSM has advised (October 2003) not to be used in treatment of localised prostate cancer
Bimatoprost, eye drops				**Green**	Reduction of elevated intraocular pressure in chronic open-angle glaucoma and ocular hypertension in adults (as monotherapy or as adjunctive therapy to beta-blockers) (Agreed at PAMM Sept-18).
Bimekizumab				**Red**	**Commissioned by ICB's and strategic transformation partnerships.** For treating moderate to severe plaque psoriasis (Agreed at SPF Sep-21).
				Red	**ICB commissioned.** Bimekizumab for treating active psoriatic arthritis (Agreed MPB Oct 23).
				Red	**ICB commissioned.** Bimekizumab for treating axial spondyloarthritis (Agreed MPB Oct 23).
				Not recommended	**NICE terminated appraisal.** Bimekizumab for treating moderate to severe hidradenitis suppurativa (MPB Agreed Jan 25).
Birch bark extract				**Red**	**NHS England commissioned.** Birch bark extract for treating epidermolysis bullosa (Agreed MPB Sept-23).
Bleomycin				**Red**	Cytotoxic drug (Cytotoxic antibiotic)
Blinatumomab				**Red**	**NHS England commissioned.** For previously treated Philadelphia-chromosome-negative acute lymphoblastic leukaemia (Agreed at SPF Jul-17).
					NHS England commissioned. For treating acute lymphoblastic leukaemia in remission with minimal residua l disease activity (Agreed at SPF Sept-19).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
				Not recommended	**NICE terminated appraisal.** for previously treated Philadelphia-chromosome-positive acute lymphoblastic leukaemia (Agreed at SPF May-21).
				Red	**NHS England commissioned.** Blinatumomab with chemotherapy for consolidation treatment of Philadelphia-chromosome-negative CD19-positive minimal residual disease-negative B-cell precursor acute lymphoblastic leukaemia (Agreed at MPB May-25).
Bortezomib, parenteral				Red	As monotherapy for the treatment of progressive multiple myeloma. **Note:** Sub-cutaneous administration (unlicensed route of administration) SPF approved (Jan-12) provided patients give informed consent in clinic. Antineoplastic drug (proteasome inhibitor): NHS England Specialist Commissioning is responsible for commissioning.
				Red	Funded by NHS England as an option, in combination with dexamethasone, or with dexamethasone and thalidomide, for the induction treatment of adults with previously untreated multiple myeloma, who are eligible for high-dose chemotherapy with haematopoietic stem cell transplantation.
				Red	For the treatment of myeloma in combination with an alkylating agent: NHS England Specialist Commissioning is responsible for commissioning. Antineoplastic drug (proteasome inhibitor)
				Not recommended	For treating multiple myeloma after second or subsequent relapse NICE terminated appraisal Jul-17.
				Red	**NHS England commissioned.** Daratumumab in combination (bortezomib, thalidomide and dexamethasone) for untreated multiple myeloma when a stem cell transplant is suitable (Agreed at SPF Mar-22).
				Not recommended	**NICE terminated appraisal.** Daratumumab with bortezomib, melphalan and prednisone for untreated multiple myeloma (agreed SPF Mar-22).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
				Red	**NHS England commissioned.** Daratumumab with bortezomib and dexamethasone for previously treated multiple myeloma (Agreed at MPB Jun-23).
Bosentan				**Red**	**NHS England commissioned.** Bosentan for Digital Ulceration for Systemic Sclerosis.
Bosutinib				**Red**	For previously treated chronic CML
				Not recommended	**NICE terminated appraisal.** For untreated chronic myeloid leukaemia (Agreed at SPF May-19).
Botulinum toxin type A			*Botox*®	**Red**	For the treatment of urinary incontinence in people with idiopathic overactive bladder syndrome (IOAB) not adequately controlled with anticholinergic therapy.
					Prophylaxis of headaches in adults with chronic migraine.
			Botox® *Dysport*® *Xeomin*®	**Red**	Acquired spasticity in Adults Blepharospasm Multiple schlerosis (MS) Spasticity in Children Stroke
				Not recommended	Unlicensed indications
			Xeomin®	**Red**	**ICB commissioned.** For treating chronic sialorrhoea (Agreed at SPF Nov-19).
			Azzalure® *Bocouture*® *Vistabel*®	**Not recommended**	Licensed for cosmetic procedures only. Not recommended for licensed or unlicensed uses.
Botulinum toxin type B			*NeuroBloc*®	**Red**	Acquired spasticity in Adults Multiple schlerosis (MS) Spasticity in Children Stroke
				Not recommended	Unlicensed indications

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Brentuximab vedotin				Red	**Funded by NHS England**. For treating relapsed or refractory systemic anaplastic large cell lymphoma (Agreed at SPF Nov-17).
					NHS England commissioned. For treating CD30-positive Hodgkin lymphoma (Agreed at SPF Jul-18).
					NHS England commissioned. For treating CD30-positive cutaneous T-cell lymphoma (Agreed at SPF May-19).
				Not recommended	**NICE terminated appraisal.** For untreated advanced Hodgkin lymphoma (Agreed at SPF Sept-19).
				Red	**NHS England commissioned.** For treating in combination for untreated systemic anaplastic large cell lymphoma (Agreed at SPF Sept-20).
				Red	**NHS England Commissioned.** Brentuximab vedotin in combination for untreated stage 3 or 4 CD30-positive Hodgkin lymphoma (Agreed MPB May-25).
Brexucabtagene				Red	**NHS England commissioned.** Brexucabtagene autoleucel for treating relapsed or refractory B-cell acute lymphoblastic leukaemia in people 26 years and over (Agreed at MPB June-23).
Brigatinib				Red	**NHS England commissioned.** For treating ALK-positive advanced non-small-cell lung cancer after crizotinib (Agreed at SPF May-19).
				Red	**NHS England commissioned.** For ALK-positive advanced non-small-cell lung cancer that has not been previously treated with an ALK inhibitor (Agreed at SPF Mar-21).
Brimonidine, gel		MHRA DSU June 17 Nov 16		Green	Provided patients have tried all other alternatives and that redness is a significant problem. **MHRA**: Risk of systemic cardiovascular effects; not to be applied to damaged skin **MHRA**: Risk of exacerbation of rosacea

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Brinzolamide/ Brimonidine				**Amber[2]**	**Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol.** TST had agreed to this product as an AMBER (specialist initiated) product where the request for use is when compliance with multiple drops is judged likely to be poor or when a greater total of drops per eye is likely to lead to promote ocular surface disease
Brinzolamide/Timolol				**Not recommended**	Combination eye drops not recommended as no proven benefit over, and more expensive than, currently used products
Brivaracetam		MHRA DSU Nov 17		**Amber[2]**	**Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol.** TST approved at their DTC – last line epilepsy treatment **MHRA**: Updated advice on switching between different manufacturers' products
Brodalumab				**Red**	**ICB commissioned PBR excluded drug, price per patient access scheme.** For treating moderate to severe plaque psoriasis (Agreed at SPF May-18).
Brolucizumab		MHRA DSU Jan 22		**Red**	**ICB commissioned** For treating wet age-related macular degeneration (Agreed at SPF Mar-21). MRHA DSU: Maintenance doses of brolucizumab (after the first 3 doses) should not be given at intervals of less than 8 weeks apart.
				Red	**ICB commissioned.** For treating diabetic macular oedema (Agreed SPF Sept-22).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Budesonide, oral				**Green**	**For treatment of Crohn's disease** in line with NICE NG129 (May-19) Consider budesonide for a first presentation or a single inflammatory exacerbation in a 12-month period for people: • who have one or more of distal ileal, ileocaecal or right-sided colonic disease And • if conventional glucocorticosteroids are contraindicated, or if the person declines or cannot tolerate them. Budesonide is less effective than a conventional glucocorticosteroid, but may have fewer side effects. The duration of treatment should be limited to 8 weeks.
				Not recommended	**Maintenance of remission, or to treat severe presentations or exacerbations of Crohn's disease**: Do not offer budesonide treatment for severe presentations or exacerbations. NICE NG129 (May-19). Treat as RED if recommended by a relevant secondary or tertiary care specialist.
				Red	**ICB commissioned.** Targeted-release budesonide for treating primary IgA nephropathy (Agreed MPB Jan-24).
Budesonide orodispersible tablet				**Amber[2]**	**Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol. ICB commissioned.** Budesonide orodispersible tablet for inducing remission of eosinophilic oesophagitis in line with NICE TA708 (Agreed at SPF Jul-21).
				Red	When being used for maintenance.
Budesonide/ formoterol DPI			See Inhaler Venn Diagram	**Green**	Cost effective alternative to Symbicort Turbohaler
			GoResp Digihaler®	**Not recommended**	Not recommended due to high cost (Agreed MPB Jul-23).
Bulevirtide				**Red**	**NHS England commissioned.** Bulevirtide for treating chronic hepatitis D (Agreed at MPB Jun-23).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Buprenorphine, sublingual		MHRA DSU Sept 20		**Amber[1]**	**Appropriate for prescribing without formal shared care protocol, may be initiated by GP on s advice of a specialist.** For the treatment of drug addiction: Public health commissioned drug addiction service - Public health commission **some** GP practices to prescribe Burrenorphine for drug addiction but not all. In accordance with NICE TA114 (Jan-07). **MHRA** safety update Sept 20: New recommendations following a review of the risks of dependence and addiction associated with prolonged use of opioid medicines (opioids) for non-cancer pain. Before prescribing opioids, discuss with the patient the risks and features of tolerance, dependence, and addiction, and agree together a treatment strategy and plan for end of treatment.
				Not recommended	For the treatment of drug addiction: Not recommended for primary care prescribing by GP practices when **not** part of the commissioned service. **MHRA**: Risk of dependence and addiction.
				Not recommended	Products licensed for the management of opioid addiction when prescribed for the treatment of organic disease: unlicensed use. **MHRA**: Risk of dependence and addiction.
		MHRA DSU Sept 20	*Temgesic*®	**Not recommended**	Only available in 0.2mg and 0.4mg strengths. **NB:** *Temgesic*® is not licensed for the management of opioid addiction. **MHRA**: Risk of dependence and addiction.

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Buprenorphine, transdermal	Buprenorphine patches, 5mcg/hr, 10mcg/hr, 15mcg/hr and 20mcg/hr	MHRA DSU Sept 20	*Bunov®* *Butec®* *BuTrans®* *Rebrikel®* *Reletrans®*	**Green**	If prescribing is necessary then use the most cost effective brand. N.B. Bunov® 20mcg is bioequivalent to Butrans®. The 5mcg & 10mcg were subject to biowaiving. **MHRA** safety update Sept 20: New recommendations following a review of the risks of dependence and addiction associated with prolonged use of opioid medicines (opioids) for non-cancer pain. Before prescribing opioids, discuss with the patient the risks and features of tolerance, dependence, and addiction, and agree together a treatment strategy and plan for end of treatment.
Buprenorphine, transdermal	Buprenorphine patches, 35mcg/hr,52.5mcg/hr,70mcg/hr	MHRA DSU Sept 20	*Hapoctasin® (72hour)* *Relevtec® (96hour)* *Transtec® (96hour)*	**Green**	Moderate to severe cancer pain and severe pain which does not respond to non-opioid analgesics. Each *Transtec®* transdermal patch is replaced after **four** days (96 hours). Each Hapoctasin patch to be replaced every **three** days (72 hours) **MHRA** safety update Sept 20: New recommendations following a review of the risks of dependence and addiction associated with prolonged use of opioid medicines (opioids) for non-cancer pain. Before prescribing opioids, discuss with the patient the risks and features of tolerance, dependence, and addiction, and agree together a treatment strategy and plan for end of treatment.
Bupropion		MHRA DSU Nov 20		**Green**	NRT remains the first-line recommendation. As an adjunct to smoking cessation in combination with motivational support in accordance with NG209 (Updated Jan-23) and NICE TA123 (Jul-07). **MHRA**: Risk of serotonin syndrome with use with other serotonergic drugs
Burosumab			*Crysvita®*	**Red**	**Commissioned by NHS England.** Burosumab for treating X-linked hypophosphataemia in adults (Agreed MPB Sept 24).
Buserelin				**Amber[1]**	**Appropriate for prescribing without formal shared care protocol, may be initiated by GP on advice of a specialist.** For prostatic cancer.

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
				Amber[1]	**Appropriate for prescribing without formal shared care protocol, may be initiated by GP on advice of a specialist.** Endometriosis.
				Red	Fertility treatment.
Busulfan	Buslphan			**Red**	Cytotoxic drug (Alkylating agent)
Busulfan, unlicensed preparations	Buslphan, unlicensed preparations			**Red**	Cytotoxic drug (Alkylating agent)
C					
C1 esterase inhibitor (human), parenteral	C-1 esterase inhibitor C1 inhibitor C1-inh			**Red**	Licensed for use in acute attacks of hereditary angioedema (HAE): NHS England Specialist Commissioning is responsible for commissioning. Unlicensed use: prophylaxis prior to surgery or major dental procedures.
Cabergoline		MHRA DSU Jul 08		**Red**	Prescribing above a 3mg dose should remain responsibility of hospital specialist. The maximum daily dose in the treatment of Parkinson's disease is 3mg.
				Amber[2]	**Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol.** Doses of 3mg and under. **MHRA**: Risk of fibrosis. Do not prescribe ergots to patients who have had fibrosis in the heart, lungs, or abdomen.
Cabotegravir				**Red**	**NHS England commissioned.** Cabotegravir with rilpivirine for treating HIV-1 (Agreed at SPF July-2020).
Cabozantinib		MHRA DSU July 20	*Cabometyx*®	**Red**	**NHS England commissioned.** For previously treated advanced renal cell carcinoma (Agreed at SPF Sept-17).
				Red	**NHS England commissioned.** For untreated advanced renal cell carcinoma (Agreed at SPF Nov-18).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
				Red	**NHS England commissioned.** Cabozantinib for previously treated advanced hepatocellular carcinoma (Agreed PAMM Jan-23).
				Not recommended	**Not recommended by NICE.** Cabozantinib for previously treated advanced differentiated thyroid cancer unsuitable for or refractory to radioactive iodine(Agreed MPB Nov-23).
				Red	**NHS England commissioned.** Cabozantinib with nivolumab for untreated advanced renal cell carcinoma (Agreed MPB May-24).
			COMETRIQ®	**Red**	**NHS England commissioned.** For treating medullary thyroid cancer (Agreed at SPF May-18).
				Not recommended	**NICE terminated appraisal.** For previously treated advanced hepatocellular carcinoma (Agreed at SPF Jul-19).
Calcium acetate, oral			*PhosLo*® (4.2mmol Ca^{2+}) *Renacet*® (3.0mmol Ca^{2+})	**Amber[2]**	**Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol.** For the treatment of hyperphosphatemia associated with chronic renal insufficiency in patients undergoing dialysis.
Calcium acetate / magnesium carbonate, oral			*Osvaren*® (2.7mmol Ca^{2+} / 60mg Magnesium)		
Calcium folinate	Calcium leucovorin			**Red**	For use cytotoxic-induced side-effects.
Calcium levofolinate	Calcium levoleucovorin			**Red**	For use cytotoxic-induced side-effects.

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Canagliflozin	Canagliflozin hemihydrate	MHRA DSU Feb 19 Mar 17 Jun 16		**Green**	Approved for use in line with NICE TA315 (Jun-14) **MHRA**: Reports of Fournier's gangren **MHRA**: Updated advice on increased risk of lower-limb amputation
Canakinumab				**Not recommended**	**NICE terminated appraisal.** Canakinumab for treating gouty arthritis attacks and reducing the frequency of subsequent attacks (Apr-13).
				Not recommended	**NICE terminated appraisal.** Canakinumab for treating systemic juvenile idiopathic arthritis terminated appraisal (Nov-13).
Cannabidiol oil	CBD oil Cannabis oil		*(Food supplement)*	**Not recommended**	Not recommended and non formulary. CBD oil contains only cannabidiol which is unregulated and therefore classed as a food supplement, as long as it makes no medicinal claims.
Cannabidiol oral solution				**Red**	**NHS England commissioned** Cannabidiol (Epidyolex) with clobazam for treating seizures associated with Dravet syndrome in people aged 2 years and older,only if: • the frequency of convulsive seizures is checked every 6 months, and cannabidiol is stopped if the frequency has not fallen by at least 30% compared with the 6 months before starting treatment • the company provides cannabidiol according to the commercial arrangement. (Agreed at SPF Jan-20)
				Red	**NHS England commissioned** Cannabidiol (Epidyolex) with clobazam for seizures associated with Lennox–Gastaut syndrome in people aged 2 years and older, only if: • the frequency of drop seizures is checked every 6 months, and cannabidiol is stopped if the frequency has not fallen by at least 30% compared with the 6 months before starting treatment • the company provides cannabidiol according to the commercial arrangement. (Agreed at SPF Jan-20)

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
				Red	**NHS England commissioned.** Cannabidiol for treating seizures caused by tuberous sclerosis complex (Agreed MPB Mar-23).
Cannabis-based medicinal products				**Red**	**Specialist only prescribing** (Agreed at PAMM Nov-18). 'Cannabis-based medicinal product' requirements: • The product is or contains cannabis, cannabis resin, cannabinol or a cannabinol derivative • It is produced for medicinal use in humans; and • It is a product that is regulated as a medicinal product, or an ingredient of a medicinal product. See NICE guideline [NG144] Updated Mar-21. Sativex is currently the only lisenced products in the UK. Please see below for guidance.
Cannabis Mouth Spray CD, oromucosal	*Cannabis sativa* extract Dronabinol / cannabidiol Delta-9-tetrahydrocannab-inol / cannabidiol Cannabinoid oromucosal spray		Sativex®	**Amber[3]**	**Appropriate for prescribing when specialist / trust initiated, with formal contractual shared care protocol** **ICB commissioned.** For spacicity in Multiple Sclerosis in line with NICE [NG144] and the shared care protocol. **Please note:** Sativex affects hormonal contraceptives for women so additional contraception should be used. All patients need to use contraception, including men. Changed from Red to Amber as agreed at PAMM (Feb 23).
Cancer drugs				**Red**	Hospital Trusts are responsible for making the necessary arrangements for patients to receive intravenous treatment. Red category also includes oral cancer treatments. Drug treatments reviewed and recommended by NICE.
Candesartan cilexetil				**Green**	**ACEIs remain renin-angiotensin system drugs of choice for first-line treatment.** ARB formulary choices (i.e. if several ACEIs not tolerated) remain candesartan, losartan (first-line), and valsartan. **First-line** ARB and only initiated after intolerance to ACEIs established. For hypertension and heart failure.

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
CAPD	Continuous Ambulatory Peritoneal Dialysis fluids			**Red**	Special purchasing arrangements in place through secondary care.
Capecitabine		MHRA DSU Oct 20		**Red**	Cytotoxic drug (Antimetabolite). NHS England Specialist Commissioning is responsible for commissioning.
				Red	**NHS ENGLAND commissioned.** Tucatinib with trastuzumab and capecitabine for treating HER2-positive advanced breast cancer after 2 or more anti-HER2 therapies (Agreed SPF May-22).
Caphosol®, oral rinse	Supersaturated calcium phosphate Dibasic sodium phosphate / Monobasic sodium phosphate / calcium choride / sodium chloride			**Amber[1]**	**Appropriate for prescribing without formal shared care protocol, may be initiated by GP on advice of a specialist.** As an adjunct to standard oral care in the prevention and treatment of the mucositis that may be caused by radiation or high dose chemotherapy.
Capivasertib				**Red**	**NHS England Commissioned.** Capivasertib with fulvestrant for treating hormone receptor-positive HER2-negative advanced breast cancer after endocrine treatment (Agreed MPB May-25).
Caplacizumab				**Red**	**NHS England commissioned.** Caplacizumab with plasma exchange and immunosuppression for treating acute acquired thrombotic thrombocytopenic purpura. (Agreed at SPF Jan-21)
Capmatinib				**Not recommended**	**NICE Terminated Appraisal.** Capmatinib for treating advanced non-small-cell lung cancer with MET exon 14 skipping (Agreed at MPB May-23).
Capsaicin cutaneous patch				**Not recommended**	No request to use from trusts
				Red	For the treatment of peripheral neuropathic pain in adults either alone or in combination with other medicinal products for the treatment of pain. (Agreed at PAMM/SPF Jan-20)

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Carbocisteine				**Green**	Not for long term use. Only to be used when required as symptoms arise. Do not routinely use to prevent exacerbations.
Carboplatin				**Red**	Cytotoxic drug (Platinum compound)
				Red	**NHS England commissioned.** Atezolizumab with carboplatin and etoposide for untreated extensive-stage small-cell lung cancer (Agreed at SPF July-2020).
				Not recommended	**NICE terminated appraisal.** Atezolizumab with carboplatin and nabpaclitaxel for untreated advanced non-squamous nonsmall-cell lung cancer (Agreed at SPF Mar-20).
				Red	**NHS England commissioned.** For Pembrolizumab with carboplatin and paclitaxel for untreated metastatic squamous non-small-cell lung cancer (Agreed at SPF Mar-22).
Carfilzomib		MHRA DSU Aug-19	*Kyprolis*®	**Red**	**NHS England commissioned.** For previously treated multiple myeloma (Agreed at SPF Jan-21)
				Red	**NHS England commissioned.** Carfilzomib with dexamethasone and lenalidomide for previously treated multiple myeloma (Agreed at SPF May-21).
				Not recommended	**NICE terminated appraisal.** Carfilzomib with daratumumab and dexamethasone for treating relapsed or refractory multiple myeloma (Agreed PAMM Jan-23).
Carmellose, ocular			*Carmize*® 1% *Carmize*® 0.5%	**Green**	'Single' dose vials – can be re-used up to 12 hours after opening.
			Optive® 0.5%		Expiry up to six months after opening.
Carmustine, intralesional implant				**Red**	Cytotoxic drug (Alkylating agent): NHS England Specialist Commissioning is responsible for commissioning.

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Cariprazine				**Amber[3]**	**Appropriate for prescribing when specialist / trust initiated, with formal contractual shared care protocol.** **ICB commissioned.** As therapy in patients where predominantly negative symptoms have been identified as an important feature in line with the locally agreed shared care protocol (Agreed at SPF Nov 22).
Carrnitine, oral or parenteral	L-carnitine Levocarnitine			**Red**	Licensed for primary and secondary carnitine deficiency: NHS England Specialist Commissioning is responsible for commissioning.
			Unlicensed 'specials'	**Not recommended**	Use of licensed product recommended (available as tablets, chewable tablets, oral liquid, paediatric oral solution and as an injection.)
Casirivimab / imdevimab				**Red**	**ICB commissioned.** Casirivimab plus imdevimab, for treating COVID-19 (Agreed at MPB Apr-23).
Caspofungin, parenteral				**Red**	For treatment of severe systemic fungal infections: NHS England Specialist Commissioning is responsible for commissioning
Catumaxomab				**Red**	Licensed for the treatment of malignant ascites in patients with epithelial cell adhesion molecule (EpCAM) positive carcinomas.
Celecoxib				**Amber[1]**	**Appropriate for prescribing without formal shared care protocol, may be initiated by GP on advice of a specialist.** Named-patient basis only when recommended by Consultant Rheumatologist when ibuprofen, naproxen and meloxicam are ineffective. Consider risk-benefit compared to diclofenac. Systematic review and meta-analysis of NSAIDs confirmed increased CV risk at high and low doses.
				Not recommended	All other uses / indications. Systematic review and meta -analysis of NSAIDs confirmed increased CV risk at high and low doses.
Cemiplimab				**Red**	**NHS England commissioned.** For treating advanced cutaneous squamous cell carcinoma in adults (Agreed at SPF Jul-22).
				Not recommended	**NICE Terminated Appraisal.** Cemiplimab for treating recurrent or metastatic cervical cancer 9Agreed at MPB Jun-23).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Cenobamate				**Amber[2]**	**Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol.** **ICB commissioned.** For treating focal onset seizures in epilepsy. Following initiation after MDT in acute trust. In line with NICE TA753 (Updated May-25) (Agreed at MPB Mar-23).
Ceritinib				**Red**	**NHS England commissioned.** For untreated ALK-positive non-small-cell lung cancer (Agreed at SPF Mar-18).
Certolizumab pegol				**Red**	For ankylosing spondylitis and psoriatic arthritis
					For treating rheumatoid arthritis after inadequate response to a TNF-alpha inhibitor. Positive NICE TAG-Somerset commissioned
					ICB commissioned. For treating moderate to severe plaque psoriasis (Agreed at SPF May-19).
Cetuximab				**Red**	Antineoplastic drug (monoclonal antibody)
				Not recommended	In combination with platinum-based chemotherapy for the treatment of head and neck cancer (squamous cell carcinoma).
				Red	Funded by NHS England. Cetuximab and panitumumab for previously untreated metastatic colorectal cancer (Agreed at SPF 15/11/17).
				Red	**NHS England commissioned.** For treating recurrent or metastatic squamous cell cancer of the head and neck (Agreed at SPF Sept-17).
Chenodeoxycholic acid				**Red**	PBR excluded drug no longer in drug tariff and as such funded by trusts
Chloral hydrate		MHRA DSU Oct 21	Extemporaneously prepared or obtained from "Specials" manufacturers.	**Not recommended**	Preparation considered by the BNF Joint Formulary Committee to be less suitable for prescribing.
Chloral betaine		MHRA DSU Oct 21		**Not recommended**	Preparation considered by the BNF Joint Formulary Committee to be less suitable for prescribing.
Chlorambucil				**Red**	Cytotoxic drug (Alkylating agent)

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Chlormethine, gel				Red	**NHS England commissioned.** For treating mycosis fungoides-type cutaneous T-cell lymphoma (Agreed at SPF Sep-21).
Chlortalidone, oral	Chlorthalidone			Green	First-line thiazide (with indapamide) for the treatment of hypertension in line with NICE NG136 (Update Mar-22). There is no recommendation to switch existing patients on bendroflumethiazide.
Chondroitin				Not recommended	Not licensed medicines. Legal status of "food supplements." Currently only available in the UK in combination with other food supplements NG226 recommends against use in osteoarthritis. Not recommended by NHS ENGLAND consultation: Items which should not be routinely prescribed in primary care (Nov 17). See also under Glucosamine
Chorionic gonadotrophin				Red	
Ciclosporin, ocular (eye-drops)	Cyclosporin			Green	See NICE TA369 (Dec 15). Approved for treating dry eyes unresponsive to artificial tears. Prescribe by brand and not as a unlicensed "special"
Ciclosporin, oral	Cyclosporin			Red	For all indications
Cidofovir				Red	Hospital Trusts are responsible for making the necessary arrangements for patients to receive intravenous treatment.
Cilostazol				Not recommended	Cilostazol is not recommended for the treatment of intermittent claudication in peripheral arterial disease (PAD) (May-11).
Ciltacabtagene				Not recommended	**NICE Terminated Appraisal.** Ciltacabtagene autoleucel for treating relapsed or refractory multiple myeloma (Agreed at MPB May-23).
Cinacalcet				Red	For the treatment of secondary hyperparathyroidism in patients with end-stage renal disease on maintenance dialysis therapy.
				Red	For complex primary hyperparathyroidism in adults – commissioned by NHS ENGLAND

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Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Cipaglucosidase alfa				Red	**NHS England commissioned.** Cipaglucosidase alfa with miglustat for treating late-onset Pompe disease (Agreed MPB Sept 23).
Cisplatin				Red	Cytotoxic drug (platinum compounds)
Cladribine		MHRA DSU Mar 22	*Leustat*® *Litak*®	Red	Cytotoxic drug (Antimetabolite)
			Mavenclad®	Red	**NHS England commissioned.** For treating relapsing–remitting multiple sclerosis (Agreed at SPF Jan-18).
				Red	**NHS England commissioned.** For treating relapsing–remitting multiple sclerosis. Committees. (Agreed at SPF Jan-20).
				Red	**NHS England commissioned.** Cladribine for treating active relapsing forms of multiple sclerosis (Agreed MPB May-25).
Clinical trial drugs				Red	
Clofarabine				Red	Cytotoxic drug (Antimetabolite)

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Clomethiazole	Chlormethiazole			**Red**	For alcohol withdrawal (SPF approved Jun-10).
				Not recommended	All other indications.
Clomifene				**Green**	In line with NICE CG156 (Updated Sept-17).
Clopidogrel NB: Somerset Prescribing Forum has authorised and endorsed all generic clopidogrel products for all indications.			Generic	**Green**	In accordance with NICE TA210 (Dec-10) for the prevention of occlusive vascular events. For patients hypersensitive to aspirin or patients not tolerating low-dose aspirin or a combination of low-dose aspirin + gastroprotective agent **For secondary prevention of stroke and TIA:** first-line in preference to dipyridamole MR + aspirin or aspirin alone.
				Amber[2]	**Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol.** In accordance with NICE NG185 (Nov-20) for the use of clopidogrel (with aspirin) in the prevention of atherothrombotic events in unstable angina and non-ST-segment-elevation acute coronary syndrome (NSTEMI). Clopidogrel should be used for up to 12 months. Prevention of atherothrombotic events in acute MI with ST-segment elevation (with aspirin)
			Plavix®	**Not recommended**	Branded prescribing where a brand's purchase price exceeds the Drug Tariff price is not considered a cost-effective use of NHS resources. Treat as RED if originator brand is specified and intended as a recommendation by a relevant specialist.
Clozapine		MHRA DSU Aug 20		**Red**	For the treatment of schizophrenia.
Cobimetinib with vemurafenib				**Not recommended**	**Not recommended by NICE.** Cobimetinib in combination with vemurafenib for treating unresectable or metastatic BRAF V600 mutation-positive melanoma.
Co-enzyme Q10	Ubiquinone			**Not recommended**	UKMI evidence concludes there is no evidence that co-enzyme Q10 helps in tolerance of statin treatment.

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Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Co-codamol 15/500	Codeine/ paracetamol	MHRA DSU Sept 20		**Not recommended**	No evidence of benefit over existing formulary options. **MHRA**: Risk of dependence and addiction
Collagenase clostridium histolyticum				**Red**	**ICB commissioned**. For Dupuytren's contracture (SPF approved Sep-17).
Colesevelam hydrochloride				**Amber[2]**	**Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol.** Specialist recommendation only: Monotherapy is indicated as adjunctive therapy to diet for reduction of elevated total-cholesterol and LDL-C in adult patients with primary hypercholesterolaemia, in whom a statin is considered inappropriate or is not well-tolerated
				Amber[2]	**Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol.** Use off label to treat bile salt malabsorption in a small number of patients who cannot tolerate the powder/granule products, colestyramine or colestipol
Colestyramine	Cholestyramine			**Amber[2]**	**Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol.** Specialist recommendation only: usually initiated in secondary care by clinical biochemists for patients with complex dyslipidaemias.

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Colecalciferol, oral	Cholecalciferol Vitamin D_3		*Strivit-D3®* *Desunin®* *Avitcol®* *Stexerol-D3®* *Fultium-D3®* 2740IU/ml oral drops 800IU capsules 3200IU capsules 20000IU capsules	**Green**	PAMM approves prescribing for patients with active disease eg. Rickets or osteomalacia in the acute phase with patients then being advised to self-care with daily vitamin D supplements. Public Health England issued advice in July 2016 on Vitamin D supplementation suggesting that some people may become deficient when exposure to sunlight is reduced between September and late March/early April. Review and deprescribe for patients (including care home residents) when at maintenance dose and give advice for self-care. 800IU is equivalent to 20mcg vitamin D. 3200iU and 20000IU also green (latter for loading dose) **Note**: *Desunin®* contains no gelatin and is crushable.
	Oral solution, 25000 IU		*InVita D3®* *2400IU/ml oral drops* *25,000IU Oral solution*	**Amber[1]**	**Appropriate for prescribing without formal shared care protocol, may be initiated by GP on advice of a specialist.** Agreed as an option when recommended by a consultant
				Red	Unlicensed strengths
Colestipol hydrochloride				**Amber[1]**	**Appropriate for prescribing without formal shared care protocol, may be initiated by GP on advice of a specialist.** Specialist recommendation only: usually initiated in secondary care by clinical biochemists for patients with complex dyslipidaemias.

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Colistimethate sodium Inhalation of nebulised solution	Colistin sodium Colistin sulfamethate sodium		*Colomycin*® *Promixim*®	**Red**	Inhaled use as an adjunct to standard antibacterial therapy in patients with cystic fibrosis. NHS England Specialist Commissioning are responsible for commissioning. **Warning:** Measure lung function before and after initial dose of colistimethate sodium and monitor for bronchospasm; if bronchospasm occurs in a patient not using a bronchodilator, repeat test using a bronchodilator before the dose of colistimethate sodium
Dry powder for inhalation	Colistin sodium Colistin sulfamethate sodium		*Colobreathe*®	**Red**	Suppressive therapy of chronic pulmonary infection due to *Pseudomonas aeruginosa* in adults and children aged 6 years and older with cystic fibrosis. NHS England Specialist Commissioning have responsibility for commissioning use. **Warning:** Measure lung function before and after initial dose of colistimethate sodium and monitor for bronchospasm; if bronchospasm occurs in a patient not using a bronchodilator, repeat test using a bronchodilator before the dose of colistimethate sodium **Note:** *Colobreathe*® capsules contain powder for inhalation to be used with the *Turbospin*® inhaler device only.
Colistimethate sodium, parenteral	Colistin sodium Colistin sulfamethate sodium			**Red**	**Not** absorbed by mouth therefore needs to be administered parenterally for systemic effect. Intravenous administration of colistimethate sodium should be reserved for Gram-negative infections resistant to other antibacterials.
Co-dydramol	Dihydrocodeine / paracetamol Dihydrocodeine / acetaminophen	MHRA DSU Sept 20 Jan 18		**Not recommended**	500mg paracetamol in combination with 10mg, 20mg or 30mg of dihydrocodeine depending on manufacturer / brand. ▰ Preparation considered by the BNF Joint Formulary Committee to be less suitable for prescribing. **MHRA**: Risk of dependence and addiction
Conestat alfa, parenteral	recombinant analogue of human C1 esterase inhibitor rhC1INH			**Red**	For acute attacks of hereditary angioedema in patients with C1-esterase inhibitor deficiency (SPF approved Sep-12).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Co-proxamol	Dextropropoxyphene / paracetamol Dextropopoxyphene / acetaminophen			**Not recommended**	Paracetamol 325mg / dextropropoxyphene 32.5mg No longer licensed because of safety concerns: The licences for all products containing co-proxamol were cancelled by the MHRA in 2007, following advice from the CSM. The CSM found that there is little evidence to show that co-proxamol is more effective at relieving pain than paracetamol alone. Prior to license cancellation around 300-400 self-poisoning deaths each year, of which around a fifth are accidental, involved co-proxamol. Not recommended by NHS ENGLAND consultation: Items which should not be routinely prescribed in primary care (Nov 17).
Co-tenidone	Atenolol / chlortalidone			**Not recommended**	Combination products not recommended: **First-line** thiazide is indapamide or chlortalidone in line with NICE NG136 (Update Mar-22). Formulary recommendation of beta-blocker depends on indication.
Co-trimoxazole, oral	Trimethoprim / sulfamethoxazole			**Green**	Second-line after amoxicillin or doxycycline (clarithromycin if penicillin allergic) for acute exacerbation of chronic obstructive pulmonary disease (COPD) (Refer to the Somerset Infection Management Guidance) in accordance with NICE NG115 (Updated Jul-19) & NG114 (Dec-18).
				Red	Third-line in the treatment of cellulitis ((PAMM recommended against primary care prescribing for any unlicensed indication (Sep-12)). Refer to the Somerset Infection Management Guidance for primary care prescribing recommendations.
Crisaborole				**Not recommended**	**NICE terminated appraisal.** For treating mild to moderate atopic dermatitis in people 2 years and older (Agreed at SPF Jul-21).
Crisantaspase				**Red**	Antineoplastic drug (*Erwinia chrysanthemi* asparaginase)
Crizanlizumab				**Red**	**NHS England commissioned.** For preventing sickle cell crises in sickle cell disease (agreed SPF Nov-21).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Crizotinib				**Red**	[TA406] Crizotinib for untreated anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer. Positive NICE TAG- for specialist prescribing only
				Red	**NHS England commissioned.** For treating ROS1-positive advanced non-small-cell lung cancer (Agreed at SPF Jul-18).
				Red	**NHS England commissioned.** Crizotinib for treating ROS1-positive advanced non-small-cell lung cancer (MPB agreed Jan 25).
Crovalimab				**Red**	**NHS England commissioned.** Crovalimab for treating paroxysmal nocturnal haemoglobinuria in people 12 years and over (Agreed MPB Nov-24). Care for people with PNH in the UK is managed by the National PHS Service.
Cyclophosphamide				**Red**	Cytotoxic drug (Alkylating agent)
Cyproterone				**Amber[1]**	**Appropriate for prescribing without formal shared care protocol, may be initiated by GP on advice of a specialist.** For use in treatment of prostate cancer. **Note:** *Androcur*® brand only licensed for use severe hyper sexuality and/or sexual deviation in the adult male

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Cytarabine	Liposomal cytarabine suspension	MHRA DSU July 20		Red	Cytotoxic drug (Antimetabolite) **NHS ENGLAND commissioned.** Venetoclax with low dose cytarabine for untreated acute myeloid leukaemia when intensive chemotherapy is unsuitable (Agreed SPF May-22).
Cytarabine–Daunorubicin	Liposomal cytarabine–daunorubicin	MHRA DSU July 20		Red	**NHS England commissioned.** For untreated acute myeloid leukaemia (Agreed at SPF Jan-19).
Cytisine				Green	**Public Health commissioned.** Smoke-free Somerset service for PGD in local pharmacy and allow GP prescribing. (Agreed MPB Mar-24).
D					
Dabrafenib				Red	Commissioned by the Cancer Drug Fund in accordance as an option for treating unresectable or metastatic BRAF V600 mutation-positive melanoma only if the manufacturer provides the medicine with the discount agreed in the patient access scheme.
				Red	**NHS England commissioned.** Dabrafenib with trametinib for adjuvant treatment of resected BRAF V600 mutation-positive melanoma (Agreed at SPF Nov-18).
				Not recommended	**NICE terminated appraisal.** Dabrafenib with trametinib for treating advanced metastatic BRAF V600E mutation-positive non-small-cell lung cancer (Agreed at SPF Mar-19).
				Red	**NHS England commissioned.** Dabrafenib plus trametinib for treating BRAF V600 mutation-positive advanced non-small-cell lung cancer (Agreed at MPB Jun-23).
				Red	**NHS England commissioned.** Dabrafenib with trametinib for treating BRAF V600E mutation-positive glioma in children and young people aged 1 year and over (Agreed MPB Jul-24).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Dabigatran etexilate		MHRA DSU May 23 Oct 20 June 19 Sept 16 Mar 13 Jul 12		**Red**	For the prevention of venous thromboembolism after hip or knee replacement surgery. Patients must be closely monitored for signs of bleeding or anaemia.
				Green	For treatment of non-valvular atrial fibrillation: In accordance with NICE TA249 (Updated Jul-21). See NHS Somerset Prescribing Formulary for guidance on implementation priorities. Patients must be closely monitored for signs of bleeding or anaemia. **MHRA:** Paediatric formulations; reminder of dose adjustments in patients with renal impairment **MHRA:** Increased risk of recurrent thrombotic events in patients with antiphospholipid syndrome **MHRA:** Contraindicated in patients with prosthetic heart valve(s) requiring anti-coagulant treatment **MHRA:** Risk of serious haemorrhage
				Green	In accordance with NICE TA327 (Dec-14) for the treatment and secondary prevention of Deep Vein Thrombosis and Pulmonary Embolism following treatment with a parenteral anticoagulant for at least 5 days. **MHRA:** Paediatric formulations; reminder of dose adjustments in patients with renal impairment **MHRA:** Increased risk of recurrent thrombotic events in patients with antiphospholipid syndrome **MHRA:** Contraindicated in patients with prosthetic heart valve(s) requiring anti-coagulant treatment **MHRA:** Risk of serious haemorrhage
Dacarbazine				**Red**	Antineoplastic drug
Dacomitinib				**Red**	**NHS England commissioned.** For untreated locally advanced or metastatic epidermal growth factor receptor (EGFR) mutation-positive non-small-cell lung cancer in adults. (Agreed at SPF Sept-19).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Dactinomycin	Actinomycin D			**Red**	Cytotoxic drug (Cytotoxic antibiotic)
Dalteparin sodium				**Green**	For licensed indications
				Not recommended	For unlicensed indications
Danaparoid				**Red**	Licensed for the prevention of deep-vein thrombosis in general or orthopaedic surgery, and thromboembolic disease in patients with a history of heparin-induced thrombocytopenia.
Danazol				**Amber[2]**	**Appropriate for prescribing when trust initiated, without formal shared care protocol.** Specialist Named patient basis for hereditary angioedema.
Danicopan				**Red**	**NHS England commissioned.** Danicopan with ravulizumab or eculizumab for treating paroxysmal nocturnal haemoglobinuria (Agreed MPB Nov-24).
Dantrolene				**Amber[2]**	**Appropriate for prescribing when trust initiated, without formal shared care protocol.** Initiated in accordance with NICE [NG42].

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Dapagliflozin		MHRA DSU Dec 21 Feb 19		**Green**	For the improvement of glycaemic control treatment of type 2 diabetes mellitus of in adults in accordance [NG28] (Updated Jun-22). and [TA288] (Updated Nov-16). **MHRA**: Reports of Fournier's gangrene
				Green	**ICB commissioned** Dapagliflozin for treating chronic heart failure with reduced ejection fraction in line with NICE [TA679] (Feb-21). (Agreed at SPF Jan-21). **MHRA:** Reports of Fournier's gangrene
				Green	**ICB commissioned** Dapagliflozin for treatment of chronic kidney disease with or without T2 diabetes as per NICE [TA775] (Mar-22) Dapagliflozin is recommended as an option for treating chronic kidney disease (CKD) in adults. It is recommended only if: • it is an add-on to optimised standard care including the highest tolerated licensed dose of angiotensin-converting enzyme (ACE) inhibitors or angiotensin-receptor blockers (ARBs), unless these are contraindicated, and • people have an estimated glomerular filtration rate (eGFR) of 25 ml/min/1.73 m2 to 75 ml/min/1.73 m2 at the start of treatment and: • have type 2 diabetes or • have a urine albumin-to-creatinine ratio (uACR) of 22.6 mg/mmol or more. **MHRA:** Reports of Fournier's gangrene
				Green	**ICB commissioned** Dapagliflozin for treating chronic heart failure with preserved or mildly reduced ejection fraction in line with NICE [TA902] (Jun-23) (Agreed at MPB May-23). **MHRA:** Reports of Fournier's gangrene

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
				Not recommended	MHRA: No longer licensed or authorised for treatment of T1 diabetes mellitus. Dapagliflozin with insulin for treating type 1 diabetes NICE [TA597] has been withdrawn (Updated Nov 21). **MHRA:** Reports of Fournier's gangrene
Dapagliflozin and saxagliptin		MHRA DSU Feb 19		**Not recommended**	Not approved in Somerset **MHRA:** Reports of Fournier's gangrene
Dapagliflozin and metformin		MHRA DSU Jun 22 Feb 19		**Green**	Combination form, can where suitable lessen patient tablet burden and help with the 'Green Agenda'. **MHRA:** Metformin and reduced vitamin B12 levels: new advice for monitoring patients at risk **MHRA:** *Dapagliflozin* Reports of Fournier's gangrene
Dapoxetine				**Green**	A SSRI (serotonin transporter inhibitor) licensed for the treatment of premature ejaculation (PE). See formulary
Daratumumab		MHRA DSU Aug 19		**Not recommended**	Daratumumab with lenalidomide and dexamethasone for treating relapsed or refractory multiple myeloma NICE terminated appraisal Jul-17.
				Red	**NHS England commissioned.** Monotherapy for treating relapsed and refractory multiple myeloma (Agreed at SPF May-22).
				Red	**NHS England commissioned.** Daratumumab with bortezomib and dexamethasone for previously treated multiple myeloma (Agreed at SPF May-19).
				Not recommended	**NICE terminated appraisal.** Daratumumab with lenalidomide and dexamethasone for untreated multiple myeloma (Agreed at SPF July-2020)
				Not recommended	**NICE terminated appraisal.** Daratumumab with pomalidomide and dexamethasone for treating relapsed or refractory multiple myeloma (agreed SPF Nov-21).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
				Red	**NHS England commissioned.** Daratumumab in combination (bortezomib, thalidomide and dexamethasone) for untreated multiple myeloma when a stem cell transplant is suitable (agreed SPF Mar-22).
				Not recommended	**NICE terminated appraisal.** Daratumumab with bortezomib, melphalan and prednisone for untreated multiple myeloma (agreed SPF Mar-22).
				Red	**NHS England commissioned.** Daratumumab with bortezomib and dexamethasone for previously treated multiple myeloma (Agreed at MPB Jun-23).
				Red	**NHS England commissioned.** Daratumumab with lenalidomide and dexamethasone for untreated multiple myeloma when a stem cell transplant is unsuitable (Agreed MPB Oct 23).
				Red	**NHS England commissioned.** Daratumumab in combination for treating newly diagnosed systemic amyloid light-chain amyloidosis (Agreed MPB May-24).
Darbepoetin alfa				Red	NICE TA 323 for treating anaemia in cancer patients having chemotherapy. Remains red. See MHRA / CHM advice regarding: • CKD patients and target haemoglobin concentrations • Use outside licensed indications See CSM advice regarding pure red cell aplasia.
Daridorexant				Green	**ICB commissioned.** Daridorexant for treating long-term insomnia considerably affecting daytime functioning as per NICE [TA922] (Agreed MPB Oct 23).
Darifenacin	M3 muscarinic acetylcholine receptor blocker			Green	*Third-Line* For the treatment of urinary incontinence in women in accordance with NICE NG123 (Updated Jun-19). N.B. Solifenacin is First-Line.
Darolutamide				Red	**NHS England commissioned.** Darolutamide with androgen deprivation therapy for treating hormone-relapsed non-metastatic prostate cancer (Agreed at SPF Jan-21).
				Red	**NHS England commissioned.** Darolutamide with androgen deprivation therapy and docetaxel for treating hormone-sensitive metastatic prostate cancer (Agreed at MPB Jun-23).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Darvadstrocel				**Not recommended**	**Not recommended by NICE.** For treating omplex perianal fistulas in Crohn's disease (Agreed at SPF Jan-19).
Dasatinib				**Red**	Cytotoxic drug (protein kinase inhibitor) Please refer to *NPSA Rapid Response Report – Risks of incorrect dosing of oral anticancer medicines* (NPSA/2008/RRR001)
				Not recommended	**NICE terminated appraisal.** For treating Philadelphia-chromosome-positive acute lymphoblastic leukaemia (Agreed at SPF Jul-21).
Dasatanib,nilotinib and imatinib				**Red**	For untreatedchronic myeloid leukaemia. Specialist commissioning-not funded by ICB
Dasatanib,nilotinib and high dose imatinib				**Red**	For treating imatinib-resistant or intolerant chronic myeloid leukaemia. Specialist commissioning not funded by ICB.
Daunorubicin				**Red**	Cytotoxic drug (Anthracycline antibiotic)
Decitabine				**Not recommended**	**NICE terminated appraisal.** For untreated acute myeloid leukaemia (Agreed at SPF Jan-19).
Decitabine–Cedazuridine				**Not recommended**	**NICE terminated appraisal.** Decitabine–cedazuridine for untreated acute myeloid leukaemia when intensive chemotherapy is unsuitable (Agreed MPB Nov-23).
Deferasirox mesilate				**Red**	
Deferiprone				**Red**	
Deflazacort				**Amber[2]**	For Duchenne's Muscular Dystrophy (DMD) 0.9mg/kg/day only. (MPB- March 25)
				Not recommended	Insufficient evidence of significant additional clinical benefit over prednisolone.

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Degarelix	Gonadotrphin releasing hormone antagonist GnRH antgonist			**Amber[2]**	**Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol.** Degarelix is recommended as an option for treating advanced hormone-dependent prostate cancer in people with spinal metastases, only if the commissioner can achieve at least the same discounted drug cost as that available to the NHS in June 16. NICE TA404 (Aug-16). In Sept 18 PAMM & SPF agreed a change in classification from RED to AMBER as a local rebate now satisfies the NICE pricing criteria.
Denosumab, parenteral		MHRA DSU May 22 Aug 20 Feb 13	*Prolia*® (60mg/ml injection; 1ml prefilled syringe)	**Green**	**For prevention of osteoporotic fracture** in: - women in line with NICE TA204 (Oct-10) *and*; - men meeting treatment criteria as defined for women in NICE TA204 (Oct-10) (SPF approved Nov-11) The use of denosumab (60mg/ml (1ml prefilled syringe)) is preferred to that of strontium ranelate based on clinical outcomes (SPF Jan-11). Prescribing status confirmed with the LMC (Mar-12). **Note:** Atypical femoral fractures reported rarely in patients with post-menopausal osteoporosis **Warning**: Not to be confused with the **70**mg/ml (**1.7**ml vial) injection (*XGEVA*®▼). **MHRA:** Not for patients under 18 years due to risk of hypercalcaemia **MHRA:** Increased risk of multiple vertebral fractures after stopping or delaying ongoing treatment **MHRA:** Rare cases of atypical femoral fracture with long-term use.
			XGEVA® 120mg (70mg/ml injection; 1.7ml vial)	**Red**	For prevention of skeletal-related events in adults with bone metastases from solid tumours.
				Not recommended	**NICE terminated appraisal.** For preventing skeletal-related events in multiple myeloma (Agreed at SPF Jan-19).
				Red	

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Desferrioxamine mesilate	Deferoxamine mesilate			**Not recommended**	Not recommended for patients with myelodysplastic syndromes
Desloratadine			Generic	**Green**	**Third-line** non-sedating antihistamine. **First-line** choice non-sedating antihistamine remains loratadine, **second-line** cetirizine, and sedating antihistamine of choice remains chlorphenamine. **Note:** Desloratadine is a metabolite of loratadine
			NeoClarityn®	**Not recommended**	**For all indications** prescribing as *NeoClarityn*® is not considered a cost-effective use of NHS resources. Treat as RED if originator brand is specified and intended as a recommendation by a relevant specialist.
Desmopressin oral lyophilisate			*Noqdirna*®	**Amber[2]**	**Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol.** Adults: Noqdirna is indicated for symptomatic treatment of nocturia due to idiopathic nocturnal polyuria in adults. Elderly patients are at increased risk of developing hyponatraemia with desmopressin treatment and may also have impaired renal function. Caution should therefore be exercised in this age group and daily doses above 25 microgram for females and 50 microgram for males should not be used. In elderly patients serum sodium must be within the normal range, before initiating treatment, in the first week (4-8 days after initiation) and again at one month. Noqdirna should be discontinued if the serum sodium level falls below the lower limit of normal range. Continued therapy must be carefully reconsidered in elderly patients who show no evidence of therapeutic benefit beyond 3 months.
			DesmoMelt®	**Green**	Children >5 years of age for upto 3 months treatments at a time, as per NICE CG111 (Oct-10).
Desogestrel				**Green**	Prescribe generically in accordance with local guideline.
Deucravacitinib				**Red**	**ICB commissioned.** Deucravacitinib for treating moderate to severe plaque psoriasis (agreed MPB Jul-23).
Dexamethasone intravitreal implant				**Red**	For the treatment of macular oedema caused by retinal vein occlusion.

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
				Red	**Funded by NHS England** (**ICB commissioned**) for treating non-infectious uveitis (Agreed at SPF Sept-17).
				Red	**Funded by NHS England** (**ICB commissioned**) for Phakic DMO (Agreed at SPF May-22).
				Red	**ICB commissioned.** Dexamethasone intravitreal implant for treating diabetic macular oedema. Agreed at SPF (Nov 22).
Dexamphetamine CD	Dexamfetamine *d*-Amphetamine Amphetamine Amfetamine			Red	**For treatment of amphetamine or dexamphetamine addiction:** specialist prescribing only – refer to Turning Point for assessment and treatment.
				Amber[3]	**Appropriate for prescribing when specialist / trust initiated, with formal contractual shared care protocol.** For the treatment of ADHD in line with the locally agreed shared care protocol
				Not recommended	NICE CG53 (Aug-07) recommend dexamphetamine **should not** be used for the treatment of chronic fatigue syndrome / myalgic encephalomyelitis (CFS / ME).
Dexmedetomidine				Red	For the maintenance of sedation during intensive care.
Dexrazoxane, parenteral			*Savene*®	Red	For the treatment of anthracycline extravasation (SPF approved Jul-11).
		MHRA DSU Jul 11	*Cardioxane*®	Red	For the prevention of cumulative cardiotoxicity caused by doxorubicin or epirubicin in advanced and / or metastatic breast cancer in adults. **Warning:** MHRA restricted use to adults with advanced or metastatic breast cancer only
Dextromoramide CD				Not recommended	No products licensed for marketing in the UK are currently available. *Palfium*® discontinued in 2003. Very short half-life and only suitable of single PRN doses if used.

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Diazepam, rectal	Diazepam rectal tubes Diazepam rectal solution			**Green**	**Restricted use:** NG217 (Apr-22) only recommends for use second-line in epilepsy for community for children, young people and adults who have had a previous episode or prolonged or serial convulsive seizure if buccal midazolam is not preferred or available.
Diclofenac potassium, oral		MHRA DSU Jun 23	*Voltarol Pain-eze*® *Voltarol Rapid*®	**Not recommended**	*Voltarol Pain-eze*® *and Voltarol Rapid*® are a high-cost pharmacy-only medicine available OTC and should not be prescribed on cost grounds.
Diclofenac sodium, oral		MHRA DSU Jun 23		**Green**	**Formulary third-line NSAID.** **First-line** NSAID remains ibuprofen (immediate release preparations.) **Second-line** NSAID remains naproxen. Enteric-coated naproxen remains non-formulary. Diclofenac sodium modified-release / sustained release preparations are non-formulary. Systematic review and metanalysis of NSAIDs confirmed increased CV risk at high and low doses. **MHRA:** potential risks following prolonged use after 20 weeks of pregnancy
Diclofenac sodium 3% gel, topical				**Green**	For cutaneous treatment of actinic keratosis with a severity grade of 1 or 2 (according to Olsen), preferably on the face or scalp (Agreed at SPF Nov-19)
Diclofenac sodium / misoprostol, oral	Diclofenac / misoprostol	MHRA DSU Jun 23		**Not recommended**	Not cost-effective compared to PPIs for NSAID cytoprotection, dose required is poorly tolerated and no other indications warrant inclusion Use of prostaglandin analogues in combination preparations such not recommended as the dose of misoprostol contained in these is not the most effective.
Dicycloverine				**Not recommended**	**Non-formulary** (Agreed MPB Oct 23).
Difelikefalin				**Red**	**NHS ENGLAND Commissioned.** Difelikefalin for treating pruritus in people having haemodialysis (Agreed at MPB May-23).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Diltiazem, topical			Unlicensed product: Non-proprietary *Anoheal*® Cream	**Amber[2]**	**Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol.** Unlicensed medicine (See NICE ESUOM3 (Jan-13) for evidence summary.) If initiated in secondary care and a repeat is needed, first establish whether licensed Rectogesic is C/I. If C/I the acute trust is commissioned to provide full treatment course.
Dimethyl Fumerate		MHRA DSU Jan 21	*Tecfidera*®	**Red**	Funded by NHS England as an option for treating adults with active relapsing-remitting multiple sclerosis (normally defined as 2 clinically significant relapses in the previous 2 years), only if they do not have highly active or rapidly evolving severe relapsing-remitting multiple sclerosis and the manufacturer provides the medicine with the discount agreed in the patient access scheme
			Skilarence®	**Red**	**ICB commissioned.** For treating moderate to severe plaque psoriasis (Agreed at SPF Sept-17).
Dinutuximab beta				**Red**	**NHS England commissioned.** For treating neuroblastoma (Agreed at SPF Sep-18).
Dipipanone / cyclizine CD		MHRA DSU Sept 20		**Not recommended**	Dipipanone 10mg + cyclizine 30mg tablets. The brand *Diconal*® has been discontinued. Potentially highly addictive. Sedating and anticholinergic effects of cyclizine makes the combination unsuitable for long-term use. Maximum daily dose of *Diconal*® is 12 tablets / 24 hours (i.e. 360mg of cyclizine.) Maximum daily dose of cyclizine is 150mg. Acute pain indication specified as only indication in BNF. Not recommended in palliative care. Home Office license required for prescribing for the treatment of addiction. **MHRA**: Risk of dependence and addiction

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Dipyridamole m/r capsules				**Green**	Modified-release dipyridamole alone is recommended as an option to prevent occlusive vascular events: • for people who have had an ischaemic stroke only if aspirin and clopidogrel are contraindicated or not tolerated **or** • for people who have had a transient ischaemic attack only if aspirin is contraindicated or not tolerated. For the use of clopidogrel and dipyridamole for the prevention of occlusive vascular events in accordance NICE TA210 (Dec-10). If to be prescribed in combination with aspirin see *Molita® above*
Diroximel fumarate				**Red**	**NHS ENGLAND commissioned.** For treating relapsing–remitting multiple sclerosis (Agreed SPF Jul-22).
Disodium folinate	Folinic acid			**Red**	For use cytotoxic-induced side-effects.
Disodium levofolinate	Levofolinic acid			**Red**	For use cytotoxic-induced side-effects.
Disodium pamidronate	aminohydroxypropylidenedi-phosphonate APD			**Red**	For use in the management of multiple myeloma.
Docetaxel				**Red**	Cytotoxic drug (taxane)
Domnisol				**Amber[1]**	**Appropriate for prescribing without formal shared care protocol, may be initiated by GP on advice of a specialist.** Domnisol for treatment of vitamin D deficiency as an acute course, before patients move onto self-care. Or it may be used alongside calcium when in combination with bone-sparing agents. Vitamin D including Domnisol is not approved for maintenance therapy in Somerset in accordance with NHSE guidance NHS England » Policy guidance: conditions for which over the counter items should not be routinely prescribed in primary care (MPB agreed Jan 25).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Donepezil hydrochloride				**Amber[3]**	**Appropriate for prescribing when specialist / trust initiated, with formal contractual shared care protocol.** In accordance with NICE TA217 (Update Jun-18) and the locally agreed shared care protocol (Acetylcholinesterase inhibitors).
Doripenem				**Red**	
Dornase alfa	Phosphorylated glycosylated deoxyribonucleas1 rhDNase			**Red**	Management of cystic fibrosis patients.
Dorzolamide/Timolol 20mg/5mg per ml preservative-free eye drops				**Green**	For the treatment of elevated intra-ocular pressure in patients with open-angle glaucoma, or pseudoexfoliative glaucoma when topical beta-blocker monotherapy is not sufficient. (Agreed at SPF/PAMM Jan-20) N.B. 10ml bottle provides two months supply.
Dostarlimab				**Red**	**NHS England commissioned. Cancer drugs fund. F**or previously treated advanced or recurrent endometrial cancer with high microsatellite instability or mismatch repair deficiency (Agreed SPF May-22).
				Red	**NHS England commissioned.** Dostarlimab with platinum-based chemotherapy for treating advanced or recurrent endometrial cancer with high microsatellite instability or mismatch repair deficiency (Agreed MPB May-24).
Dosulepin	Dothiepin			**Not recommended**	Not recommended by NHS ENGLAND consultation: Items which should not be routinely prescribed in primary care (Nov 17). NICE CG90 "Do not switch to, or start, dosulepin because evidence supporting its tolerability relative to other antidepressants is outweighed by the increased cardiac risk and toxicity in overdose.".
Doxazosin immediate release				**Green**	For hypertension in adults in accordance with NICE NG136 (Updated Mar-22). For lower urinary tract symptoms in men in accordance with NICE CG97 (Updated Jun-15).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Doxazosin prolonged-release				**Not recommended**	Not recommended by NHS ENGLAND consultation: Items which should not be routinely prescribed in primary care (Nov 17). No benefit over immeadiate release and approximately six times the cost. Please prescribe immeadiate release
Doxorubicin hydrochloride				**Red**	Cytotoxic drug (Anthracycline antibiotic)
Doxorubicin, liposomal		MHRA DSU July 20		**Red**	Cytotoxic drug (Anthracycline antibiotic)
Doxorubicin, pegylated liposomal		MHRA DSU July 20		**Red**	Cytotoxic drug (Anthracycline antibiotic)
Doxylamine succinate and Pyridoxine hydrochloride				**Green**	For nausea and vomiting in pregnancy where other options not appropriate due to adverse effects (MPB March 2024)
Dressings not available on prescription (FP10) for dispensing in primary care NHS				**Red**	Items not listed in Part IXA of the Drug Tariff cannot be prescribed on FP10.
Dronedarone		MRHA DSU Oct 11		**Amber[3]**	**Appropriate for prescribing when specialist / trust initiated, with formal contractual shared care protocol.** For the treatment of non-permanent atrial fibrillation in accordance with NICE TA197 (Update Dec-12) and the locally agreed shared care protocol, but being mindful of the risk of cardiac failure and hepatotoxicity. **MHRA**: Cardiovascular, hepatic and pulmonary adverse events – new restrictions and monitoring requirements

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Droperidol				**Red**	No application for review by either acute trust or partnership D&TC or Prescribing Forum received. Licensed for the prevention and treatment of post-operative nausea and vomiting.
Dulaglutide, injection	GPL-1	MHRA DSU Jan 25 Oct 24 June 19		**Green**	Once weekly GLP-1 analogue for type 2 diabetes only. **MHRA:** GLP-1 and dual GIP/GLP-1 receptor agonists: potential risk of pulmonary aspiration during general anaesthesia or deep sedation **MHRA:** GLP-1 receptor agonists: reminder of the potential side effects and to be aware of the potential for misuse Reports of diabetic ketoacidosis when concomitant insulin was rapidly reduced or discontinued
Duloxetine				**Green**	In accordance with NICE CC173 (Update Sept-20) for the treatment of neuropathic pain associated with diabetic neuropathy. **Note:** Duloxetine branded as *Yentreve*® ▼ has different licensed indications.
Durvalumab				**Red**	**NHS England commissioned.** Durvalumab for maintenance treatment of unresectable non-small-cell lung cancer after platinum-based chemoradiation (Agreed at SPF Jul-22).
				Not recommended	**NICE terminated appraisal.** Durvalumab in combination for untreated extensive-stage small-cell lung cancer (Agreed at SPF Jan-21).
				Red	**NHS England commissioned.** Durvalumab with gemcitabine and cisplatin for treating unresectable or advanced biliary tract cancer (Agreed MPB Jan-24).
				Red	**NHS England commissioned.** Durvalumab with chemotherapy before surgery (neoadjuvant) then alone after surgery (adjuvant) for treating resectable non-small-cell lung cancer (MPB Agreed Jan 25).
				Red	**NHS England commissioned.** Durvalumab with etoposide and either carboplatin or cisplatin for untreated extensive-stage small-cell lung cancer. [TA1041] Agreed March 25 MPB

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Dupilumab		MHRA DSU Oct 22		**Red**	**ICB commissioned.** For treating moderate to severe atopic dermatitis (Agreed at SPF Sep-18).
				Red	**NHS England commissioned.** For treating severe asthma with type 2 inflammation (Agreed at SPF Jan-22).
				Not recommended	**NICE terminated appraisal.** For treating chronic rhinosinusitis with nasal polyps (Agreed at SPF Nov-20).
				Not recommended	**NICE terminated appraisal.** Dupilumab for treating eosinophilic oesophagitis in people 12 years and over (Agreed at MPB Jan 24).
				Not recommended	**Not recommended by NICE.** Dupilumab for treating moderate to severe prurigo nodularis (Agreed MPB Mar-24).
Dutasteride			Generic	**Green**	**ICB commissioned.** Switched from 'Not recommended' to 'Green' as agreed at PAMM & SPF (Jul-22).
			Avodart®	**Not recommended**	Prescribing as *Avodart*® is not considered a cost-effective use of NHS resources.
Dutasteride / tamsulosin				**Green**	**ICB commissioned.** Switched from 'Not recommended' to 'Green' as agreed at PAMM & SPF (Jul-22).
Duvelisib				**Not recommended**	**NICE terminated appraisal.** Duvelisib for treating relapsed follicular lymphoma after 2 or more systemic therapies (Agreed at SPF Sep-21).
				Not recommended	**NICE terminated appraisal. Duvelisib for treating relapsed or refractory chronic lymphocytic leukaemia after 2 or more treatments**
E					
Eculizumab				**Red**	
				Not recommended	**NICE terminated appraisal.** For treating refractory myasthenia gravis (Agreed at SPF July-2020).
				Not recommended	**NICE terminated appraisal.** For treating relapsing neuromyelitis optica (Agreed at SPF Sept-20).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Edoxaban		MHRA DSU Oct 20 June 19		**Green**	For preventing stroke and systemic embolism in people with non-valvular atrial fibrillation. NICE TA355 (Updated Jul-21). **MHRA**: Increased risk of recurrent thrombotic events in patients with antiphospholipid syndrome
				Green	For treating and for preventing deep vein thrombosis and pulmonary embolism. NICE TA354 (Aug-15). **MHRA**: Increased risk of recurrent thrombotic events in patients with antiphospholipid syndrome
Efanesoctocog				**Red**	**NHS England Commissioned.** Efanesoctocog alfa for treating and preventing bleeding episodes in haemophilia A in people 2 years and over (Agreed MPB May-25).
Eflornithine, topical				**Not recommended**	**Treatment of facial hirsutism:** any benefits disappears once the cream is stopped, therefore it has not considered a cost-effective use of NHS resources. SmPC suggests maximum use of 30 grams per month.
Elafibranor				**Red**	**NHS England commissioned.** Elafibranor for previously treated primary biliary cholangitis (Agreed MPB Nov-24).
Elbasvir				**Red**	Elbasvir–grazoprevir for treating chronic hepatitis C. Specialist prescribing only
Elacestrant				**Red**	Elacestrant for treating oestrogen receptor-positive HER2-negative advanced breast cancer with an ESR1 mutation after endocrine treatment NHSE Commissioned. NICE TA1036 approved March 25 MPB
Elotuzumab				**Not recommended**	**NICE terminated appraisal.** Elotuzumab for previously treated multiple myeloma.
Elranatamab				**Red**	**NHS England commissioned.** Elranatamab for treating relapsed and refractory multiple myeloma after 3 or more treatments (MPB agreed Jan 25).
Eltrombopag				**Red**	Is recommended for the treatment of chronic immune (idiopathic) thrombocytopenic purpura when refractory to standard therapies, or in severe disease needing frequent rescue therapy as part of a patient access scheme.

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Empagliflozin		MHRA DSU Feb 19		**Green**	As part of combination therapy in line with NICE TA336 for treating T2 diabetes (Mar-15). **It should not be used in T1 diabetes.** **MHRA**: Reports of Fournier's gangrene
				Green	**ICB commissioned.** For the treatment of symptomatic chronic heart failure with reduced ejection fraction (Agreed at SPF Sep-21). **MHRA**: Reports of Fournier's gangrene
				Green	**ICB commissioned.** For the treating chronic heart failure with reduced ejection fraction in line with NICE TA773 (Agreed at PAMM Mar-22). **MHRA**: Reports of Fournier's gangrene
				Green	**ICB commissioned.** For the treatment of symptomatic chronic heart failure in adults (Agreed at SPF Jul-22). **MHRA:** Reports of Fournier's gangrene
				Green	**ICB commissioned.** Empagliflozin for treating chronic heart failure with preserved or mildly reduced ejection fraction in line with NICE [TA929] (Agreed MPB Nov-23). **MHRA:** Reports of Fournier's gangrene
				Green	**ICB commissioned.** Empagliflozin for treating chronic kidney disease in line with NICE [TA942] (Agreed at MPB Jan 24). **MHRA:** Reports of Fournier's gangrene
				Not recommended	**NICE terminated appraisal.** Empagliflozin for treating type 2 diabetes in people 10 to 17 years (Agreed MPB Sept 24).
Empagliflozin/ metformin		MHRA DSU Jun 22 Feb 19		**Green**	Cost is same as empagliflozin alone. Where patient choice dictates a combination treatment. **It should not be used in T1 diabetes.** **MHRA:** *Empagliflozin* Reports of Fournier's gangrene **MHRA:** Metformin and reduced vitamin B12 levels

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Enalapril maleate / hydrochlorothiazide		MHRA DSU Nov 18		**Not recommended**	Combination products not recommended: **First-line** ACEIs remain ramipril capsules or lisinopril **First-line** thiazide is indapamide in line with NICE NG136 (Update Mar-22). *Hydrochlorothiazide: risk of non-melanoma skin cancer, particularly in long-term use.*
Encorafenib				**Red**	**NHS England commissioned.** Encorafenib with binimetinib for unresectable or metastatic BRAF V600 mutation-positive melanoma (Agreed at SPF Mar-19).
				Red	**NHS England commissioned.** Encorafenib plus cetuximab for previously treated BRAF V600E mutation-positive metastatic colorectal cancer (Agreed at SPF Jan-21).
Enfortumab vedotin				**Not recommended**	**NICE terminated appraisal.** Enfortumab vedotin for previously treated locally advanced or metastatic urothelial cancer (Agreed SPF Jul-22).
Enoxaparin sodium				**Amber[2]**	**Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol.** For Venous Thromboembolism prophylaxis (VTE) in pregnancy (unlicensed use) or post-natally in accordance with RCOG guidance no shared care protocol (Agreed MPB Sept 23).
				Green	All other licensed indications. Prescribe by brand for safety.
Enoxaparin (Biosimilar)	Solution for injection in pre-filled syringe			**Green**	Prescribe by brand for safety.
Entacapone				**Amber[2]**	**Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol.** Used as an adjunct to levodopa therapy in patients who cannot be stabilised, particularly those with “end-of-dose” fluctuations. Refer to locally agreed guidance on drug treatment of Parkinson’s disease.

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Entacapone/ levodopa/ carbidopa				**Amber[2]**	**Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol.** Sastravi and Stanek are cost effective alternatives to Stalevo, the original brand, and have bioequivalence. Although initiated in secondary care, switches to the cheaper alternatives are possible by agreement with consultant.
Entecavir				**Red**	For the treatment of chronic hepatitis B
Entrectinib				**Red**	**NHS England commissioned**. For treating ROS1-positive advanced non-small-cell lung cancer (Agreed at SPF Sept-20).
				Red	**NHS England commissioned.** For treating NTRK fusion-positive solid tumours. Cancer Drugs Fund. (Agreed at SPF Sept-20).
Enzalutamide				**Red**	Funded by NHS England/ the Cancer Drug Fund, as an option, within its marketing authorisation, for metastatic hormone-relapsed prostate cancer in adults whose disease has progressed during or after docetaxel-containing chemotherapy, only if the manufacturer provides enzalutamide with the discount agreed in the patient access scheme.
				Not recommended	**Not recommended by NICE.** For hormone-relapsed non-metastatic prostate cancer (Agreed at SPF Jul-19).
				Red	**NHS England commissioned.** For treating hormone-sensitive metastatic prostate cancer (Agreed at SPF Jul-21).
Enzalutamide cont.				**Not recommended**	**NICE terminated appraisal**. Enzalutamide for treating non-metastatic prostate cancer after radical prostatectomy or radiotherapy (Agreed MPB Sept 24).
Epcoritamab				**Red**	**NHS England commissioned.** Epcoritamab for treating relapsed or refractory diffuse large B-cell lymphoma after 2 or more systemic treatments (Agreed MPB Mar-24).
Epinastine				**Not recommended**	No application for review by either acute trust or partnership D&TC or Prescribing Forum received.
Epirubicin hydrochloride				**Red**	Cytotoxic drug (Anthracycline antibiotic)

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Eplerenone				Green	As an alternative to spironolactone, where sex hormone mediated adverse effects experienced when used, in addition to standard therapy, to reduce the risk of cardiovascular mortality and morbidity after recent myocardial infarction in stable patients with left ventricular dysfunction and clinical evidence of heart failure.
Eplontersen				Red	**NHS England commissioned.** Provided by National Amyloidosis Centre. Elontersen for treating hereditary transthyretin-related amyloidosis (MPB agreed Jan 25).
Eprosartan				Not recommended	Not approved for use by acute trust D&TCs **ACEIs remain renin-angiotensin system drugs of choice for first-line treatment.** ARB formulary choices (i.e. if several ACEIs not tolerated) remain candesartan, losartan (first-line), and valsartan.
Epoprostenol				Red	Hospital Trusts are responsible for making the necessary arrangements for patients to receive intravenous treatment.
Epoetin alfa Epoetin beta Epoetin zeta				Red	See MHRA / CHM advice regarding: • CKD patients and target haemoglobin concentrations • Use outside licensed indications See CSM advice regarding pure red cell aplasia.
Eptinezumab				Red	**ICB commissioned.** Eptinezumab for preventing migraine (Agreed MPB Mar-23).
Erdafitinib				Red	**NHS England commissioned.** Erdafitinib for treating unresectable or metastatic urothelial cancer with FGFR3 alterations after a PD-1 or PD-L1 inhibitor (Agreed MPB May-25).
Erenumab				Red	**ICB commissioned.** For preventing migraine (Agreed at SPF Mar-21) Status changed from Not Recommended to Red due to NICE review.
Eribulin				Not recommended	Not recommended by NICE for treating locally advanced or metastatic breast cancer after 1 chemotherapy regimen (Agreed at SPF May-18).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Erlotinib				**Red**	Erlotinib is recommended as an option for treating locally advanced or metastatic non-small-cell lung cancer that has progressed in people who have had non-targeted chemotherapy because of delayed confirmation that their tumour is epidermal growth factor receptor tyrosine kinase (EGFR-TK) mutation-positive, only if the company provides erlotinib with the discount agreed in the patient access scheme revised in the context of NICE TA258 (Jun-12).
				Not recommended	Erlotinib is not recommended for treating locally advanced or metastatic non-small cell lung cancer that has progressed after non targeted chemotherapy in people with tumours that are EGFR TK mutation negative. NICE TA374 (Dec-15)
				Not recommended	In accordance with NICE TA227 (June-11) erlotinib is not recommended for maintenance treatment in people with locally advanced or metastatic non-small-cell lung cancer who have stable disease after platinum-based first-line chemotherapy.
Ertugliflozin		MHRA DSU Feb 19		**Green**	**ICB commissioned.** For the improvement of glycaemic control treatment of type 2 diabetes mellitus of in adults (Agreed at PAMM Feb-19). **MHRA**: Reports of Fournier's gangrene
				Green	**ICB commissioned.** Ertugliflozin as monotherapy or with metformin for treating type 2 diabetes in accordance with NICE TA572 (Mar-19) (Agreed at SPF May-19). **MHRA:** Reports of Fournier's gangrene
				Green	**ICB commissioned.** With metformin and a dipeptidyl peptidase-4 inhibitor for treating type 2 diabetes in accordance with NICE TA583 (Jun-19). (Agreed at SPF Jul-19). **MHRA:** Reports of Fournier's gangrene
Erythropthropoietin	Recombinant human erythropoietins			**Red**	The prescriber must specify which epoetin is required: See under Darbepoetin alfa, Epoetin alfa, Epoetin beta, Epoetin delta, Epoetin zeta Funded now by ICB not NHS England for treating anaemia in people with cancer having chemotherapy.

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Esketamine				**Not recommended**	**Not Recommended by NICE.** Esketamine nasal spray for treatment-resistant depression (Agreed PAMM Jan-23).
				Not recommended	**NICE Terminated Appraisal.** Esketamine for treating major depressive disorder in adults at imminent risk of suicide (Agreed at MPB Jun-23).
Eslicarbazepine		MHRA DSU Nov 17		**Amber[2]**	**Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol.** (SPF approved Sep-12) As adjunctive therapy in adults with partial-onset seizures with or without secondary generalisation initiated by a neurology specialist in accordance with NICE CG137 (Update Feb-20) **MHRA**: Updated advice on switching between different manufacturers' products

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Escitalopram		MHRA DSU Jan 21 Dec 14 Dec 11		**Green**	**Fourth-line** for the treatment of **Major Depressive Disorder** (MDD) after fluoxetine, citalopram and sertraline failure in primary care, and as an alternative to venlafaxine. Escitalopram is the active enantiomer of citalopram. **Note**: Treatment of depressive illness in children and adolescents with SSRIs. **Warning** maximum dose restrictions after identification of dose-related QT interval prolongation. **MHRA:** Small increased risk of postpartum haemorrhage when used in the month before delivery **MHRA:** Use and Safety **MHRA:** QT interval prolongation
				Green	As an option for the treatment of **social anxiety disorder** in accordance with NICE CG159 (May-13) after offer of cognitive behaviour therapy (CBT) or CBT-supported self-help. **Note**: Treatment of depressive illness in children and adolescents with SSRIs. **Warning** maximum dose restrictions after identification of dose-related QT interval prolongation. **MHRA:** Small increased risk of postpartum haemorrhage when used in the month before delivery **MHRA:** Use and Safety **MHRA:** QT interval prolongation
				Not recommended	All other indications other than for MDD or social anxiety disorder.
Esomeprazole, oral			*Generic*	**Green**	**Fourth line** proton-pump inhibitor.
			Nexium®	**Not recommended**	**For all indications** prescribing as *Nexium®* is not considered a cost-effective use of NHS resources. Treat as RED if originator brand is specified and intended as a recommendation by a relevant specialist.

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Estradiol 1.53mg per metered dose transdermal spray				**Green**	HRT for oestrogen deficiency symptoms in postmenopausal women at least 6months after last menses or surgical menopause. (Agreed at PAMM May 2020)
Estradiol 10micrograms vaginal tablets				**Green**	Indicated for treatment of vaginal atrophy due to estrogen deficiency in postmenopausal women. Vagirux may be used in women with or without an intact uterus. The experience treating women older than 65 years is limited (Agreed at PAMM Oct-20). N.B. Recommend a reusable device is prescribed.
Estradiol / drospireone (HRT)				**Not recommended**	Not approved for use by acute trust D&TCs Drug and Therapeutics Bulletin (2009; **47**, 41) recommends that cheaper forms of hormone replacement therapy (HRT) are a better option for most women who need HRT than *Angeliq*®
Estradiol (as estradiol hemihydrate) / progesterone				**Green**	Continuous combined hormone replacement therapy (HRT) for estrogen deficiency symptoms in postmenopausal women with intact uterus and with at least 12 months since last menses. The experience in treating women older than 65 years is limited (Agreed SPF Nov-21).
Estramustine phosphate				**Red**	Cytotoxic drug (Alkylating agent)
Etanercept				**Red**	For rheumatoid arthritis
				Red	Ankylosing spondylitis
				Red	Plaque Psoriasis and Psoriatic Arthritis
				Red	For treating plaque psoriasis in children and young people (Agreed at SPF Jul-17).
				Red	**ICB commissioned.** Adalimumab, etanercept, infliximab and abatacept for treating moderate rheumatoid arthritis after conventional DMARDs have failed (Agreed at SPF Jul-21).
Etelcalcetide				**Red**	**NHS England commissioned.** For treating secondary hyperparathyroidism (Agreed at SPF Jul-17).
Ethinylestradiol / drospirenone				**Green**	Combined hormonal contraceptive

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Ethosuximide				**Amber[2]**	**Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol.** For the treatment of epileptic fits (anti-epileptic), specifically the following: Pyknoleptic absences and complex and atypical absences. Myoclonic-astatic petit mal and myoclonic fits in adolescents (impulsive petit mal), if other medicines are not effective and/or are not tolerated (agreed SPF Nov-21).
Etonogestrel		MHRA DSU Jan 20		**Green**	Long-acting reversible contraception (LARC). Only to be administered by doctors and other healthcare professionals who have documentary proof of completion Faculty of Family Planning and Reproductive Health Care (FFPRHC) recognised training and have been assessed as competent in the insertion and removal of *Nexplanon*® subdermal implants. Training must be up-to-date and competence maintained. **MHRA:** New insertion site to reduce rare risk of neurovascular injury and implant migration
Etodolac				**Not recommended**	Made non-formulary following systematic review and metanalysis of NSAIDs revealed highest relative risk of CV events.
Etoposide				**Red**	**NHS England commissioned.** Atezolizumab with carboplatin and etoposide for untreated extensive-stage small-cell lung cancer (Agreed at SPF July-2020). Cytotoxic drug
Etoricoxib		MHRA DSU Oct 16		**Not recommended**	Systematic review and metanalysis of NSAIDs revealed highest relative risk of CV events.
Etranacogene dezaparvovec			*Hemgenix*	**Red**	Etranacogene dezaparvovec for treating moderately severe or severe haemophilia B
Etrasimod				**Red**	**ICB commissioned.** Etrasimod for treating moderately to severely active ulcerative colitis in people aged 16 and over (Agreed Feb-24).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Everolimus				**Red**	Everolimus, in combination with exemestane, is recommended within its marketing authorisation, as an option for treating advanced human epidermal growth factor receptor 2 (HER2)-negative, hormone-receptor-positive breast cancer in postmenopausal women without symptomatic visceral disease that has recurred or progressed after a non-steroidal aromatase inhibitor. Everolimus is recommended only if the company provides it with the discount agreed in the patient access scheme.
				Red	**NHS England commissioned.** Everolimus and sunitinib for treating unresectable or metastatic neuroendocrine tumours in people with progressive disease (Agreed at SPF Jul-17).
Evinacumab				**Red**	**NHS England commissioned.** Evinacumab for treating homozygous familial hypercholesterolaemia in people 12 years and over (Agreed MPB Sept 24).
Evolocumab				**Amber[2]**	**Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol.** Evolocumab is recommended as an option for treating primary hypercholesterolaemia or mixed dyslipidaemia, only if: • The dosage is 140 mg every 2 weeks. • Low-density lipoprotein concentrations are persistently above the thresholds specified in table 1 despite maximal tolerated lipid-lowering therapy. That is, either the maximum dose has been reached, or further titration is limited by intolerance (as defined in NICE's guideline on familial hypercholesterolaemia). Changed from 'Red' to 'Amber' no shared care document (Agreed at SPF Jul-21).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Exagamglogene				Red	**NHS England commissioned.** Exagamglogene autotemcel for treating transfusion-dependent beta-thalassaemia in people 12 years and over (Agreed MPB Sept 24). Providers are Authorised treatment centres.
				Red	**NHS England commissioned.** Exagamglogene autotemcel for treating severe sickle cell disease in people 12 years and over. Providers Secondary care - acute. Limited to authorised providers only. [TA1044] Agreed March 25 MPB
Exemestane				Amber[1]	**Appropriate for prescribing without formal shared care protocol, may be initiated by GP on advice of a specialist.** For adjuvant endocrine treatment of postmenopausal patients with advanced oestrogen receptor-positive breast cancer, in accordance with NICE NG101 (Updated Jun-23).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Exenatide, parenteral	GLP-1	MHRA DSU Jan 25 Oct 24 June 19	*Byetta*® (twice daily injection) *Bydureon*® (once weekly prolonged-release injection) *Bydureon*® *2mg sust-release susp for*	**Green**	In accordance with NICE NG28 (Updated Jun-22). A GLP-1 may be considered in combination with metformin and an SU if metformin and 2 other oral drugs are ineffective, but only if patients: • have a BMI of 35 kg/m2 or higher (adjust accordingly for people from black, Asian and other minority ethnic groups) and specific psychological or other medical problems associated with obesity or • have a BMI lower than 35 kg/m2 and: ▪ for whom insulin therapy would have significant occupational implications or ▪ weight loss would benefit other significant obesity related comorbidities. Treatment should be continued only if there is a reduction of ≥ 1.0% in HbA1c and ≥ 3% loss of initial body weight in 6 months. All prescribers are reminded to review the latest DVLA guidance on this product. Prefilled Bydureon pen now available. **MHRA:** GLP-1 and dual GIP/GLP-1 receptor agonists: potential risk of pulmonary aspiration during general anaesthesia or deep sedation **MHRA**: GLP-1 receptor agonists: reminder of the potential side effects and to be aware of the potential for misuse Reports of diabetic ketoacidosis when concomitant insulin was rapidly reduced or discontinued

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
			inj in BCise pre-filled pen	**Green**	**Concomitant insulin with exenatide treatment only when exenatide has been added to existing insulin treatment** (Exenatide licensed use – specialist initiation only) Treatment should be continued only if there is a reduction of HbA1c of ≥ 0.7% from baseline within six-months of exenatide being added to existing insulin therapy. **MHRA:** GLP-1 and dual GIP/GLP-1 receptor agonists: potential risk of pulmonary aspiration during general anaesthesia or deep sedation **MHRA**: GLP-1 receptor agonists: reminder of the potential side effects and to be aware of the potential for misuse Reports of diabetic ketoacidosis when concomitant insulin was rapidly reduced or discontinued
				Green	Indicated for Type II diabetes as an adjunct to other hypoglycaemics, including basal insulin, when these plus diet and exercise are inadequate (Agreed at PAMM March 20). **MHRA:** GLP-1 and dual GIP/GLP-1 receptor agonists: potential risk of pulmonary aspiration during general anaesthesia or deep sedation **MHRA:** GLP-1 receptor agonists: reminder of the potential side effects and to be aware of the potential for misuse Reports of diabetic ketoacidosis when concomitant insulin was rapidly reduced or discontinued

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
				Not recommended	**Concomitant exenatide with insulin treatment where insulin has been added to existing exenatide treatment** (Exenatide unlicensed use). Treat as RED if insulin is recommended to be added to existing exenatide by a relevant secondary or tertiary care specialist. Not approved by NICE and not commissioned by NHS Somerset **MHRA:** GLP-1 and dual GIP/GLP-1 receptor agonists: potential risk of pulmonary aspiration during general anaesthesia or deep sedation **MHRA:** GLP-1 receptor agonists: reminder of the potential side effects and to be aware of the potential for misuse Reports of diabetic ketoacidosis when concomitant insulin was rapidly reduced or discontinued

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Ezetimibe				**Green**	For primary hypercholestraemia in accordance with NICE TA385 (Feb-16) and NICE CG181 (Updated May-23). Ezetimibe monotherapy is recommended as an option for treating primary (heterozygous-familial or non-familial) hypercholesterolaemia in adults in whom initial statin therapy is contraindicated. Ezetimibe monotherapy is recommended as an option for treating primary (heterozygous-familial or non-familial) hypercholesterolaemia in adults who cannot tolerate statin therapy, defined as the presence of clinically significant adverse effects that represent an unacceptable risk to the patient or that may reduce compliance with therapy. Ezetimibe, co-administered with initial statin therapy, is recommended as an option for treating primary (heterozygous-familial or non-familial) hypercholesterolaemia in adults who have started statin therapy when: • serum total or low-density lipoprotein (LDL) cholesterol concentration is not appropriately controlled (defined as based on individual risk assessment according to national guidance on managing CV disease in the relevant populations) either after appropriate dose titration of initial statin therapy or because dose titration is limited by intolerance to the initial statin therapy and • a change from initial statin therapy to an alternative statin is being considered.
Ezetimibe / simvastatin		MHRA DSU		**Not recommended**	The ezetimibe & simvastatin combination preparation (*Inegy*®) is **non-formulary** due to its greater cost compared to separate ezetimibe and simvastatin.

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
F					
Famciclovir				**Not recommended**	**Non-formulary. First-line** choice remains Aciclovir.
Fampridine				**Not recommended**	Licensed for improvement in walking in adults with multiple sclerosis (MS) with walking disability (EDSS 4 – 7). NB: Fampridine has a narrow therapeutic margin and is associated with seizures, insomnia, fatigue, back-pain and balance disorders. (SPF recommend against use Jan-12).
Faricimab				**Red**	**ICB commissioned.** Faricimab for treating diabetic macular oedema (Agreed SPF Jul-22).
				Red	**ICB commissioned.** Faricimab for treating wet age-related macular degeneration (Agreed SPF Jul-22).
				Red	**ICB commissioned.** Faricimab for treating visual impairment caused by macular oedema after retinal vein occlusion (Agreed MPB Sept 24).
Febuxostat		MHRA DSU May 23 June 19		**Green**	For the management of chronic hyperuricaemia in gout, where allopurinol not tolerated or contraindicated, in accordance with NG219 (Jun-22). **MHRA**: Caution is required if prescribing febuxostat in patients with pre-existing major cardiovascular disease, particularly, in those with evidence of high urate crystal and tophi burden or those initiating urate-lowering therapy. **MHRA:** Increased risk of cardiovascular death and all-cause mortality in clinical trial in patients with a history of major cardiovascular disease
Fedratinib				**Red**	**NHS ENGLAND commissioned.** For treating disease-related splenomegaly or symptoms in myelofibrosis (Agreed at SPF Jan-22).
				Red	**NHS England commissioned.** Fedratinib for treating disease-related splenomegaly or symptoms in myelofibrosis (Agreed MPB Nov-24).
Fenfluramine				**Red**	**NHS ENGLAND commissioned.** Fenfluramine for treating seizures associated with Dravet syndrome (Agreed SPF Jul-22).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
				Red	**NHS England commissioned. Specialist centres only.** Fenfluramine for treating seizures associated with Lennox–Gastaut syndrome in people 2 years and over (Agreed MPB May-25).
Fenofibrate				**Amber[2]**	Appropriate for prescribing when trust initiated, without formal shared care protocol. **Do not routinely offer fibrates to prevent CVD (except familial hypercholesterolaemia on advice by specialist)** NG238
Fentanyl, buccal CD		MHRA DSU Sept 20	*Actiq*® *Effentora*®	**Amber[1]**	**Appropriate for prescribing without formal shared care protocol, may be initiated by GP on advice of a specialist.** For the management of breakthrough pain in adult patients using opioid therapy for **chronic cancer pain** for whom other short-acting opioids e.g. oral morphine are unsuitable. Evidence for use not considered to be robust (SPF May-10). **MHRA**: Risk of dependence and addiction
				Not recommended	All other indications **MHRA:** Risk of dependence and addiction
Fentanyl, intranasal CD	Fentanyl nasal spray	MHRA DSU Sept 20	*Instanyl*® *PecFent*®	**Not recommended**	No local acute trust Drugs and Therapeutics committee has yet received an application to consider this drug. **MHRA:** Risk of dependence and addiction

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Fentanyl, sublingual CD		MHRA DSU Sept 20	*Abstral*® *Effentora*®	**Amber[1]**	**Appropriate for prescribing without formal shared care protocol, may be initiated by GP on advice of a specialist.** For the management of breakthrough pain in adult patients using opioid therapy for **chronic cancer pain** for whom other short-acting opioids e.g. oral morphine are unsuitable. Evidence for use not considered to be robust (SPF May-10). **MHRA:** Risk of dependence and addiction
				Not recommended	All other indications **MHRA:** Risk of dependence and addiction
Fentanyl, transdermal CD	Fentanyl patches	MHRA DSU Sept 20 Sept 20 Oct 18		**Green**	Second-line after oral morphine. *first-choice* brand of transdermal fentanyl is *Matrifen*®, *second-choice* brand of transdermal fentanyl is *Mezolar*® or *Fencino*®. **MHRA:** Do not use in opioid-naive patients **MHRA:** Risk of dependence and addiction **MHRA:** Life-threatening and fatal opioid toxicity from accidental exposure, particularly in children
Ferric carboxymaltose, parenteral		MHRA DSU Nov 20		**Red**	SPF approved (Nov-11), but with the expectation that there would be no move to GP prescribing without further discussion. **MHRA**: Risk of symptomatic hypophosphataemia leading to osteomalacia and fractures

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Ferric maltol				**Green**	**ICB Commissioned.** Moved from Red drug to Green drug. With an off licensed dose of once daily for patients who have exhausted Strategies to reduce side effects from lower cost iron preparations including: • taking supplements with or after food (foods such as eggs and tea, as well as drugs such as antacids and tetracyclines reduce absorption; ascorbic acid/ vitamin C increases absorption) • reducing the dose frequency to once a day (now the recommended starting frequency for conventional supplements) or one tablet on alternate days • changing preparation to one containing a lower iron content (Agreed SPF Jul-22). For prescribing SOP see Nutrition and Hydration - NHS Somerset (Iron deficiency anaemia)
Ferumoxytol, parenteral				**Not recommended**	Licensed for the intravenous treatment of iron deficiency anaemia in adult patients with chronic kidney disease (CKD). Drugs and Therapeutics Committees, PAMM or SPF have yet to receive an application to consider this drug for use in Somerset. Treat as RED if recommended for primary care prescribing.
Fesoterodine fumarate				**Green**	**Third-line** after failure or oxybutynin and tolterodine XL. **Note:** Fesoterodine is a prodrug for tolterodine
Fidaxomicin, oral				**Amber[1]**	**Appropriate for prescribing without formal shared care protocol, may be initiated by GP on advice of a specialist.** Approved for primary care use on the advice of a consultant microbiologist in accordance with Public Health England (PHE) guidance to the management of *Clostridium difficile*. Treatment restricted to 10 days (licensed treatment duration.) Licensed for the treatment of *Clostridium difficile* infections (CDI) also known as *C. difficile*-associated diarrhoea (CDAD) in adults. See NG199 (Jul-21) for more information.
Filgotinib				**Red**	**ICB commissioned.** Filgotinib for treating moderate to severe rheumatoid arthritis (Agreed SPF Mar-21).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
		MHRA DSU Apr 23		**Red**	**ICB commissioned.** Filgotinib for treating moderately to severely active ulcerative colitis (Agreed SPF Jul-22).
Filgrastim	Recombinant human granulocyte-colony stimulating factor G-CSF			**Red**	
Finasteride		MHRA DSU Apr 24	Generic **Note:** 5mg tablets	**Green**	Only 5-Alpha Reductase Inhibitors (5-ARIs) recommended. **MHRA:** Finasteride: reminder of the risk psychiatric side effects and of sexual side effects (which may persist after discontinuation of treatment)
			Propecia® NHS **Note:** 1mg tablets	**Not recommended**	Finasteride 1mg daily for the treatment of androgenetic alopecia. NHS Prescribing by brand of some products on FP10 not allowed – please check Drug Tariff for details.
Finerenone				**Amber[1]**	**Appropriate for prescribing without formal shared care protocol, may be initiated by GP on advice of a specialist. ICB commissioned.** Finerenone for treating chronic kidney disease in type 2 diabetes in line with NICE TA877 (Mar-23). To be initiated by, or on the advice of a specialist, without shared care (Agreed MPB Mar-23).
Fingolimod, oral		MHRA DSU Jan 21 Sept 19 Dec 17 Dec 17 Apr 16 Jan 13 May 12		**Red**	For the treatment of highly active relapsing remitting multiple sclerosis (SPF approved May-12) that has not responded to at least one disease-modifying therapy or which is severe and rapidly progressive. **MHRA**: Increased risk of congenital malformations; new contraindication during pregnancy and in women of childbearing potential not using effective contraception **MHRA:** Updated advice about the risks of serious liver injury and herpes meningoencephalitis
Flucytosine, oral		Unlicensed		**Red**	Tablets are available on a named-patient basis only.

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Flucytosine, parenteral		MHRA DSU Oct 20		**Red**	
Fludarabine				**Red**	Cytotoxic drug (antimetabolite)
				Red	**NHS England commissioned.** Treosulfan with fludarabine or treating malignant disease before allogeneic stem cell transplant (Agreed at SPF Sept-20).
				Not recommended	**NICE terminated appraisal.** Treosulfan with fludarabine before allogeneic stem cell transplant for people aged 1 month to 17 years with non-malignant diseases (Agreed MPB Feb-24).
Fluocinolone acetonide intravitreal implant				**Red**	For treating chronic diabetic macular oedema after an inadequate response to prior therapy.
					ICB commissioned. For treating recurrent non-infectious uveitis in adults (Agreed at SPF Sept-19).
				Red	**ICB commissioned.** Fluocinolone acetonide intravitreal implant for treating chronic diabetic macular oedema (Agreed MPB Mar-25).
Fluorouracil, oral				**Red**	Cytotoxic drug (antimetabolite) Only available on a named-patient basis.
Fluorouracil, parenteral				**Red**	Cytotoxic drug (antimetabolite) as an option for treating chronic diabetic macular oedema that is insufficiently responsive to available therapies only if the implant is to be used in an eye with an intraocular (pseudophakic) lens and as part of a patient access scheme.
Fluorouracil, topical				**Green**	First Line for or the topical treatment of superficial malignant and pre-malignant skin lesions
Fluorouracil & Salicylic acid, topical				**Amber[1]**	**Appropriate for prescribing without formal shared care protocol, may be initiated by GP on advice of a specialist.** Actikerall for hyperkeratotic actinic keratosis in immunocompetent adults. Cytotoxic drug (antimetabolite). Prescribe only at request of a specialist.

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Fluoxetine, Dispersible 20mg		MHRA DSU Jan 21		**Green**	Approved as an alternative to liquid specials. **MHRA:** Small increased risk of postpartum haemorrhage when used in the month before delivery
Flupentixol parenteral	flupentixol decanoate			**Amber[3]**	**Appropriate for prescribing when specialist / trust initiated, with formal contractual shared care protocol.** The treatment of schizophrenia and other psychoses in line with locally agreed shared care protocol. Use should be restricted to those stabilised on oral therapy.
Flutamide				**Amber[1]**	**Appropriate for prescribing without formal shared care protocol, may be initiated by GP on s advice of a specialist.** Advanced prostate cancer.
Fluticasone/ salmeterol inhaled (CFC-free MDI)			See Inhaler Venn Diagram	**Green**	Licensed in asthma only. License for age varies. Doses above 1000mcg BDP equivalent should only be initiated by a specialist. ***250 strength is not recommended** unless all other options have been tried and inhaler technique/compliance has been checked.
Fluticasone/ salmeterol inhaled Dry powder inhaler			See Inhaler Venn Diagram	**Green**	Cost effective alternatives to Seretide Accuhaler 50/500
Fluticasone/ azelastine nasal spray				**Green**	Switched from 'Not recommended' to 'Green' for when other single ingredient preparations have been trailed and failed (MPB agreed Jan 25).
Fluticasone/ Umeclidinium/ Vilanterol			See Inhaler Venn Diagram	**Green**	Triple therapy indicated as a maintenance treatment in adults with moderate to severe COPD, not adequately treated by a combination of an inhaled corticosteroid and a long-acting B2-agonist.
Fluvastatin		MHRA DSU Sept 23		**Not recommended**	**First-line** statin remains atorvastatin **MHRA:** Statins: very infrequent reports of myasthenia gravis
Follitropin alfa				**Red**	
Follitropin beta				**Red**	

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Fomepizole				Red	
Fondaparinux				Green	Green for licensed indications as for LMWH preparations
Food thickeners				Green	First line Thick & v from Nov 1st 22 (Agreed SPF Sept-22). See formulary
Fosaprepitant				Red	
Foscarnet sodium				Red	Hospital Trusts are responsible for making the necessary arrangements for patients to receive intravenous treatment.
Fosfomycin 3g granules for oral solution as *trometamol* salt				Green	Refer to the Somerset Infection Management Guidance
Fosfomycin capsules 500mg				Red	Unlicensed special. Specialist named patient prescribing only
Fosinopril sodium				Not recommended	**First-line** ACEIs remain ramipril capsules or lisinopril
Foslevodopa, foscarbidopa				Red	**NHS England commissioned.** Foslevodopa–foscarbidopa for treating advanced Parkinson's with motor symptoms (Agreed at MPB Jan-24).
Fostamatinib				Not recommended	**Not recommended by NICE.** For treating refractory chronic immune thrombocytopenia (Agreed at SPF Jan-22).
				Red	**ICB commissioned.** Fostamatinib for treating refractory chronic immune thrombocytopenia (Agreed at SPF Nov 22).
FP10 prescribing of controlled drugs (CDs), greater than one month's supply				Not recommended	Not recommended except a good clinical reason: Prescribers should document in the patient notes the reason for greater than one month's supply is made on FP10 prescription. Prescribers may be asked and must justify the reasons for supply if asked by the Accountable Officer. **NB:** Dispensing pharmacists may question prescribers as to whether supply of greater than one month is intended and if a good clinical reason exists.

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
FP10 prescribing, seven-day	MDS scripts			**Not recommended**	Not recommended unless clinically appropriate by the prescriber: Requests for seven-day prescriptions by community pharmacies for supply of monitored dosage systems (MDS) should be denied. Community pharmacies are funded through the national contract for fulfilling their obligations under the Disability Discrimination Act.
FP10MDA prescribing	"Blue script" prescribing Addiction prescribing			**Amber[3]**	**Appropriate for prescribing when specialist / trust initiated, with formal contractual shared care protocol.** For the treatment of drug addiction: Public health commissioned drug addiction service - Public health commission some GP practices to prescribe for drug addiction but not all.
				Not recommended	For the treatment of drug addiction: Not recommended for primary care prescribing by GP practices when **not** part of the Public Health commissioned drug addiction service.
Freestyle Libre Freestyle Libre 2 Freestyle Libre 2 Plus	Flash glucose monitoring			**Green**	**ICB commissioned.** For: • All Type 1 patients. • Type 2 patients on multiple daily insulin injections fitting any of the below criteria: - They have recurrent hypoglycaemia or severe hypoglycaemia - they have impaired hypoglycaemia awareness - they have a condition or disability (including a learning disability or cognitive impairment) that means they cannot self-monitor their blood glucose by capillary blood glucose monitoring but could use an isCGM device (or have it scanned for them) - they would otherwise be advised to self-measure at least 8 times a day. - They are an adult with insulin-treated type 2 diabetes who would otherwise need help from a care worker or healthcare professional to monitor their blood glucose In line with NICE NG28 (updated Jun-22) & NG18 (Updated May-23). (Agreed at SPF May-22).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Freestyle Libre 3	Flash glucose monitoring			**Red**	Only to be supplied by Tursts for hybrid closed loop patients.
Fremanezumab				**Red**	**ICB commissioned.** For preventing chronic migraine in adults (Agreed at PAMM June 2020).
				Red	**ICB commissioned.** For preventing migraine (Agreed PAMM Feb-22)
Fulvestrant			Generic	**Red**	**NHS ENGLAND commissioned.** Fulvestrant (generic) **with**: • Abemaciclib for treating hormone receptor-positive, HER2-negative advanced breast cancer after endocrine therapy (Agreed at SPF Nov-21). • Palbociclib for treating hormone receptor-positive, HER2-negative, advanced breast cancer. Cancer Drugs Fund (Agreed at SPF Mar-20). • Ribociclib with with fulvestrant for treating hormone receptor-positive, HER2-negative advanced breast cancer after endocrine therapy (Agreed at SPF May-21).
				Red	**NHS ENGLAND commissioned.** Alpelisib with fulvestrant for treating hormone-receptor positive, HER2-negative, PIK3CA-positive advanced breast cancer (Agreed at SPF Sept-22).
				Red	**NHS ENGLAND commissioned.** Palbociclib with fulvestrant for treating hormone receptor-positive, HER2-negative, advanced breast cancer. Cancer Drugs Fund (Agreed at SPF Mar-20).
				Red	**NHS ENGLAND commissioned.** Palbociclib with fulvestrant for treating hormone receptor-positive, HER2-negative advanced breast cancer after endocrine therapy (Agreed at SPF Nov 22).
			Faslodex®	**Not recommended**	NICE TA239 (Dec-11) recommends against use within its licensed indications as an alternative to aromatase inhibitors for the treatment of oestrogen-receptor-positive, locally advanced or metastaic breast cancer.

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
				Not recommended	Not recommended by NICE for untreated locally advanced or metastatic oestrogen-receptor positive breast cancer (Agreed at SPF Mar-18).
Fusidic acid, topical	Sodium fusidate, topical			**Green**	High resistance rate, avoid and refer to Somerset Infection Management Guidance.
Futibatinib				**Red**	**NHS England commissioned.** Futibatinib for previously treated advanced cholangiocarcinoma with FGFR2 fusion or rearrangement (Agreed MPB Sept 24).
G					
Galantamine				**Amber[3]**	**Appropriate for prescribing when specialist / trust initiated, with formal contractual shared care protocol.** In accordance with NICE TA 217 (Update Jun-18) and the locally agreed shared care protocol (Acetylcholinesterase inhibitors)
Galcanezumab				**Red**	**ICB commissioned.** For preventing migraine (Agreed at SPF Jan-21).
Ganaxolone				**Not recommended**	**Not recommended by NICE** Ganaxolone for treating seizures caused by CDKL5 deficiency disorder in people 2 years and over **March 2025 MPB**
Ganciclovir, ocular				**Green**	First line for treatment of acute herpetic keratitis in adults (excluding pregnancy and children). Changed from Not recommended (Agreed SPF Sept-22).
Ganciclovir, parenteral				**Red**	Hospital Trusts are responsible for making the necessary arrangements for patients to receive intravenous treatment.
Gefapixant				**Not recommended**	**NICE terminated appraisal.** Gefapixant for treating refractory or unexplained chronic cough (Agreed MPB Jun-24).
Gefitinib				**Red**	Treatment of locally advanced or metastatic non-small cell lung cancer (NSCLC) with activating mutations of EGFR-TK. No application for review by either acute trust D&TCs or Prescribing Forum received.
Gemcitabine				**Red**	Cytotoxic drug (Antimetabolite)

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
				Red	**NHS England commissioned.** Durvalumab with gemcitabine and cisplatin for treating unresectable or advanced biliary tract cancer (Agreed MPB Jan-24).
Gemtuzumab ozogamicin				Red	**NHS England commissioned.** For untreated acute myeloid leukaemia (Agreed at SPF Nov-18).
Gentamicin, parenteral		MHRA DUS Jan 21 NPSA Feb 10		Red	**MHRA:** Increased risk of deafness in patients with mitochondrial mutations NPSA Patient Safety Alert: Safer use of intravenous gentamicin for neonates
Gilteritinib				Red	**NHS England commissioned.** For treating relapsed or refractory acute myeloid leukaemia (Agreed at SPF Sept-20).
Glasdegib				Not recommended	**NICE terminated appraisal.** Glasdegib with chemotherapy for untreated acute myeloid leukaemia (terminated appraisal) (Agreed at SPF Sept-19)
Glatiramer acetate				Red	For treatment of multiple sclerosis.
Glecaprevir – pibrentasvir				Red	**NHS England commissioned.** For treating chronic hepatitis C (Agreed at SPF Mar-18).
Glibenclamide				Red	**ICB commissioned.** For diabetic patients with rare genetic condition only responsive to glibenclamide (Agreed MPB Oct 23).
Gliclazide				Green	Low dose 40mg tablet should be reserved for patients with limited visibility or manual dexterity who cannot safely use scored 80 mg tablets
Glimepiride				Green	
Glofitamab				Red	**NHS England commissioned.** Glofitamab for treating relapsed or refractory diffuse large B-cell lymphoma after 2 or more systemic treatments (Agreed MPB Oct 23).
Glucagon			*GlucaGen Hypokit*®	Green	
			Ogluo®	Not for general use	**ICB commissioned.** For individual exceptional cases (Agreed at SPF Sept-22).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Glucosamine	2-Amino-2-deoxy-β-D-glucopyranose Chitosamine Glucosamina Glucosaminium		*Alateris*® *Dolenio*®	**Not recommended**	Preparation considered by the BNF Joint Formulary Committee to be less suitable for prescribing. Licensed for symptomatic relief of mild to moderate osteoarthritis of the knee. NICE NG226 (Oct-22) advised against use in osteoarthritis Scottish Medicines Consortium recommends against use in osteoarthritis. Not recommended by NHS England consultation: Items which should not be routinely prescribed in primary care (Nov 17).
			Some products in combination with other food supplements: Non-proprietary *Arheumacare*® *BackOsamine*® *Healtheries Musseltone & Glucosamine*® *Flexese*® *Joint-e-Licious*® *Joint Action*® *Jointace*® *JointCare Max*®	**Not recommended**	Not licensed medicines. Legal status of "food supplements." Prescribing by brand of some products on FP10 not allowed – please check Drug Tariff for details. NICE NG226 (Oct-22) advising against use in osteoarthritis Scottish Medicines Consortium recommends against use in osteoarthritis. Not recommended by NHS England consultation: Items which should not be routinely prescribed in primary care (Nov 17).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Gluten Free Products				**Not recommended**	From the 1st of December 2016, NHS Somerset has made all Gluten Free products non-formulary (the Somerset formulary advises GPs on safe, evidence-based cost-effective prescribing).
Glycopyrronium bromide, powder for inhalation	Glycopyrrolate		See Inhaler Venn Diagram	**Green**	**For treatment of COPD:** alternative option for maintenance bronchodilator treatment to relieve symptoms in adult patients with chronic obstructive pulmonary disease (COPD). (SPF approved Jan-13). See NICE NG115 (Updated Jul-19) for further information.
Glycopyrronium bromide 320mcg/ml oral solution	Glycopyrrolate			**Green**	Symptomatic treatment of severe sialorrhoea (chronic pathological drooling) in children and adolescents aged 3 years and older with chronic neurological disorders. NICE ES5
Glycopyrronium bromide 1mg/5ml Oral solution	Glycopyrrolate			**Green**	Indicated for use in adults as an add-on therapy in the treatment of peptic ulcer. Indicated for use in symptomatic treatment of severe sialorrhoea (chronic pathological drooling) in children and adolescents aged 3 years and older with chronic neurological disorders. Checklist for healthcare professionals – Risk minimisation of anticholinergic side effects
Glycopyrronium/ indacaterol				**Green**	Approved as an option for patients using the individual components
Glycopyrronium bromide, iontophoresis	Glycopyrrolate			**Not recommended**	Iontophoretic treatment of hyperhidrosis.
Glycopyrronium bromide, parenteral	Glycopyrrolate			**Green**	For use in Palliative care for excessive respiratory secretion. **NB:** May be difficult to obtain. Hyoscine hydrobromide is an alternative.
				Red	As an adjunct to anaesthesia during surgical procedures.

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Golimumab, parenteral				**Red**	For the treatment of rheumatoid arthritis after the failure of previous disease-modifying anti-rheumatic drugs.
				Red	For the treatment of ankylosing spondylitis.
				Red	For the treatment of psoriatic arthritis.
				Red	**ICB commissioned.** For treating non-radiographic axial spondyloarthritis (Agreed at SPF Jan-18).
Goserelin			*Zoladex*® 3.6mg *Zoladex LA*® 10.8mg	**Amber[1]**	**Appropriate for prescribing without formal shared care protocol, may be initiated by GP on advice of a specialist.** For use in prostatic cancer. **First-line** choice of LHRH analogue is triptorelin (*Decapeptyl SR*®.formulations) (Not to be confused with the triptorelin *Gonapeptyl Depot*® formulations)
				Amber[1]	**Appropriate for prescribing without formal shared care protocol, may be initiated by GP on advice of a specialist.** For the treatment of endometriosis and uterine fibroids.
				Amber[1]	**Appropriate for prescribing without formal shared care protocol, may be initiated by GP on advice of a specialist.** 3.6mg implant • Advanced breast cancer in pre and perimenopausal women suitable for hormonal manipulation. • As an alternative to chemotherapy in the standard of care for pre/perimenopausal women with oestrogen receptor (ER) positive early breast cancer.
			Novgos®	**Not recommended**	Only available as monthly injection. Only licensed for metastatic prostate cancer.
Granisetron				**Red**	
Granisetron transdermal patches				**Red**	TST have approved for limited indications in patients having highly emetogenic chemotherapy. Not for primary care prescribing.

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Grazax®	Standardised allergen extract of grass pollen from Timothy grass (*Phleum pratense*)			**Not recommended**	Reviewed at local Drugs and Therapeutics committees and **not recommended** on a basis of lack of evidence. **Note:** SPC states that treatment should only be initiated by physicians with experience of treating allergic diseases. Treatment initiation required 16-weeks prior to anticipated hay fever season. First dose required under medical supervision.
Grazoprevir				**Red**	Elbasvir–grazoprevir for treating chronic hepatitis C.
Guanfacine				**Amber**[3]	**Appropriate for prescribing when trust initiated, with formal contractual shared care protocol.** **ICB commissioned.** ADHD treatment for patients from 6 years and adults. Appropriate for prescribing when trust initiated, with formal contractual shared care protocol. Moved from Red to Amber (Agreed MPB Mar-24). See link to medicines management neurodivergence webpage.
Guselkumab				**Red**	**ICB commissioned.** For treating moderate to severe plaque psoriasis (Agreed at SPF Jul-18).
				Red	**ICB commissioned.** For treating active psoriatic arthritis after inadequate response to DMARDs (Agreed at SPF Sept-22).
H					
Heparin	Heparin sodium Heparin calcium			**Red**	
Hepatitis A / hepatitis B vaccine				**Not recommended**	Bivalent vaccine **not recommended** for primary care prescribing on FP10 prescription – different criteria for NHS prescribing of hepatitis A compared to hepatitis B.
Hepatitis B vaccine				**Green**	People who should be considered for vaccination are listed here. GPs are not obliged to provide the hepatitis B vaccine on the NHS if patient not thought to be at risk.

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
				Not recommended	As a travel vaccine. Should not be prescribed on the NHS exclusively for the purposes of travel for any patient. These vaccines should continue to be recommended for travel but the individual traveller will need to bear the cost of the vaccination. NHS England consultation: Items which should not be routinely prescribed in primary care (Nov 17).
Herbal Treatments		MHRA DSU July 21		**Not recommended**	Not recommended by NHS England consultation: Items which should not be routinely prescribed in primary care (Nov 17). Due to lack of scientific evidence required to register these products with the MHRA.
Holoclar				**Red**	**NHS England commissioned.** For treating limbal stem cell deficiency after eye burns (Agreed at SPF Sept-17).
Homeopathy		MHRA DSU July 21		**Not recommended**	Not recommended by NHS ENGLAND consultation: Items which should not be routinely prescribed in primary care (Nov 17). No clear or robust evidence to support the use of homeopathy on the NHS. MHRA reminder to be vigilant for suspected adverse reactions and to report them to the Yellow Card scheme
Human alpha1-proteinase inhibitor				**Not recommended**	**NICE terminated appraisal.** Human alpha1-proteinase inhibitor for treating emphysema (Agreed MPB May-24).
Human menopausal gonadotrophin					See under individual treatments: • Menotrophin • Urofollotropin
Human papilloma virus vaccine, bivalent	HPV vaccine, bivalent			**Red**	**Cervical cancer immunisation:** Not for prescribing on FP10 prescription. No longer the vaccine of choice for national HPV programme
				Not recommended	**Prevention of premalignant genital lesions:** No application for use has been received by the various Somerset D&TCs or Prescribing Forum.
Human papilloma virus vaccine, tetravalent	HPV vaccine, tetravalent			**Red**	Adopted in Sept 2012 as the specified product for the HPV vaccination programme. Not for prescribing on FP10 Green Book Chapter 18

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Hyaluronic acid and derivatives:	Hyaluronans			**Not recommended**	NICE NG226 (Oct-22) advises against use. See under individual agents: • Hylan G-F 20 • Sodium hyaluronate
Hyaluronidase				**Red**	For introduction of fluids by subcutaneous infusion (hypodermoclysis)
Hydroquinone, topical	Quinol (NB: Do not confuse with hydroquinine)			**Not recommended**	Used as a depigmenting agent. May be carcinogenic. Side-effect ochronosis (probably irreversible.)
Hydrocortisone MR tablets				**Red**	Considered red, very expensive. Standard tablets are GREEN
Hydrocortisone tablets				**Green**	
Hydrocortisone oral solution				**Green**	There is now a licensed formulation for replacement therapy in adrenal insufficiency in infants, children and adolescents (from 1 month to <18 years old) (Agreed SPF Sept-22).
Hydrocortisone 0.5mg, 1mg, 2mg, and 5mg granules in capsules for opening		MHRA DSU Feb 21		**Red**	Therapeutic indications: Replacement therapy of adrenal insufficiency in infants, children and adolescents (from birth to < 18 years old) named-patient basis (Agreed at SPF Sept-19) **MHRA**: Risk of acute adrenal insufficiency in children when switching from hydrocortisone tablet formulations to granules.
Hydrocortisone 2.5%, topical	Hydrocortisone 2.5% cream Hydrocortisone 2.5% ointment	MHRA DSU May 24 Sept 21		**Not recommended**	Not recommended on a basis of cost. Use a more potent formulary recommended corticosteroid. **MHRA:** Topical steroids: introduction of new labelling and a reminder of the possibility of severe side effects, including Topical Steroid Withdrawal Reactions Information on the risk of topical steroid withdrawal reactions
Hydrogen peroxide, topical	Hydrogen peroxide 1% cream			**Green**	For people with localised non-bullous impetigo who are not systemically unwell or at high risk of complications. As per [NG153] Impetigo: antimicrobial prescribing (Feb-20) (Agreed at PAMM via email March 2020).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Hydroxycarbamide	Hydroxyurea		Generic	**Amber[3]**	**Appropriate for prescribing when specialist / trust initiated, with formal contractual shared care protocol.** Licensed indications only (please refer to SPC for details) In accordance with the locally agreed shared care protocol.
				Not recommended	**Unlicensed indication:** For reducing the frequency of crises in sickle-cell disease and reduce the need for blood transfusions. **MHRA guidance**: licensed products should be used for unlicensed ("off-label") indications in preference to unlicensed products.
			Siklos®	**Not recommended**	No application for review by either acute trust or partnership D&TC or Prescribing Forum received. Licensed for prophylaxis of recurrent painful vaso-occlusive crises including acute chest syndrome in patients with sickle-cell disease only.
Hydroxychloroquine		MHRA DSU Feb 22		**Amber[3]**	**Appropriate for prescribing when specialist / trust initiated, with formal contractual shared care protocol.** In accordance with the guidance on the use of disease modifying anti-rheumatic drugs in line with locally agreed shared care protocol. **MHRA:** Hydroxychloroquine, chloroquine: increased risk of cardiovascular events when used with macrolide antibiotics; reminder of psychiatric reactions
Hylan G-F 20				**Not recommended**	

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
I					
iAluRil® bladder installation				**Red**	For patients with "radiation cystitis" when treatment with Cystistat has failed. Specialist treatment only
Ibandronate acid, oral (150mg tablets) (once-monthly dosing)	Ibandronate		Generic	**Green**	For the prevention of osteoporosis in accordance with the recommendations made by NICE TA464 (Update Jul-19), NICE TA160 (Update Feb-18), NICE TA161 (Update Feb-18) and NICE TA204 (Oct-10). Third –line formulary bisphosphonate after alendronic acid (first-line) and risedronate (second-line.)
			Bonviva®	**Not recommended**	Branded prescribing is not considered cost-effective use of NHS resources. Treat as RED if originator brand is specified and intended as a recommendation by a relevant specialist.
Ibandronic acid, oral (50mg tablets) (daily dosing)	Ibandronate		Generic	**Amber[1]**	**Appropriate for prescribing without formal shared care protocol, may be initiated by GP on advice of a specialist.** For the management of osteolytic lesions and bone pain associated with skeletal metastases in patients with carcinoma of the breast or multiple myeloma.
				Not recommended	Maintenance of clinically acceptable serum calcium levels in hypercalcaemia of malifnancy initially treated with an intravenous bisphosphonate. NB: Cancer treatments and adjuncts to cancer treatment are categorised as "red" unless otherwise specified
			Iasibon® *Bondronat*®	**Not recommended**	Not recommended on cost grounds.
Ibandronic acid, parenteral (1mg / ml concentrate for IV infusion)	Ibandronate			**Red**	Reduction of bone damage in bone metastases in breast cancer or hypercalcaemia of malignancy.
				Not recommended	For the treatment of post-menopausal osteoporosis: no longer commissioned.
Ibrutinib				**Not recommended**	Ibrutinib with bendamustine and rituximab for treating relapsed or refractory chronic lymphocytic leukaemia after systemic therapy not recommended by NICE TA437 (Terminated appraisal)

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
				Not recommended	For untreated chronic lymphocytic leukaemia without a 17p deletion or TP53 mutation NICE terminated appraisal Jul-17.
				Red	**NHS England commissioned.** For treating relapsed or refractory mantle cell lymphoma (Agreed at SPF Mar-18).
				Not recommended	**NICE terminated appraisal.** Ibrutinib with rituximab for untreated chronic lymphocytic leukaemia (Agreed at SPF Jul-21).
				Not recommended	**NICE terminated appraisal.** Ibrutinib with obinutuzumab for untreated chronic lymphocytic leukaemia and small lymphocytic lymphoma (Agreed at SPF Jul-21).
				Not recommended	**Not recommended by NICE.** Ibrutinib for treating Waldenstrom's macroglobulinaemia (Agreed SPF Jul-22).
				Red	**NHS England commissioned.** Ibrutinib with venetoclax for untreated chronic lymphocytic leukaemia (Agreed at MPB Jun-23).
Icatibant, parenteral				Red	For acute attacks of hereditary angioedema in patients with C1-esterase inhibitor deficiency (SPF approved Sep-12).
Icosapent ethyl				Green	**ICB commissioned**. Icosapent ethyl with statin therapy for reducing the risk of cardiovascular events in people with raised triglycerides (Agreed SPF Jul-22).
Idarubicin hydrochloride				Red	Cytotoxic drug (Anthracycline antibiotic).
Idecabtagene vicleucel				Not recommended	**NICE terminated appraisal.** Idecabtagene vicleucel for treating relapsed and refractory multiple myeloma after 3 or more treatments (Agreed MPB Jan 24).
Idelalisib				Not recommended	NICE TA328 Idelalisib for treating follicular lymphoma that is refractory to 2 prior treatments - 'terminated NICE appraisal'.
					With ofatumumab for treating chronic lymphocytic leukaemia NICE terminated appraisal (Agreed at SPF Sept-17).
				Not recommended	**Not recommended by NICE.** For treating refractory follicular lymphoma that has not responded to 2 prior lines of treatment in adults. Negative Appraisal (Agreed at SPF Nov -19).
Idarucizumab				Red	Antidote to Dabigatran. Hospital use only.

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Ifosamide				**Red**	Cytotoxic drug (Alkylating agent)
Imatinib				**Red**	Funded by NHS England/ Cancer Drug Fund Cytotoxic drug (protein kinase inhibitor).
Imidapril hydrochloride				**Not recommended**	**First-line** ACEIs remain ramipril capsules or lisinopril
Imiquimod, topical				**Amber[2]**	**Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol.** **When to be initiated following secondary-care gynae referral**: For treatment is in line with the licensed indications and courses as set out in the SPC. Gynae to prescribe the first pack of 12 sachets, then primary care prescribing for the remainder of the course. Time limited treatments only in line with product license.
				Green	Second line for treating nonhyperkeratotic, nonhypertrophic actinic keratoses (AKs) on the face or scalp in immunocompetent adult.
Imlifidase				**Red**	**NHS England commissioned.** For desensitisation treatment before kidney transplant in people with chronic kidney disease (Agreed at SPF Sept-22).
Inclisiran				**Green**	**ICB Commissioned. Providers are primary care services**. For treating primary hypercholesterolaemia or mixed dyslipidaemia. as per NICE TA733 (Oct 21)- system requested to support Statin potency optimisation and addition of ezetimibe before inclisiran initiation (agreed SPF Nov-21).
Indacetrol maleate				**Green**	Not within the current NICE work plan for a technology appraisal. Approved by the SMC for use in NHS Scotland. Limited data comparing to existing long-acting bronchodilators: clinical efficacy advantages appear marginal.
Indapamide, oral			Instant release: Generic	**Green**	First-line thiazide (with chlortalidone) for the treatment of hypertension in line with NICE NG136 (Updated Mar-22). There is no recommendation to switch existing patients on bendroflumethiazide.
			Modified release	**Not recommended**	Not considered cost-effective: non-proprietary and non-modified release recommended.

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Infliximab				Red	For rheumatoid arthritis.
				Red	For Crohn's disease.
				Red	Ankylosing Spondylitis.
				Red	For the treatment of psoriatic Arthritis.
				Red	**ICB commissioned.** Infliximab for treatment of adults with psoriasis.
				Red	**ICB commissioned.** Adalimumab, etanercept, infliximab and abatacept for treating moderate rheumatoid arthritis after conventional DMARDs have failed (Agreed at SPF Jul-21).
Influenza vaccine, seasonal, intradermal				Not recommended	No application for approval for use has been made to the various Somerset D&TCs or the Prescribing Forum. **Note**: high cost compared to seasonal influenza vaccines for intramuscular use, therefore, not considered a cost effective use of NHS resources for situations where i/m vaccines are also indicated.
Influenza vaccine, seasonal, tetra-valent	Influenza vaccine, quadrivalent			Green	See current JCVI advice. Joint committee on vaccination and immunisation JCVI's advice on influenze vaccines
Inosine pranobex	Inosine acedoben dimepranol			Not recommended	Preparation considered by the BNF Joint Formulary Committee to be less suitable for prescribing.
Inositol nicotinate				Not recommended	In accordance with NICE TA223 (May-11) inositol nicotinate is not recommended for the treatment of intermittent claudication in peripheral arterial disease (PAD.)
Inotuzumab Ozogamicin				Red	**NHS England commissioned.** For treating relapsed or refractory B-cell acute lymphoblastic leukaemia (Agreed at SPF Nov-18).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Insulin (Continuous subcutaneous insulin infusion)	Insulin pump therapy CSII	MHRA DSU Oct 24 Sept 20		**Amber[2]**	**Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol (Unless practice is commissioned to initiate).** In accordance with the NICE TA151 (July-08). Insulin to be provided on prescription from GP as requested by specialist. Consumables relating to the pump should be supplied by secondary care specialist team. **MHRA:** Insulin pumps and continuous glucose monitoring (CGM) equipment: guidance for users on reporting suspected adverse incidents and safety concerns to the MHRA's Yellow Card scheme Risk of cutaneous amyloidosis at injection site
				Amber[1]	**For existing insulin patients** changing insulin brand/ product/ doses etc. can be done on advice of a specialist.
Insulin fast acting Insulin Aspart	FiASP	MHRA DSU Sept 20		**Amber[2]**	**Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol (Unless practice is commissioned to initiate).** Approved by TST DTC. Evidence suggests that FiASP more closely mimics endogenous insulin secretion following a meak compared to currently available treatments. Developed to give a faster onset of action. **MHRA:** Risk of cutaneous amyloidosis at injection site
				Amber[1]	**For existing insulin patients** changing insulin brand/ product/ doses etc. can be done on advice of a specialist.

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Insulin degludec	Recombinant human insulin analogue – long-acting	MHRA DSU Sept 20		**Amber[2]**	**Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol (Unless practice is commissioned to initiate).** For management of Type-1 diabetes. See NG17 (Updated Aug-22) for further information. **MHRA:** Risk of cutaneous amyloidosis at injection site
					Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol (Unless practice is commissioned to initiate). For management of Type-2 diabetes. See NG17 (Updated Aug-22) for further information. **MHRA:** Risk of cutaneous amyloidosis at injection site
				Amber[1]	**For existing insulin patients** changing insulin brand/ product/ doses etc. can be done on advice of a specialist.

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Insulin degludec/ liraglutide combination		MHRA DSU Jan 25 Oct 24 Sept 20 June 19		**Amber[2]**	**Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol (Unless practice is commissioned to initiate).** As separate preparations these medicines are not recommended used together. Xultophy -the combined product is licensed for the treatment of adults with type 2 diabetes mellitus to improve glycaemic control in combination with oral glucose-lowering medicinal products when these alone or combined with a glucagon-like peptide protein-1 (GLP-1) receptor agonist or basal insulin do not provide adequate glycaemic control. Xultophy is AMBER with the hand over to GP prescribing after 3 months successful treatment for patients stabilised in secondary care. **MHRA:** GLP-1 and dual GIP/GLP-1 receptor agonists: potential risk of pulmonary aspiration during general anaesthesia or deep sedation **MHRA:** GLP-1 receptor agonists: reminder of the potential side effects and to be aware of the potential for misuse Risk of cutaneous amyloidosis at injection site Reports of diabetic ketoacidosis when concomitant insulin was rapidly reduced or discontinued
				Amber[1]	**For existing insulin patients** changing insulin brand/ product/ doses etc. can be done on advice of a specialist.
Insulin glargine		MHRA DSU Sept 20		**Amber[2]**	**Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol (Unless practice is commissioned to initiate).** In accordance with NICE NG17 (Updated Dec-20). Refer also to locally agreed guidance. Semglee and Abasaglar are biosimilar glargine insulin. Semglee is the most cost effective brand. **MHRA:** Risk of cutaneous amyloidosis at injection site
				Amber[1]	**For existing insulin patients** changing insulin brand/ product/ doses etc. can be done on advice of a specialist.

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Insulin glargine		MHRA DSU Sept 20		**Amber[2]**	**Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol (Unless practice is commissioned to initiate).** High dose glargine 300units/ml. Not bioequivalent to Lantus and Abasaglar **MHRA:** Risk of cutaneous amyloidosis at injection site
				Amber[1]	**For existing insulin patients** changing insulin brand/ product/ doses etc. can be done on advice of a specialist.
Insulin glargine plus Lixisenatide		MHRA DSU Jan 25 Sept 20		**Amber[2]**	**Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol (Unless practice is commissioned to initiate).** With metformin for type II diabetes inadequately controlled by metformin alone or metformin in combination with another oral hypoglycaemic or basal insulin. (Agreed at PAMM May 2020). **MHRA:** GLP-1 and dual GIP/GLP-1 receptor agonists: potential risk of pulmonary aspiration during general anaesthesia or deep sedation **MHRA:** Risk of cutaneous amyloidosis at injection site
				Amber[1]	**For existing insulin patients** changing insulin brand/ product/ doses etc. can be done on advice of a specialist.
Insulin Lispro		MHRA DSU Sept 20		**Amber[2]**	**Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol (Unless practice is commissioned to initiate).** In accordance with NICE NG17 (Updated Dec-20). Refer also to locally agreed guidance. Insulin Lispro Sanofi is a biosimilar and is the most cost effective option. The cartridges are not interchangeable between Insulin Lispro Sanofi and Humalog. **MHRA:** Risk of cutaneous amyloidosis at injection site
				Amber[1]	**For existing insulin patients** changing insulin brand/ product/ doses etc. can be done on advice of a specialist.

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Insulin Pen needle				Green	Pen needles priced at <£4.10 per 100 will be formulary approved.
Interferon alfa-2b (rbe) (See also Peginterferon alfa)				Red	For chronic myeloid leukaemia.
				Red	Chronic hepatitis B.
				Red	Chronic hepatitis C.
Interferon beta-1a				Red	For the treatment of Multiple sclerosis.
Interferon beta-1b				Red	For the treatment of Multiple sclerosis.
Intravenous antibiotics				Red	Hospital Trusts are responsible for making the necessary arrangements for patients to receive intravenous treatment.
Intravenous immunoglobulins				Red	
Iodised Oil Fluid Injection B.P.		Unlicensed		Red	Emergency drug approved for use at TST. Unlicensed in the UK.
Ipilimumab		MHRA DSU Jan 19		Red	Funded by NHS England. For treatment of unresectable or metastatic advanced melanoma only if the manufacturer provides ipilimumab with the discount agreed in the patient access scheme. For previously treated advanced (unresectable or metastatic) melanoma.
				Not recommended	Metastatic castration-resistant prostate cancer (MCRPC) (unlicensed indication).
				Red	**NHS England commissioned.** Nivolumab with ipilimumab for untreated advanced renal cell carcinoma (Agreed at SPF May-22).
				Red	**NHS England commissioned.** Nivolumab with ipilimumab for untreated unresectable malignant pleural mesothelioma (Agreed SPF Sept-22).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Iptacopan			*FABHALTA*®	**Red**	**NHS England commissioned.** Iptacopan for treating paroxysmal nocturnal haemoglobinuria (Agreed MPB Sept 24). The National PNH Service is funded by NHS England as a highly specialised service to treat PNH. The service consists of 2 centres, with one based at St James' University Hospital in Leeds and the other based in King's College Hospital in London. People with PNH will be cared for and supported by one of these centres.
IQoro (Iqoro)				**Not recommended**	**Not recommended.** Agreed at SPF Jul-22.
Irbesartan				**Not recommended**	**ACEIs remain renin-angiotensin system drugs of choice for first-line treatment.** ARB formulary choices (i.e. if several ACEIs not tolerated) remain candesartan, losartan (first-line), and valsartan.
Irbesartan / hydrochlorothiazide		MHRA DSU Nov 18		**Not recommended**	Not approved for use by acute trust D&TCs **ACEIs remain rennin-angiotensin system drugs of choice for first-line treatment.** ARB formulary choices (i.e. if several ACEIs not tolerated) remain candesartan, losartan (first-line), and valsartan. *Hydrochlorothiazide: risk of non-melanoma skin cancer, particularly in long-term use.*
Irinotecan hydrochoride				**Red**	Cytotoxic drug (Topoisomerase I inhibitor)
Irinotecan hydrochloride trihydrate		MHRA DSU July 20 Mar 19		**Not recommended**	Pegylated liposomal irinotecan for treating pancreatic cancer after gemcitabine is not recommended by NICE TA440.
Iron Daxtran parenteral	Iron Daxtran			**Red**	Trusts and ambulatory care units are commissioned to administer to appropriate patients. GPs should not be prescribing.
Iron Sucrose parenteral	Iron Sucrose			**Red**	Trusts and ambulatory care units are commissioned to administer to appropriate patients. GPs should not be prescribing.

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Isatuximab				**Red**	**NHS England commissioned**. Isatuximab with pomalidomide and dexamethasone for treating relapsed and refractory multiple myeloma (Agreed at SPF Jan-21).
				Not recommended	**NICE terminated appraisal.** Isatuximab with carfilzomib and dexamethasone for treating relapsed or refractory multiple myeloma (agreed SPF Nov-21).
Isosorbide mononitrate m/r	ISMN m/r			**Green**	
Isotretinoin, oral		MHRA DSU Oct 23 April 23 July 21 Nov 2020 Aug 2020 June 19		**Red**	Isotretonoin is an isomer of tretinoin. **Important: teratogenic risk.** Pre-treatment assessment, treatment monitoring and side-effects, and post-treatment requirements need specialist supervision. **MHRA:** Introduction of new safety measures, including additional oversight of the initiation of treatment for patients under 18 years of age **MHRA:** New safety measures to be introduced in the coming months, including additional oversight on initiation of treatment for patients under 18 years
Ivabradine				**Green**	**For the treatment of chronic stable angina.** Please note manufacturer's recommendation against concomitant use with QTc prolonging medicinal products. Hypokalaemia and hypomagnesaemia can increase the risk of arrhythmia especially in patients with long QT interval, whether congenital or substance-induced eg. with potassium-depleting diuretics (thiazide diuretics and loop diuretics). Caution & careful monitoring is needed.

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
				Amber[1]	**Appropriate for prescribing without formal shared care protocol, may be initiated by GP on advice of a specialist** **For the treatment of chronic heart failure** in line with NICE TA267 (Nov-12). Please note manufacturer's recommendation against concomitant use with QTc prolonging medicinal products. Hypokalaemia and hypomagnesaemia can increase the risk of arrhythmia especially in patients with long QT interval, whether congenital or substance-induced eg with potassium-depleting diuretics (thiazide diuretics and loop diuretics). Caution & careful monitoring is needed.
Ivacaftor	VX-770	MHRA DSU Feb 22	*Kalydeco*®	**Red**	For the treatment of cystic fibrosis in patients aged over 6 years with the G551D mutation. (Supersedes SPF (Jul-12) decision on TLG status.)
Ivacaftor–tezacaftor–elexacaftor		MHRA DSU May 25	*Kaftrio*®	**Red**	**Commissioned by NHS England.** Ivacaftor–tezacaftor–elexacaftor, tezacaftor–ivacaftor and lumacaftor–ivacaftor for treating cystic fibrosis (Agreed MPB Sept 24). **MHRA DSU:** Kaftrio▼ (Ivacaftor, tezacaftor, elexacaftor): risk of psychological side effects
Ivacaftor- tezacaftor			*Symkevi*®	**Red**	**Commissioned by NHS England.** Ivacaftor–tezacaftor–elexacaftor, tezacaftor–ivacaftor and lumacaftor–ivacaftor for treating cystic fibrosis (Agreed MPB Sept 24).
Ivacaftor- lumacaftor			*Orkambi*®	**Red**	**Commissioned by NHS England.** Ivacaftor–tezacaftor–elexacaftor, tezacaftor–ivacaftor and lumacaftor–ivacaftor for treating cystic fibrosis (Agreed MPB Sept 24).
Ivermectin topical				**Green**	**ICB commissioned.** For off-license use on the advice of microbiology / PH specialist for specific patients or groups of patients eg. Scabies outbreaks unresponsive to Lyclear. Agreed by PAMM (Oct 22).
				Green	**ICB commissioned.** Off license use for scabies, second line. (first line - permethrin & third line – oral ivermectin) (Agreed MPB Sept 23).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Ivermectin oral				Green	**ICB commissioned.** For management of scabies outbreaks unresponsive to Lyclear following MDT review involving microbiology / PH specialist (unlicensed indication) UKHSA guidance on the management of scabies cases and outbreaks in long-term care facilities and other closed settings.
Ivosidenib				Red	**NHS England commissioned.** Ivosidenib for treating advanced cholangiocarcinoma with an IDH1 R132 mutation after 1 or more systemic treatments (Agreed MPB Feb-24).
				Red	**NHS England commissioned.** Ivosidenib with azacitidine for untreated acute myeloid leukaemia with an IDH1 R132 mutation (Agreed MPB Jul-24).
Ixazomib				Red	**NHS England commissioned.** Ixazomib with lenalidomide and dexamethasone for treating relapsed or refractory multiple myeloma (Agreed at SPF Mar-18).
Ixekizumab				Red	Ixekizumab for treating moderate to severe plaque psoriasis. ICB funded.
				Red	**ICB commissioned.** For treating active psoriatic arthritis after inadequate response to DMARDs (Agreed at SPF Sep-18).
				Red	**Commissioned by ICB.** For treating axial spondyloarthritis (Agreed at SPF Sep-21).
J					
Japanese encephalitis vaccine	Inactivated Japanese encephalitis virus, suspension			Not recommended	NHS Prescribing on FP10 not allowed – please check Drug Tariff for details. As a travel vaccine. Should not be prescribed on the NHS exclusively for the purposes of travel for any patient. These vaccines should continue to be recommended for travel but the individual traveller will need to bear the cost of the vaccination. NHS ENGLAND consultation: Items which should not be routinely prescribed in primary care (Nov 17).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
K					
Ketoprofen		MHRA DSU Oct 07		**Not recommended**	GI toxicity is high compared with most NSAIDs.
Ketoprofen/ omeprazole				**Not recommended**	Ketoprofen more GI toxic than more commonly prescribed NSAIDs, ibuprofen and naproxen. Four times cost of ibuprofen plus omeprazole.
Ketorolac		MHRA DSU Oct 07		**Red**	GI toxicity is high. Secondary care initiation only. Maximum 5 days oral treatment, two for IV all to be supplied by consultant.
Knee Pressure Offloading Device Action Reliever Left, Right, Medial, Lateral Size 1-8				**Green**	Approved as on formulary with the recommendation that OASIS source the device and GPs are not expected to prescribe. (Agreed PAMM/SPF Sept-20)
L					
Lacosamide		MRHA DSU Nov 17		**Amber[2]**	**Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol.** Antiepileptic for adjunctive treatment of partial seizures with or without secondary generalization. Consultant initiation only. MHRA: Updated advice on switching between different manufacturers' products
Lamivudine				**Red**	**NHS England commissioned.** Specialist use only
Lanadelumab				**Red**	**NHS England commissioned**. For preventing recurrent attacks of hereditary angioedema (Agreed at SPF Nov-19).
Lanreotide	Somatostatin analogues			**Red**	**Third-line** treatment for acromegaly (**second-line** if patient is unfit for surgery).
Lanthanum, oral	Lanthanum carbonate hydrate			**Red**	For control of hyperphosphataemia in patients with renal disease: NHS England Specialist Commissioning

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
	Phosphate binding agent			**Red**	All other indications
Lapatinib				**Red**	NICE has rejected for routine use in breast cancer.
Larotrectinib				**Red**	**NHS England commissioned.** For treating NTRK fusion-positive solid tumours (Agreed at PAMM June 2020).
Latanoprost			Generic	**Green**	First-line prostaglandin analogue.
			Xalatan®	**Not recommended**	Branded prescribing where a brand's purchase price exceeds the Drug Tariff price is not considered a cost-effective use of NHS resources. Treat as RED if originator brand is specified and intended as a recommendation by a relevant specialist.
Latanoprost/ netarsudil				**Amber[1]**	**Appropriate for prescribing without formal shared care protocol, may be initiated by GP on advice of a specialist. ICB commissioned.** Latanoprost–netarsudil for previously treated primary open-angle glaucoma or ocular hypertension (Agreed MPB Nov-24).
Latanoprost / Timolol 50mcg/ 5 mg/ml 0.2ml unit dose PF				**Green**	Reduction of intraocular pressure (IOP) in patients with open angle glaucoma and ocular hypertension who are insufficiently responsive to topical beta-blockers or prostaglandin analogues. (Agreed at SPF/PAMM Jan-20) For patients who require preservative free.
Lebrikizumab				**Red**	**NHS England / ICB commissioned.** Lebrikizumab for treating moderate to severe atopic dermatitis in people 12 years and over (Agreed MPB Jul-24).
Leflunomide				**Amber[3]**	**Appropriate for prescribing when specialist / trust initiated, with formal contractual shared care protocol.** For **third-line** use in patients with active rheumatoid arthritis when treatment with sulphasalazine and methotrexate is contra-indicated or has been found to be ineffective or not tolerated. Treatment is initiated by a consultant rheumatologist who will prescribe for the first month. Refer to locally agreed shared care protocol (DMARD SPC).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Lenalidomide				Red	Commissioned by NHS England/ the Cancer Drug Fund. Patient, prescriber, and supplying pharmacy must be registered with Celgene Ltd and comply with a pregnancy prevention programme.
				Red	**NHS England commissioned.** Plus dexamethasone for multiple myeloma after 1 treatment with bortezomib (Agreed at SPF Jul-19).
				Red	**NHS England commissioned.** Plus dexamethasone for previously untreated multiple myeloma (Agreed at SPF Jul-19).
				Red	**NHS England commissioned.** For the treatment of multiple myeloma in people who have received at least 2 prior therapies (Agreed at SPF Jul-19).
				Red	**NHS England commissioned.** For treating myelodysplastic syndromes associated with an isolated deletion 5q cytogenetic abnormality (Agreed at SPF Jul-19).
				Not recommended	**NICE terminated appraisal.** With bortezomib and dexamethasone for untreated multiple myeloma (Agreed at SPF Nov-19).
				Red	**NHS England commissioned.** Lenalidomide with rituximab for previously treated follicular lymphoma (grade 1 to 3A) in adults. (Agreed at PAMM May 2020).
				Red	**NHS England commissioned.** Maintenance treatment after an autologous stem cell transplant for newly diagnosed multiple myeloma (Agreed at SPF Mar-21).
				Not recommended	**NICE terminated appraisal.** For relapsed or refractory mantle cell lymphoma (Agreed at SPF Mar-22).
				Red	**NHS England commissioned.** Daratumumab with lenalidomide and dexamethasone for untreated multiple myeloma when a stem cell transplant is unsuitable (Agreed MPB Oct 23).
Lenograstim	Recombinant human granulocyte-colony stimulating factor rHuG-CSF			Red	

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Lenvatinib		MHRA DSU July 20	*Kisplyx*®	**Red**	**NHS England commissioned.** Lenvatinib with everolimus for previously treated advanced renal cell carcinoma (Agreed at SPF Mar-18).
				Red	**NHS England commissioned.** Lenvatinib with pembrolizumab for untreated advanced renal cell carcinoma (Agreed PAMM Jan-23).
		MHRA DSU July 20	*Lenvima*®	**Red**	**NHS England commissioned.** Lenvatinib and sorafenib for treating differentiated thyroid cancer after radioactive iodine (Agreed at SPF Sep-18).
				Red	**NHS England commissioned.** For untreated advanced hepatocellular carcinoma (Agreed at SPF Jan-19).
				Red	**NHS England commissioned.** Pembrolizumab with lenvatinib for previously treated advanced or recurrent endometrial cancer (Agreed at MPB Jun-23).
Lesinurad				**Not recommended**	Not recommended by NICE for treating chronic hyperuricaemia in people with gout (Agreed at SPF Mar-18).
Letermovir				**Red**	**NHS England commissioned.** For preventing cytomegalovirus disease after a stem cell transplant (Agreed at SPF Sept-19).
Letrozole				**Amber[1]**	**Appropriate for prescribing without formal shared care protocol, may be initiated by GP on advice of a specialist.** For adjuvant endocrine treatment of postmenopausal patients with advanced oestrogen receptor-positive breast cancer, in accordance with NICE NG101 (Updated Jun-23).
Leuprorelin Depot				**Amber[1]**	**Appropriate for prescribing without formal shared care protocol, may be initiated by GP on advice of a specialist.** Second line GnRH analogue within its licensed indications for prostate cancer. Administered every 13 weeks rather that 12 making it more cost effective than goserelin
Leuprorelin acetate implant				**Amber[1]**	**Appropriate for prescribing without formal shared care protocol, may be initiated by GP on advice of a specialist.** Licensed indications for prostate cancer (agreed SPF Nov-21).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Levetiracetam		MHRA DSU Jan 21 Nov 17		**Amber[2]**	**Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol.** For adjunctive therapy in adults with partial epilepsy in accordance with the locally agreed shared care guideline. NICE NG217 (Apr-22) Prescribe generically. **MHRA:** Antiepileptic drugs in pregnancy: updated advice following comprehensive safety review **MHRA:** Updated advice on switching between different manufacturers' products
Levetiracetam Granules				**Amber[2]**	**Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol.** Indicated as monotherapy in the treatment of partial onset seizures with or without secondary generalisation in adults and adolescents from 16 years of age with newly diagnosed epilepsy. Licensed for use in PEG tubes. **MHRA:** Antiepileptic drugs in pregnancy: updated advice following comprehensive safety review **MHRA:** Updated advice on switching between different manufacturers' products
Levetiracetam Injection				**Amber[2]**	**Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol.** Palliative care use on named patient basis to be prescribed initially by palliative care specialist for patients stabilised on oral levetiracetam who can no longer swallow. Epilepsy patients unable to swallow oral levetiracetam. **MHRA:** Antiepileptic drugs in pregnancy: updated advice following comprehensive safety review
Levocetirizine hydrochloride				**Not recommended**	Not approved for use by acute trust D&TCs: No advantage over formulary choices. **First-line** choices for antihistamines remain chorphenamine, cetirizine, or loratadine **Note:** Levocetirizine is an isomer of cetririzine

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Levofloxacin, ocular				**Green**	
Levonorgestrel			Generic	**Green**	Emergency hormonal/post-coital contraception (EHC). *Upostelle*® is most cost effective option. Not to be prescribed on FP10 as *Levonelle One-Step*® (Pharmacy-Only medication that can be sold OTC).
			Levonelle One-Step®	**Not recommended**	High-cost alternative with restricted product license if prescribed, as OTC product. Not to be prescribed on FP10 as *Levonelle One-Step*®
Levonorgestrel Intra uterine POP system			*Mirena*®	**Green**	T-shaped plastic frame levonorgestrel 20 micrograms/24 hours
			Jaydess®		Smaller frame and smaller reservoir. Approved for use in the CASH service where a coil is appropriate but Mirena is not suitable or not tolerated. Three year life license. Contraception only.
			Levosert®		Smaller device. Licensed for 4 years. Not licensed for HRT. (Agreed SPF May-18).
Lidocaine, plasters	Lignocaine plasters Lidocaine patches			**Not recommended**	NHS England list this as an Item of low clinical effectiveness, where there is a lack of robust evidence of clinical effectiveness. Prescribers in primary care should not initiate lidocaine plasters for any new patient (apart from exceptions below) Deprescribe lidocaine plasters in all patients and, where appropriate, ensure the availability of relevant services to facilitate this change. In exceptional circumstances, there is a clinical need for lidocaine plasters to be prescribed in primary care, this should be undertaken in a cooperation arrangement with a multi-disciplinary team and/or other healthcare professional. These recommendations do not apply to patients who have been treated in line with NICE CG173 Neuropathic pain in adults: pharmacological management in non-specialist settings but are still experiencing neuropathic pain associated with previous herpes zoster infection (post-herpetic neuralgia).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Lidocaine / Tetracaine, Cream				**Not recommended**	Non-formulary for beauty/ tattoo treatments (Agreed MPB Jul-23).
Linaclotide				**Amber[2]**	**Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol.** Named patient basis only while defining which patients will benefit. Consider linaclotide for people with IBS only if: optimal or maximum tolerated doses of previous laxatives from different classes have not helped and they have had constipation for at least 12 months. Follow up people taking linaclotide after 3months.
Linagliptin	GLP-1			**Green**	For the treatment of type-2 diabetes mellitus in accordance with NICE NG28 (Updated Jun-22) as dual combination therapy with metformin or a sulfonylurea, or in triple therapy with metformin and a sulphonylurea (licensed indications.) No dose adjustment is required in renal or hepatic impairment. **First-line** choice of gliptin (DPP-4 inhibitor) remains alogliptin.
					As monotherapy if metformin is inappropriate, and in combination with other hypoglycaemics, including insulin, where these alone are inadequate
Linezolid				**Red**	**Not for primary care prescribing.** Indicated for the treatment of complicated skin and soft tissue infections **only** when microbiological testing has established that the infection is known to be caused by susceptible Gram positive bacteria. Licensed indicated initiation should be in a hospital environment and after consultation with a relevant specialist such as a microbiologist or infectious diseases specialist. See **CSM advice** on haematopoetic disorders and optic neuropathy. **NB:** Not active against infections caused by Gram negative pathogens **NB:** Reversible non-selective monoamine oxidase inhibitor (MAOI) and patients must be advised accordingly.

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Linzagolix			*Yselty*	**Amber[2]**	**ICB Commissioned.** Linzagolix for treating moderate to severe symptoms of uterine fibroids (Agreed MPB Sept 24).
Liothyronine **CAPSULES**	Triiodothyronine			**Amber[3]**	**Appropriate for prescribing when specialist / trust initiated, with formal contractual shared care protocol.** For NEW patients who have been accepted for trial and shown benefit as per the Shared Care Protocol Liothyronine. This Shared Care Protocol applies to Liothyronine **CAPSULES** only. All other forms of liothyronine are non-formulary including Liothyronine tablets and unlicensed preparations such as Armour Thyroid.
Liothyronine – all other forms				**Not recommended**	Not recommended by NHS ENGLAND consultation: Items which should not be routinely prescribed in primary care (Nov 17). See [NG145] Thyroid disease: assessment and management.
Liraglutide	Glucogen-like peptide-1 analogue GLP-1 analogue	MHRA Jan 25 Oct 24 Nov 23 June 19	*DIAVIC*® *Victoza*® (See below for Saxsenda)	**Green**	For the treatment of type 2 diabetes mellitus in accordance with NICE NG28. For people on metformin and insulin, offer liraglutide or dulaglutide in addition to current treatment, rather than increasing insulin, for a child or young person aged 10 or over with type 2 diabetes if: • they are already on insulin therapy and • their HbA1c or glucose levels do not meet the conditions in recommendation to safely reduce and stop insulin. in accordance with NICE NG18. **MHRA:** GLP-1 and dual GIP/GLP-1 receptor agonists: potential risk of pulmonary aspiration during general anaesthesia or deep sedation **MHRA:** GLP-1 receptor agonists: reminder of the potential side effects and to be aware of the potential for misuse Reports of diabetic ketoacidosis when concomitant insulin was rapidly reduced or discontinued

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
				Not recommended	Somerset has not approved 1.8mg strength as cost effective treatment **MHRA:** GLP-1 and dual GIP/GLP-1 receptor agonists: potential risk of pulmonary aspiration during general anaesthesia or deep sedation **MHRA:** GLP-1 receptor agonists: reminder of the potential side effects and to be aware of the potential for misuse Vigilance required due to potentially harmful falsified products Reports of diabetic ketoacidosis when concomitant insulin was rapidly reduced or discontinued
	6mg/ml pre filled pens		*Saxenda*®	**Red**	**ICB commissioned.** For managing overweight and obesity (Agreed at SPF Jan-21). **MHRA:** GLP-1 and dual GIP/GLP-1 receptor agonists: potential risk of pulmonary aspiration during general anaesthesia or deep sedation **MHRA:** GLP-1 receptor agonists: reminder of the potential side effects and to be aware of the potential for misuse Vigilance required due to potentially harmful falsified products Reports of diabetic ketoacidosis when concomitant insulin was rapidly reduced or discontinued
				Not recommended	**NICE terminated appraisal.** Liraglutide for managing obesity in people aged 12 to 17 years (Agreed SPF Jan-22). **MHRA:** GLP-1 and dual GIP/GLP-1 receptor agonists: potential risk of pulmonary aspiration during general anaesthesia or deep sedation **MHRA:** GLP-1 receptor agonists: reminder of the potential side effects and to be aware of the potential for misuse Vigilance required due to potentially harmful falsified products Reports of diabetic ketoacidosis when concomitant insulin was rapidly reduced or discontinued

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Lisdexamfetamine dimesylate CD, oral	Amphetamine Amfetamine Lisdexaphetamine			**Amber[3]**	**Appropriate for prescribing when specialist / trust initiated, with formal contractual shared care protocol.** Licensed for use as part of a comprehensive treatment programme for attention deficit hyperactivity disorder (ADHD) in children aged 6 years of age and adults when response to previous methylphenidate treatment is considered clinically inadequate. See NG87 (Updated Sept-19) for further information. See link to shared care protocol. See link to medicines management neurodivergence webpage.
Lisinopril			Generic	**Green**	**First-line** ACEI when prescribed generically
			Zestril®	**Not recommended**	Not recommended when prescribed as *Zestril*®
Lisinopril / hydrochlorothiazide		MHRA DSU Nov 18		**Not recommended**	Combinations not recommended: **First-line** ACEI remains ramipril capsules or Lisinopril **First-line** thiazide is indapamide in line with NICE NG136 (Updated Mar-22). *Hydrochlorothiazide: risk of non-melanoma skin cancer, particularly in long-term use.*
Lisocabtagene maraleucel				**Not recommended**	**NICE terminated appraisal.** Lisocabtagene maraleucel for treating relapsed or refractory aggressive B-cell non-Hodgkin lymphoma (Agreed MPB Jul-24).
				Red	**NHS England Commissioned.** Lisocabtagene maraleucel for treating relapsed or refractory large B-cell lymphoma after first-line chemoimmunotherapy when a stem cell transplant is suitable (Agreed MOB May-25).
Lithium carbonate				**Amber[3]**	**Appropriate for prescribing when specialist / trust initiated, with formal contractual shared care protocol.** In accordance with the locally agreed shared care protocol Please refer to NPSA Patient Safety Alert: Safer lithium therapy

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Lithium citrate				**Amber[3]**	**Appropriate for prescribing when specialist / trust initiated, with formal contractual shared care protocol.** In accordance with the locally agreed shared care protocol Please refer to NPSA Patient Safety Alert: Safer lithium therapy
Lixisenatide	GLP-1 mimetic Glucagon-like peptide-1 mimetic	MHRA DSU Jan 25 Oct 24		**Green**	For the use within licensed indications only for the treatment of type-2 diabetes mellitus in combination with oral glucose-lowering agents and / or basal insulin in accordance with NICE treatment criteria for other GLP-1 analogues (exenatide and liraglutide) see NICE NG28 (Updated Jun-22), Considered *first-line* GLP-1 analogue on cost effectiveness grounds **MHRA:** GLP-1 and dual GIP/GLP-1 receptor agonists: potential risk of pulmonary aspiration during general anaesthesia or deep sedation **MHRA:** GLP-1 receptor agonists: reminder of the potential side effects and to be aware of the potential for misuse
Lomustine				**Red**	Cytotoxic drug (Alkylating agent)
Loncastuximab tesirine				**Red**	**NHS England commissioned.** Loncastuximab tesirine for treating relapsed or refractory diffuse large B-cell lymphoma and high-grade B-cell lymphoma after 2 or more systemic treatments (Agreed MPB Feb-24).
Lorlatinib				**Red**	**NHS England commissioned.** For previously treated ALK-positive advanced non-small-cell lung cancer (Agreed at PAMM June-20).
				Not recommended	**Not recommended by NICE.** Lorlatinib for untreated ALK-positive advanced non-small-cell lung cancer (Agreed MPB Jul-23).
Lormetazepam				**Not recommended**	Only licensed for short-term use in insomnia. Exceptionally high cost benzodiazepine compared to alternatives. NICE TA77 (Apr-04) recommends use of most cost-effective option if prescribing of hypnotics clinically appropriate.

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Losartan potassium				**Green**	**ACEIs remain rennin-angiotensin system drugs of choice for first-line treatment.** ARB formulary choices (i.e. if several ACEIs not tolerated) remain candesartan, losartan (first-line), and valsartan. **Second-line** ARB: For hypertension after intolerance to ACEIs and candesartan established; For renal protection in type-2 diabetes mellitus with nephropathy after intolerance to ACEI established.
Losartan potassium / hydrochlorothiazide		MHRA DSU Nov 18		**Not recommended**	Not approved for use by acute trust D&TCs **ACEIs remain rennin-angiotensin system drugs of choice for first-line treatment.** ARB formulary choices (i.e. if several ACEIs not tolerated) remain candesartan, losartan (first-line), and valsartan. *Hydrochlorothiazide: risk of non-melanoma skin cancer, particularly in long-term use.*
Loteprednol etabonate				**Amber[1]**	**Appropriate for prescribing without formal shared care protocol, may be initiated by GP on advice of a specialist.** Licensed for treatment of post-operative inflammation following ocular surgery. Changed from Not recommended to Amber (Agreed MPB Jul-24).
Lurasidone				**Amber[3]**	**Appropriate for prescribing when specialist / trust initiated, with formal contractual shared care protocol.** Secondary care specialist initiated with the following conditions: o for patients with psychosis who have responded to antipsychotics but have experienced metabolic side effects, provided there has been a trial of Aripiprazole o Secondary care to prescribe and monitor patients for effectiveness, adverse effects and tolerance for first six months o Patients would be eligible for shared care GP prescribing after six months
Luspatercept				**Not recommended**	**NICE Terminated Appraisal.** Luspatercept for treating anaemia caused by myelodysplastic syndromes (Agreed PAMM Jan-23).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
				Not recommended	**NICE Terminated Appraisal.** Luspatercept for treating anaemia caused by beta-thalassaemia (Agreed PAMM Jan-23).
Lusutrombopag				Red	**ICB commissioned.** For treating thrombocytopenia in people with chronic liver disease needing a planned invasive procedure (Agreed at SPF Jan-20).
Lutein Rx-Eye Vcaps®				Not recommended	Not licensed medicines. Legal status of "food supplements."
Lutetium (177Lu) oxodotreotide				Red	**NHS England commissioned.** For treating unresectable or metastatic neuroendocrine tumours (Agreed at SPF Sep-18).
				Not recommended	**Not recommened by NICE.** Lutetium-177 vipivotide tetraxetan for treating PSMA-positive hormone-relapsed metastatic prostate cancer after 2 or more treatments (Agreed MPB Nov-23).
M					
Macitentan				Red	Specialist prescribing only
MacuLEH®				Not recommended	Not licensed medicines. Legal status of "food supplements."
Macrogol				Green	
Magnesium glycerophosphate				Green	Licensed for Hypomagnesaemia (Agreed at SPF Jul-17).
Mannitol, dry powder for inhalation				Red	Option for treating cystic fibrosis in adults (SPF approved Nov-12).
Maribavir				Red	**NHS England commissioned.** Maribavir for treating refractory cytomegalovirus infection after transplant (Agreed at PAMM Feb-23).
Mavacamten				Red	**NHS England commissioned.** Mavacamten for treating symptomatic obstructive hypertrophic cardiomyopathy (Agreed MPB Sept 23).
Measles vaccine, single antigen				Not recommended	**Not recommended** for primary care prescribing on FP10 prescription. No single antigen vaccine available in the UK

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Medroxyprogesterone acetate 104mg/0.65ml susp for inj				**Green**	Long-acting reversible contraception (LARC). See NICE CG30 (Update Jul-19).
Medroxyprogesterone acetate 150mg/ml susp for inj				**Green**	Long-acting reversible contraception (LARC). See NICE CG30 (Update Jul-19).
Melatonin			Unlicensed preparations	**Not recommended**	Unlicensed preparations. Treat as a RED drug if recommended for prescribing by a hospital or mental health consultant, unless prescribed for the conditions below. Treat as a RED drug if recommended for prescribing by a hospital or mental health consultant for children.
			Prescribe generically as **melatonin MR 2mg tablets**	**Green**	Indicated as monotherapy for the short-term treatment (up to 13 weeks) of primary insomnia characterised by poor quality of sleep in patients who are aged 55 or over. Also for Parkinson's disease related insomnia on the recommendation of secondary care (can be used for longer than 13 weeks in Parkinson's) NICE NG71 (Jul-17). May be of benefit to patients who drive and are susceptible to next-day drowsiness of z-drugs and benzodiazepines. May be less likely to be related to falls than other prescribed hypnotics
				Amber[2]	**Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol.** For hemicrania continua
				Red	Treat as a RED drug if recommended for prescribing by a hospital or mental health consultant for children.
			Melatonin 3mg tabs	**Not recommended**	**Not recommended** for short-term treatment of jet lag in adults (Agreed at PAMM Jun-19).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
			Slenyto® 1mg and 5mg prolonged-release tablets *Adaflex 2,4 & 5mg tablets*	**Not recommended**	
Melphalan			*Alkeran®*	**Red**	Cytotoxic drug (Alkylating agent)
			Generic	**Not recommended**	**NICE terminated appraisal.** Daratumumab with bortezomib, melphalan and prednisone for untreated multiple myeloma (Agreed at SPF Mar-22).
				Not recommended	**NICE terminated appraisal.** Melphalan for haematological diseases before allogeneic haematopoietic stem cell transplant (Agreed at SPF Nov 22).
				Not recommended	**NICE terminated appraisal.** Melphalan flufenamide with dexamethasone for treating relapsed or refractory multiple myeloma (Agreed MPB Jun-24).
Memantine				**Amber[3]**	**Appropriate for prescribing when specialist / trust initiated, with formal contractual shared care protocol.** In accordance with NICE TA217 (Update Jun-18) and the locally agreed shared care protocol (included in Acetylcholinesterase inhibitors SCP)
Meningococcal Group B vaccine	Meningococcal group B Vaccine (rDNA, component, adsorbed)			**Not recommended on FP10**	Not to be prescribed outside of the national vaccination programme
Menotrophin	Purified extract of human-post-menopausal urine containing follicle-stimulating hormone (FSH) and luteinising hormone (LH)			**Red**	

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Mepolizumab				**Red**	**NHS England commissioned** For treating severe eosinophilic asthma (Agreed SPF Mar-21).
				Not recommended	**NICE terminated appraisal.** Mepolizumab for treating eosinophilic granulomatosis with polyangiitis (Agreed PAMM Jan-23).
				Not recommended	**NICE terminated appraisal.** Mepolizumab for treating severe chronic rhinosinusitis with nasal polyps (Agreed PAMM Jan-23).
Mercaptamine	cysteamine			**Red**	
Mercaptopurine	6-mercaptopurine	MHRA DSU: May 25	*Puri-Nethol*®	**Red**	For the treatment of malignant disease. Cytotoxic drug (Antimetabolite) **MHRA DSU:** Thiopurines and intrahepatic cholestasis of pregnancy
				Amber[3]	**Appropriate for prescribing when specialist / trust initiated, with formal contractual shared care protocol.** For the treatment inflammatory bowel disease, rheumatoid arthritis and other auto immune diseases in line with the locally agreed shared care protocol (DMARD). Cytotoxic drug (Antimetabolite). **MHRA DSU:** Thiopurines and intrahepatic cholestasis of pregnancy
			Hanixol®	**Amber[2]**	**Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol.** For the treatment of Acute Promyelocytic Leukaemia and Acute Myeloid Leukaemia M3. Hanixol® is the preferred brand (Agreed at PAMM/SPF Jan-20) **MHRA DSU:** Thiopurines and intrahepatic cholestasis of pregnancy
Mesalazine (high dose)				**Amber[2]**	**Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol.** Consultant initiation only. All patients should have evaluation of renal function prior to initiation and at least twice yearly whilst on treatment.

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Mesalazine				**Green**	Indicated for mild to moderate acute exacerbations of ulcerative colitis and maintenance of remission in ulcerative colitis. (Agreed at PAMM/SPF Jan-20)
Mesna				**Red**	For use cytotoxic-induced side-effects.
Methadone, oral		MHRA DSU Sept 20		**Amber[2]**	**Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol.** For the treatment of drug addiction: Public health commissioned drug addiction service - Public health commission some GP practices to prescribe Methadone for drug addiction but not all. In accordance with NICE TA114 (Jan-07). **NB:** Methadone 5mg tablets are not recommended for the management of opiate addiction in a majority of circumstances. **MHRA:** Risk of dependence and addiction
				Not recommended	For the treatment of drug addiction: Not recommended for primary care prescribing by GP practices when **not** part of the commissioned 'shared-care' service. **MHRA:** Risk of dependence and addiction
				Amber[2]	**Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol.** For the treatment of treatment resistant pain: only for primary care prescribing by GP practices on the advice and supervision of suitable specialists in pain management. **MHRA:** Risk of dependence and addiction
Methadone, parenteral		MHRA DSU Sept 20		**Not recommended**	**MHRA:** Risk of dependence and addiction
Methenamine hippurate				**Green**	Refer to the Somerset Infection Management Guidance

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Methotrexate, oral	MTX	MHRA DSU Aug 23 Sept 20		**Amber[3]**	**Appropriate for prescribing when specialist / trust initiated, with formal contractual shared care protocol.** In accordance with locally agreed shared care protocol: Immunomodulatory therapies in rheumatology/gastroenterology and dermatology conditions. Cytotoxic drug (Antimetabolite) Please refer to *NPSA Patient Safety Alert 13: Improving Compliance with Oral Methotrexate Guidelines* (Reissued June 2006) **Note:** Methotrexate should be prescribed as 2.5mg tablets **not 10mg tablets**. See CSM advice on blood dyscrasias and liver cirrohosis with low-dose Methotrexate. **MHRA:** Advise patients to take precautions in the sun to avoid photosensitivity reactions **MHRA:** Methotrexate once-weekly for autoimmune diseases: new measures to reduce risk of fatal overdose due to inadvertent daily instead of weekly dosing
				Red	**All other indications.** Cytotoxic drug (Antimetabolite) See CSM advice on blood dyscrasias and liver cirrohosis with low-dose Methotrexate. **MHRA:** Advise patients to take precautions in the sun to avoid photosensitivity reactions **MHRA:** Methotrexate once-weekly for autoimmune diseases: new measures to reduce risk of fatal overdose due to inadvertent daily instead of weekly dosing
				Not recommended	**10mg tablets** not recommended on reasons of patient safety. All doses should be prescribed using 2.5mg tablets. **MHRA:** Advise patients to take precautions in the sun to avoid photosensitivity reactions **MHRA:** Methotrexate once-weekly for autoimmune diseases: new measures to reduce risk of fatal overdose due to inadvertent daily instead of weekly dosing

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Methotrexate, parenteral (non-prefilled syringe)	MTX	MHRA DSU Aug 23 Sept 20		**Red**	Cytotoxic drug (Antimetabolite) Due to significant health and safety issues. **MHRA:** Advise patients to take precautions in the sun to avoid photosensitivity reactions **MHRA:** Methotrexate once-weekly for autoimmune diseases: new measures to reduce risk of fatal overdose due to inadvertent daily instead of weekly dosing
Methotrexate, parenteral (pre-filled syringe)	MTX	MHRA DSU Aug 23 Sept 20		**Amber[3]**	**Appropriate for prescribing when specialist / trust initiated, with formal contractual shared care protocol.** In accordance with locally agreed shared care guideline: Immunomodulatory therapies in rheumatology/gastroenterology and dermatology conditions. Cytotoxic drug (Antimetabolite) **MHRA:** Advise patients to take precautions in the sun to avoid photosensitivity reactions **MHRA:** Methotrexate once-weekly for autoimmune diseases: new measures to reduce risk of fatal overdose due to inadvertent daily instead of weekly dosing
				Red	For the treatment of malignant disease / chemotherapy. Cytotoxic drug (Antimetabolite) **MHRA:** Methotrexate once-weekly for autoimmune diseases: new measures to reduce risk of fatal overdose due to inadvertent daily instead of weekly dosing
Methoxy polethylene glycol – epoetin alfa	Methoxy PEG – epoetin alfa Pegzerepoetin alfa			**Red**	See MHRA / CHM advice regarding: • CKD patients and target haemoglobin concentrations • Use outside licensed indications See CSM advice regarding pure red cell aplasia.
Methylnaltrexone bromide				**Green**	For opioid-induced constipation in terminally ill patients, when response to other laxatives is inadequate.
				Not recommended	For treating opioid-induced constipation. NICE terminated appraisal (Agreed at SPF Sept-17)

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Methylphenidate hydrochloride CD		MHRA DSU Sept 22	*Non-proprietary* *Delmosart®* *Xenidate XL®* *Matoride XL®* *Xaggitin XL®* *Affenid XL®* *Metyrol XL®* *Focusim XL®* *Non-formulary brands* *Concerta XL®* *Ritalin®* *Ritalin XL®* *Equasym XL®* *Medikinet®* *Medikinet XL®*	**Amber[3]**	**Appropriate for prescribing when specialist / trust initiated, with formal contractual shared care protocol.** In accordance with NICE NG87 (Update Sep-19), for treatment of children and adults diagnosed with ADHD. Refer also to locally agreed shared care protocol (applies to children over 6 years, young people and adults). Treatment should be initiated by the consultant, on an individual patient basis, following review and the patient's GP informed of the rationale for this decision. **MHRA:** Methylphenidate long-acting (modified-release) preparations: caution if switching between products due to differences in formulations See link to medicines management neurodivergence webpage.
Metolazone		MHRA DSU Jan 23		**Amber[2]**	**Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol** Licensed for oedema in congestive heart failure, oedema in renal disease and hypertension on a named patient basis after initiation by a consultant (Agreed SPF Sept-22). **MHRA:** Exercise caution when switching patients between metolazone preparations
Metyrapone				**Red**	**Hospital Only**. Specialist supervision in hospital for: • Differential diagnosis or ACTH-dependent Cushing's syndrome. • Management of Cushing's syndrome. • Resistant oedema due to increased aldosterone secretion in cirrhosis, neohrotic syndrome and congestive heart failure.
Megestrol				**Amber[2]**	**Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol.**

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Mexiletine hydrochloride				Red	**NHS England commissioned.** For treating symptomatic treatment of myotonia in adult patients with non-dystrophic myotonic (NDM) disorders. (Agreed at SPF Nov-19).
				Red	**NHS England commissioned.** For treating the symptoms of myotonia in non-dystrophic myotonic disorders (Agreed at SPF Jan-22).
Micafungin				Red	
Midazolam, buccal CD			*Buccolam*®	Green	**Restricted use:** NICE NG217 (Apr-22) only recommends for use in epilepsy for community for children, young people and adults who have had a previous episode or prolonged or serial convulsive seizures. **Note:** strength and dosing differences between *Buccolam*®▼ and *Epistatus*®
			Epistatus®		
Midodrine				Amber[2]	**Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol.** Evidence to support use is slight NICE ESNM61 (Oct-15) Midodrine (Bramox®) is recommended for the treatment of severe orthostatic hypotension due to autonomic dysfunction when corrective factors have been ruled out and other forms of treatment are inadequate. See All Wales Strategy Appraisal
Midostaurin				Red	**NHS England commissioned.** For untreated acute myeloid leukaemia (Agreed at SPF Jul-18).
				Red	**NHS England commissioned.** For treating advanced systemic mastocytosis (agreed SPF Nov-21).
Mifamurtide				Red	For the treatment of osteosarcoma.
Miglustat				Red	**NHS England commissioned.** Cipaglucosidase alfa with miglustat for treating late-onset Pompe disease (Agreed MPB Sept 23).
Minocycline				Not recommended	Minocycline more hepatotoxic than other tetracylines and requires three-monthly LFTs if prescribed for regular use. Minocycline is more likely among tetracycline s to cause lupus-like syndrome and can cause irreversible pigmentation.

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Minoxidil				**Not recommended**	NHS Prescribing by brand of some products on FP10 not allowed – please check Drug Tariff for details. Minoxidil 5% foam was added to the April 19 Drug tariff. To remain 'Not recommended' (Agreed at PAMM May-19).
Mirabegron	β_3-adrenoceptor agonist			**Green**	For treating the symptoms of overactive bladder only for people in whom antimuscarinic drugs are contraindicated or clinically ineffective, or have unacceptable side effects in accordance with the NICE TA290 (Jun-13) (SPF approved Mar-13).
				Red	For combined use with antimuscarinics
Mirikizumab				**Red**	**ICB commissioned.** Mirikizumab for treating moderately to severely active ulcerative colitis (Agreed MPB Oct 23).
Mitapivat				**Not recommended**	**NICE Terminated Appraisal.** Mitapivat for treating pyruvate kinase deficiency (Agreed PAMM Feb-23).
Mitomycin				**Red**	Cytotoxic drug (Cytotoxic antibiotic)
Mitotane				**Red**	Antineoplastic drug All unlicensed indications – no application for use has been received by acute trust D&TCs or the SPF.
				Not recommended	Antineoplastic drug. Licensed indication: For the symptomatic treatment of advanced (unresectable, metastatic or relapsed) adrenal cortical carcinoma. Rejected for use by NHS Scotland by the Scottish Medicines Consortium (Nov-06.)
Mitoxantrone	Mitozantrone			**Red**	Cytotoxic drug (Anthracycline derivative)

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Mobocertinib				Red	**NHS ENGLAND Commissioned.** Mobocertinib for treating EGFR exon 20 insertion mutation-positive advanced non-small-cell lung cancer after platinum-based chemotherapy (Agreed PAMM Jan-23).
Modafinil		MHRA DSU Nov 20 Mar 11		Amber[3]	**Appropriate for prescribing when specialist / trust initiated, with formal contractual shared care protocol.** For the treatment of narcolepsy only in accordance with locally agreed shared care protocol. **MHRA:** Increased risk of congenital malformations if used during pregnancy
				Not recommended	For treatment of fatigue in multiple sclerosis (unlicensed indication): see NICE NG220 (Jun-22) for more information (no statistical evidence of improvement found).
				Not recommended	Modafinil is no longer licensed for any other indications. (EMA July 2010)
Moexipril hydrochloride				Not recommended	**First-line** ACEIs remain ramipril capsules or lisinopril
Mogamulizumab				Red	**NHS England commissioned.** For previously treated mycosis fungoides and Sézary syndrome (Agreed at SPFJan-22).
Molnupiravir				Green	For non-hospitalised patients with COVID-19 (Agreed at MPB May-23).
				Green	ICB commissioned. Molnupiravir for treating COVID-19 NICE TA1056 (Agreed at MPB May-25).
Momelotinib				Red	**NHS England commissioned.** Momelotinib for treating myelofibrosis-related splenomegaly or symptoms (Agreed MPB Mar-24).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Mometasone furoate/ olopatadine hydrochloride 25 micrograms/ actuation + 600 micrograms/actuation Nasal Spray, suspension				**Green**	**ICB commissioned.** Indicated in adults and adolescents 12 years of age and older for the treatment of moderate to severe nasal symptoms associated with allergic rhinitis. Last line option only, when treatment with a steroid nasal spray with an oral antihistamine has failed (Agreed MPB July-24).
Monoclonal antibodies				**Red**	"Red" unless otherwise specified
Montelukast	Leukotriene receptor antagonist	MHRA DSU Apr 24 Sept 19		**Green**	**MHRA**: Reminder of the risk of neuropsychiatric reactions
Morphine, oral CD		MHRA DSU Sept 20	Generic	**Amber[1]**	**Appropriate for prescribing without formal shared care protocol, may be initiated by GP on advice of a specialist.** **For management of neuropathic pain:** NICE CG173 (Update Sep-20) recommend against initiation in non- specialist settings without assessment by a specialist pain service or a condition-specific service. **MHRA:** Risk of dependence and addiction
			Actimorph®	**Green**	**ICB commissioned.** Can be used to switch patients from Oramorph liquid to stabilised and then reduce dose (Agreed at PAMM Mar-22). **MHRA:** Risk of dependence and addiction
Mosunetuzumab				**Not recommended**	**Not Recommended by NICE.** Mosunetuzumab for treating relapsed or refractory follicular lymphoma (Agreed at MPB Jun-23).
Mumps vaccine, single antigen				**Not recommended**	**Not recommended** for primary care prescribing on FP10 prescription. No single antigen vaccine available in the UK

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Mupirocin nasal ointment, topical				**Green**	On request from secondary care for MRSA decolonisation In accordance with Somerset Infection Control Guidelines and in conjunction with Octenisan skin wash. If Bactroban Nasal Ointment is not available, use Naseptin Nasal Cream 4 times a day for 10 days Only for use in MRSA-confirmed cases of impetigo and superficial skin infections. **Note:** Sulfadiazine cream is **first-line** treatment for localised impetigo.
Mycophenolic acid	MPA	MHRA DSU Dec 15		**Red**	NHS England Specialist Commissioning See also Mycophenolate mofetil **Note:** Active metabolite of mycophenolate mofetil. **MHRA:** Pregnancy-prevention advice for women and men
Mycophenolate mofetil	MMF	MHRA DSU Dec 15	Generic	**Red**	Licensed for prophylaxis of acute renal, cardiac, or hepatic transplant rejection (in combination with ciclosporin and corticosteroids) under specialist supervision: NHS England Specialist Commissioning **Note:** mycophenolate mofetil undergoes complete presystemic metabolism to mycophenolic acid. **MHRA:** Pregnancy-prevention advice for women and men
				Red	**NHS ENGLAND Commissioned**. Voclosporin with mycophenolate mofetil for treating lupus nephritis (Agreed MPB May-23). **MHRA:** Pregnancy-prevention advice for women and men
			CellCept®	**Not recommended**	Acute Trusts locally have adopted a policy if supplying generic mycophenolate, therefore, recommend against branded prescribing or supply of the branded product against FP10 prescriptions issued by the Acute Trusts. **MHRA:** Pregnancy-prevention advice for women and men
N					
Nabilone				**Not recommended**	Removed from formulary at TST Nov-09. (Previously classified as a "Red" drug.)

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Nab-Paclitaxel		MHRA DSU Jan 22		**Red**	**NHS England commissioned.** As albumin-bound nanoparticles with gemcitabine for untreated metastatic pancreatic cancer (Agreed at SPF Sept-17).
Nafarelin				**Red**	
Naftidrofuryl oxalate			Generic	**Green**	In accordance with NICE TA223 (May-11) for the treatment of intermittent claudication in peripheral arterial disease (PAD) when prescribed as generic.
			Praxilene®	**Not recommended**	Branded prescribing not recommended. Prescribe as generic for treatment in accordance with NICE TA233 (May-11).
Naldemedine tosylate				**Green**	For treating opioid-induced constipation (OIC) in adult patients who have previously been treated with a laxative. Using same criteria as per NICE TA345 (Jul-15) for Naloxegol (Agreed at SPF Nov-19).
				Amber[1]	**Appropriate for prescribing without formal shared care protocol, may be initiated by GP on advice of a specialist. ICB commissioned** as per NICE TA651 (Sept-20). For treating opioid-induced constipation (Agreed at SPF Nov-2020).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Nalmefene				**Red**	Not to be prescribed in primary care. Patients to be referred to specialist who will then prescribe if appropriate
Naloxegol				**Green**	For treating opioid-induced constipation NICE TA345 (Jul-15). In adults whose opioid induced constipation has not responded to laxatives
Naltrexone, oral (Continued below)			Generic *Nalorex*® *Opizone*®	**Amber[1]**	**Appropriate for prescribing without formal shared care protocol, may be initiated by GP on advice of a specialist.** **For the treatment of opioid dependence:** As an adjunct to prevent relapse in detoxified, formerly opioid-dependent patients in accordance with NICE TA115 (Jan-07). SDAS should provide guidance on dose, duration and be available for contact should any issues arise. **Note:** Only non-proprietary naltrexone, *Nalorex*®, and *Opizone*® are licensed for the treatment of opioid dependence. *Adepend*® is not licensed for treatment of opioid dependence.
				Red	**For treatment of multiple sclerosis:** unlicensed use. No formal application has been made to D&TCs or the SPF, therefore, is currently NOT RECOMMENDED until such an application is made but should be treated as a RED drug if requests are made for primary care prescribing.
				Not recommended	**All other indications**: unlicensed uses. **Note:** Non-proprietary naltrexone, *Nalorex*®, and *Opizone*® are not licensed for the treatment of alcohol dependence.
			Adepend®	**Amber[1]**	**Appropriate for prescribing without formal shared care protocol, may be initiated by GP on advice of a specialist.** **Note:** *Adepend*® is licensed for the treatment of alcoholism. *Adepend*® is not licensed for the treatment of opioid addiction. See below

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
			Generic naltrexone	**Amber[1]**	**Appropriate for prescribing without formal shared care protocol, may be initiated by GP on advice of a specialist.** **For treatment of alcohol dependence:** For use as an adjunct to support abstinence in those who are alcohol dependent in accordance with NICE CG115 (Feb-11). Generic prescribing SPF approved (Nov-12) for alcohol dependence.
Naltrexone *(continued)*				**Red**	Naltrexone to remain to be treated as RED for Gambling-related harms: identification, assessment and management. [NG248] Agreed at March 25 MPB
Naltrexone / Bupropion		MHRA DSU Aug-19		**Not recommended**	For managing overweight and obesity. Not recommended by NICE.
Naproxen 250mg effervescent		MHRA DSU Jun 23		**Green**	Alternative to a liquid special in patients with swallowing difficulties **MHRA:** potential risks following prolonged use after 20 weeks of pregnancy
Natalizumab				**Red**	For the treatment of adults with highly active relapsing-remitting multiple sclerosis
NBTXR-3				**Not recommended**	**NICE terminated appraisal.** For treating advanced soft tissue sarcoma (agreed SPF Nov-21).
Necitumumab				**Red**	For untreated advanced or metastatic squamous non-small-cell lung cancer. For specialist prescribing only
Nebulised asthma rescue therapy in children		MHRA DSU Aug 22		**Red**	Nebulised asthma rescue is RED for all under 18s due to the MHRA drug safety update. Home use of nebulisers in paediatric asthma should be initiated and managed only by specialists. Can still be used in acute setting as one off if needed, but not for routine prescribing (Agreed SPF Sept-22). **MHRA:** Nebulised asthma rescue therapy in children: home use of nebulisers in paediatric asthma should be initiated and managed only by specialists
Nelarabine				**Red**	Cytotoxic drug (Antimetabolite)

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Nepafenac, ocular				**Not recommended**	Non-steroidal anti-inflammatory pro-drug licensed for the prevention and treatment of post-operative pain and inflammation associated with cataract surgery. No application for approval for use has been made to acute trust D&TCs. PAMM or Somerset Prescribing Forum.
Neratinib				**Red**	**NHS England commissioned.** For extended adjuvant treatment of hormone receptor-positive, HER2-positive early stage breast cancer after adjuvant trastuzumab (Agreed at SPF Jan-20).
Nicorandil				**Green**	**Third line** drug for symptom control in patients intolerant of nitrates.
Nicotinic acid, prolonged release				**Not recommended**	No longer marketed in the UK.
Nicotinic acid / laropiprant				**Not recommended**	No application for review by acute trust D&TC or Prescribing Forum received.
Nicotine replacement therapy	NRT			**Not recommended**	Recommend for self-care unless GP practice is commissioned to provide.
Nilotinib, oral				**Red**	For the treatment of chronic or accelerated phase Philadelphia-chromosome-positive chronic myeloid leukaemia (CML) in adults. Cytotoxic drug (protein kinase inhibitor)
				Not recommended	For first line treatment of chronic myeloid leukaemia.
				Not recommended	All other indications- various NICE appraisals in progress.
Nintedanib				**Red**	**NHS England commissioned.** For treating progressive fibrosing interstitial lung diseases (Agreed SPF Jan-22).
				Red	**NHS England commissioned.** Nintedanib for treating idiopathic pulmonary fibrosis when forced vital capacity is above 80% predicted (Agreed PAMM Feb-23).
Niraparib				**Red**	**NHS England commissioned.** For maintenance treatment of relapsed, platinum-sensitive ovarian, fallopian tube and peritoneal cancer (Agreed SPF May-22).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
		MHRA DSU Oct 20		Red	**NHS England commissioned.** For maintenance treatment of advanced ovarian, fallopian tube and peritoneal cancer after response to first-line platinum-based chemotherapy (Agreed SPF Mar-21).
Nitrazepam				Not recommended	Very long half-life. Implicated in falls in the elderly.
Nivolumab				Red	**Funded by NHS England.** For previously treated non-squamous non-small-cell lung cancer. (Agreed at SPF 15/11/17)
					Funded by NHS England. For previously treated squamous non-small-cell lung cancer. (Agreed at SPF 15/11/17)
					Funded by NHS England. For treating relapsed or refractory classical Hodgkin lymphoma. (Agreed at SPF Sept-17)
					Funded by NHS England. For previously treated advanced renal cell carcinoma. (Agreed at SPF 15/11/17)
					NHS ENGLAND commissioned. For adjuvant treatment of completely resected melanoma with lymph node involvement or metastatic disease (Agreed at SPF Mar-19). Updated guidance (Agreed at SPF May-21).
					NHS ENGLAND commissioned. Nivolumab with ipilimumab for untreated advanced renal cell carcinoma (Agreed at SPF May-22).
				Not recommended	Not recommended by NICE for treating locally advanced unresectable or metastatic urothelial cancer after platinum-containing chemotherapy (Agreed at SPF Jul-18).
				Red	**NHS ENGLAND commissioned.** For advanced squamous non-small-cell lung cancer after chemotherapy (Agreed at SPF Jul-21).
				Red	**NHS ENGLAND commissioned.** Nivolumab for previously treated unresectable advanced or recurrent oesophageal cancer (Agreed at SPF Jul-21).
				Red	**NHS ENGLAND commissioned.** Nivolumab with ipilimumab for previously treated metastatic colorectal cancer with high microsatellite instability or mismatch repair deficiency (Agreed at SPF Sep-21).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
				Red	**NHS ENGLAND commissioned.** For treating recurrent or metastatic squamous cell carcinoma of the head and neck after platinum-based chemotherapy (agreed SPF Nov-21).
				Red	**NHS ENGLAND commissioned.** For adjuvant treatment of resected oesophageal or gastro-oesophageal junction cancer (agreed SPF Jan-22).
				Not recommended	**NICE terminated appraisal.** Nivolumab with cabozantinib for untreated advanced renal cell carcinoma (Agreed SPF May-22).
				Red	**NHS ENGLAND commissioned.** For treating locally advanced unresectable or metastatic urothelial cancer after platinum-containing chemotherapy (Agreed SPF Sept-22).
Nivolumab (Continued)				Red	**NHS ENGLAND commissioned.** Nivolumab with ipilimumab for untreated unresectable malignant pleural mesothelioma (Agreed SPF Sept-22).
				Red	**NHS ENGLAND commissioned.** Nivolumab with platinum- and fluoropyrimidine-based chemotherapy for untreated HER2-negative advanced gastric, gastro-oesophageal junction or oesophageal adenocarcinoma (Agreed PAMM Jan-23).
				Red	**NHS ENGLAND commissioned.** Nivolumab with fluoropyrimidine- and platinum-based chemotherapy for untreated unresectable advanced, recurrent, or metastatic oesophageal squamous cell carcinoma (Agreed PAMM Feb-23).
				Red	**NHS ENGLAND commissioned.** Nivolumab with chemotherapy for neoadjuvant treatment of resectable non-small-cell lung cancer (Agreed MPB April-23).
				Red	**NHS ENGLAND commissioned.** Cabozantinib with nivolumab for untreated advanced renal cell carcinoma (Agreed MPB May-24).
				Not recommended	**NICE terminated appraisal.** Nivolumab for adjuvant treatment of completely resected melanoma at high risk of recurrence in people 12 years and over (Agreed MPB Jul-24).
Nivolumab–relatlimab				Red	**NHS ENGLAND commissioned.** Nivolumab–relatlimab for untreated unresectable or metastatic melanoma in people 12 years and over (Agreed MPB Feb-24).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Normal Immunoglobulins for Intramuscular Use	Normal Immunoglobulin			**Red**	
Normal Immunoglobulins for Intravenous Use				**Red**	Hospital Trusts are responsible for making the necessary arrangements for patients to receive intravenous treatment. See also CHM advice on intravenous normal immunoglobulin (see BNF.)
Normal Immunoglobulins for Subcutaneous Use				**Red**	
Nusinersen				**Red**	**NHS England commissioned.** For treating spinal muscular atrophy (Agreed at SPF Sept-19).
Nutriprem breastmilk fortifier				**Amber[2]**	**ICB commissioned. Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol.** Suitable for small number of patients under dietetic care. Only prescribed for 3–6-month period. Will be discharged with reasonable amount (Agreed MPB Feb-24).
O					
Obeticholic acid				**Red**	Obeticholic acid for treating primary biliary cholangitis. Funded by NHS ENGLAND specialist commissioning.
Obinutuzumab				**Red**	Obinutuzumab in combination with chlorambucil for untreated chronic lymphocytic leukaemia. Funded by NHS ENGLAND specialist commissioning.
				Red	**NHS England commissioned.** With bendamustine for treating follicular lymphoma refractory to rituximab (Agreed SPF Sept-17).
				Red	**NHS England commissioned.** For untreated advanced follicular lymphoma (Agreed at SPF May-18).
				Red	**NHS England commissioned.** Obinutuzumab with bendamustine for treating follicular lymphoma after rituximab. (Agreed at PAMM June 2020).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Ocrelizumab				Red	**NHS England commissioned.** For treating relapsing–remitting multiple sclerosis (Agreed at SPF Sep-18).
				Red	**NHS England commissioned.** For treating primary progressive multiple sclerosis (Agreed at SPF Jul-19).
Ocriplasmin, intraocular				Red	For treatment of vitreomacular traction if an epiretinal membrane is not present and macular hole is of specified size and type, and/or symptoms are severe.
Octenidine wash				Green	Octenesan should be supplied at request of secondary care infection control team in conjunction with mupirocin nasal ointment for MRSA decolonisation
Octreotide	Somatostatin analogues			Red	**Third-line** treatment for acromegaly (second-line if patient is unfit for surgery).
				Green	Care of dying adults in the last days of life NICE NG31 (Dec-15). Now recommended by NICE in care of dying adults in the last days of life with obstructive bowel disorders who have nausea or vomiting if patients have not improved after 24hrs of treatment with hyoscine butylbromide
				Amber[1]	**Appropriate for prescribing without formal shared care protocol, may be initiated by GP on advice of a specialist.** **For carcinoid syndrome see**: Wessex palliative care handbook.pdf (hee.nhs.uk)
Ocuvite Lutein®				Not recommended	Not licensed medicines. Legal status of "food supplements." Recommended for self-care
Ocuvite PreserVision®					
Ofatumumab			*Arzerra*®	Red	Ofatumumab in combination with chlorambucil or bendamustine for untreated chronic lymphocytic leukaemia. Funded by NHS ENGLAND Specialist Commissioning
				Not recommended	with chemotherapy for treating chronic lymphocytic leukaemia NICE terminated appraisal (Agreed at SPF Sept-17).
			Kesimpta®	Red	**NHS England commissioned.** For treating relapsing multiple sclerosis (Agreed at SPF Jul-21).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Olanzapine, oral				**Amber[3]**	**Appropriate for prescribing when specialist / trust initiated, with formal contractual shared care protocol.** In accordance with NICE CG178 (Update Mar-14) and the locally agreed shared care protocol (Antipsychotics SCP). See CSM advice on increased risk of stroke associated with olanzapine.
Olanzapine, injection				**Red**	See CSM advice on increased risk of stroke associated with olanzapine. This should never be administered in primary care due to the need for close monitoring. Patients receiving intramuscular olanzapine should be closely observed for hypotension, including postural hypotension, bradyarrhythmia, and/or hypoventilation, particularly for the first 4 hours following injection, and close observation should be continued after this period, if clinically indicated.
Olaparib (continued below)				**Red**	**NHS England commissioned.** For maintenance treatment of BRCA mutation-positive, advanced ovarian, fallopian tube or primary peritoneal cancer that has responded to first-line platinum-based chemotherapy in adults (Agreed at SPF Sept-19)
				Red	**NHS England commissioned.** For maintenance treatment of relapsed platinum-sensitive ovarian, fallopian tube or peritoneal cancer - replaces TA381 (Agreed at SPF Mar-20).
				Red	**NHS England commissioned.** Olaparib plus bevacizumab for maintenance treatment of advanced ovarian, fallopian tube or primary peritoneal cancer (Agreed at SPF May-21).
				Not recommended	**NICE terminated appraisal.** For maintenance treatment of BRCA mutation-positive metastatic pancreatic cancer after platinum-based chemotherapy (Agreed at SPF Jan-22).
				Not recommended	**NICE terminated appraisal.** For treating BRCA mutation-positive HER2-negative metastatic breast cancer after chemotherapy (Agreed at SPF Mar-22).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
				Not recommended	**Not recommended by NICE.** For previously treated BRCA mutation-positive hormone-relapsed metastatic prostate cancer (Agreed SPF Nov 22).
				Red	**NHS England commissioned.** Olaparib for previously treated BRCA mutation-positive hormone-relapsed metastatic prostate cancer (Agreed at MPB May-23).
				Red	**NHS England commissioned.** Olaparib for adjuvant treatment of BRCA mutation-positive HER2-negative high-risk early breast cancer after chemotherapy (Agreed at MPB May-23).
				Red	**NHS England commissioned.** Olaparib for maintenance treatment of relapsed, platinum-sensitive ovarian, fallopian tube or peritoneal cancer after 2 or more courses of platinum-based chemotherapy (Agreed MPB Jul-23).
Olaparib (Continued)				**Red**	**NHS England commissioned.** Olaparib with bevacizumab for maintenance treatment of advanced high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer (Agreed MPB Jan-24).
				Red	**NHS England commissioned.** Olaparib with abiraterone for untreated hormone-relapsed metastatic prostate cancer (Agreed MPB Feb-24).
				Red	**NHS England commissioned.** Olaparib for maintenance treatment of BRCA mutation-positive advanced ovarian, fallopian tube or peritoneal cancer after response to first-line platinum-based chemotherapy (Agreed MPB May-24).
				Red	**NHS England commissioned.** Olaparib for treating BRCA mutation-positive HER2-negative advanced breast cancer after chemotherapy. [TA1040] March 25 MPB
Olmesartan medoxomil				**Not recommended**	Not approved for use by acute trust D&TCs**.** Only licensed for the treatment of hypertension. **ACEIs remain renin-angiotensin system drugs of choice for first-line treatment.** ARB formulary choices (i.e. if several ACEIs not tolerated) remain candesartan, losartan (first-line), and valsartan.

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Olmesartan medoxomil / hydrochlorothiazide		MHRA DSU Nov 18		**Not recommended**	Not approved for use by acute trust D&TCs **ACEIs remain rennin-angiotensin system drugs of choice for first-line treatment.** ARB formulary choices (i.e. if several ACEIs not tolerated) remain candesartan, losartan (first-line), and valsartan. *Hydrochlorothiazide: risk of non-melanoma skin cancer, particularly in long-term use.*
Olmesartan medoxomil / amlodipine				**Not recommended**	Not approved for use by acute trust D&TCs **ACEIs remain rennin-angiotensin system drugs of choice for first-line treatment.** ARB formulary choices (i.e. if several ACEIs not tolerated) remain candesartan, losartan (first-line), and valsartan. **First-line** calcium-channel blocker remains amlodipine
Olmesartan medoxomil / amlodipine / hydrochlorothiazide		MHRA DSU Nov 18		**Not recommended**	Not approved for use by acute trust D&TCs **ACEIs remain rennin-angiotensin system drugs of choice for first-line treatment.** ARB formulary choices (i.e. if several ACEIs not tolerated) remain candesartan, losartan (first-line), and valsartan. *Hydrochlorothiazide: risk of non-melanoma skin cancer, particularly in long-term use.*
Olodaterol			See Inhaler Venn Diagram	**Green**	Approved within its licenced indications
Omega-3-acid ethyl esters **Note:** Not to be confused with omega-3-marine triglycerides (*Maxepa*®)		MHRA DSU Jan 24		**Not recommended**	**No longer recommended for use by NHS Somerset following a review of evidence** (SPF (Nov-11)). Formerly considered AMBER as an adjunct in secondary prevention after myocardial infarction initiated by secondary care consultants or when recommended by cardiac rehabilitation nurses. Treatment should not have exceeded four years. Not recommended by NHS ENGLAND consultation: Items which should not be routinely prescribed in primary care (Nov 17). **MHRA:** Omega-3-acid ethyl ester medicines: dose-dependent increased risk of atrial fibrillation in patients with established cardiovascular diseases or cardiovascular risk factors

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
				Not recommended	All other indications. Not recommended by NHS ENGLAND consultation: Items which should not be routinely prescribed in primary care (Nov 17). **MHRA:** Omega-3-acid ethyl ester medicines: dose-dependent increased risk of atrial fibrillation in patients with established cardiovascular diseases or cardiovascular risk factors
Omalizumab				**Red**	For previously treated chronic spontaneous. Funded by NHS ENGLAND Specialist Commissioning.
				Not recommended	**NICE terminated appraisal.** For treating chronic rhinosinusitis with nasal polyps (Agreed at SPF Mar-21).
Omaveloxolone				**Not recommended**	**NICE terminated appraisal**. Omaveloxolone for treating Friedreich's ataxia in people 16 years and over (Agreed MPB May-25).
Omeprazole Powder for Oral Suspension 2mg/ml and 4mg/ml				**Not recommended**	Licensed for adults and paediatrics down to 4 weeks old. Licensed for mg/kg dosing. Sugar, Alcohol and Propylene Glycol Free. (Agreed at PAMM March 2020)
Ondansetron, oral		MHRA DSU Jan 20	Generic	**Red**	For chemotherapy induced N&V, as can cause constipation. If considered essential, secondary care should provide prescriptions and advise on safe use.
				Amber[2]	**Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol.** 4mg and 8mg tablets only as second line treatment of N&V in pregnancy or other non-chemo related N&V unresponsive to other antiemetics. **MHRA:** Small increased risk of oral clefts following use in the first 12 weeks of pregnancy
				Not recommended	For unlicensed indications Treat as RED drug if recommended for prescribing in primary care by relevant specialist.

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
			SetoFilm® orodispersible film	**Not recommended**	No application for review by relevant D&TC or Somerset Prescribing Forum yet received. Treat as RED drug if recommended for prescribing in primary care by relevant specialist.
Opicapone				**Amber[2]**	**Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol.** Status changed from RED to Amber (Agreed at SPF May-18). Patients will be prescribed 3 months of treatment in secondary care, specialist can then request a transfer of the prescribing to the patients GP.
Orlistat			*Xenical*® (only available as 120mg capsule)	**Green**	In accordance with NICE CG43 (Update Mar-15). Not to be prescribed generically at OTC strength (60mg).
			Alli® (only available as 60mg capsule)	**Not recommended**	60mg strength (OTC) capsule: High-cost alternative with restricted product license if prescribed as OTC product. **NB:** Different strength (60mg) compared to Prescription-only product (120mg.) Not to be prescribed on FP10 as *Alli*®
Oseltamivir				**Green**	**Influenza:** NHS except for the treatment and prophylaxis of influenza in accordance with NICE TA158 (Sept-08). FP10 prescriptions must be endorsed 'SLS'.
				Not recommended	**All other indications:** NHS except for the treatment or prophylaxis of influenza (see above.)
Osimertinib (continued below)				**Red**	[TA416] Osimertinib for treating locally advanced or metastatic EGFR T790M mutation-positive non-small-cell lung cancer. For specialist prescribing only
				Not recommended	**Not recommended by NICE.** Osimertinib for untreated EGFR mutation-positive nonsmall-cell lung cancer (Agreed at SPF Mar-20).
				Red	**NHS England commissioned.** For treating EGFR T790M mutation-positive advanced non-small-cell lung cancer (Agreed at SPF Nov-2020).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
				Red	**NHS England commissioned.** For untreated EGFR mutation-positive non-small-cell lung cancer. (Agreed at SPF Nov-2020).
				Red	**NHS England commissioned.** For adjuvant treatment of EGFR mutation-positive non-small-cell lung cancer after complete tumour resection (Agreed at SPF Apr-22).
Osimertinib (continued)				Red	**NHS England Commissioned.** Osimertinib for adjuvant treatment of EGFR mutation-positive non-small-cell lung cancer after complete tumour resection [TA1043] Agreed March 25 MPB
				Red	**NHS England Commissioned.** Osimertinib with pemetrexed and platinum-based chemotherapy for untreated EGFR mutation-positive advanced non-small-cell lung cancer (Agreed MPB May-25).
Ospemifene				Green	**ICB commissioned.** For treating moderate to severe symptomatic vulvar and vaginal atrophy (VVA) in post-menopausal women who are not candidates for local vaginal oestrogen therapy. When on the recommendation of specialist use (Agreed SPF Sept-22).
Oxaliplatin				Red	Cytotoxic drug (Platinum compound)

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Oxycodone CD		MHRA DSU Sept 20	Generic *Oxeltra*® *Oxypro*® *Shortec*® *Longtec*® *Oxyact*®	**Amber[1]**	**Appropriate for prescribing without formal shared care protocol, may be initiated by GP on advice of a specialist. For management of neuropathic pain** in accordance with NICE CG173 (Update Sep-20): NICE recommend against initiation in non-specialist settings without assessment by a specialist pain service or a condition-specific service. Formulary **first-line** strong opiate remains morphine. **MHRA**: Risk of dependence and addiction
				Green	**Formulary third-line strong opiate:** Oxycodone is included only for patients where morphine is contra-indicated or not tolerated. Available data does not provide any evidence of oxycodone's superiority to morphine. First-line strong opiate remains morphine. **MHRA**: Risk of dependence and addiction
			OxyContin® *OxyNorm*®	**Not recommended**	Branded prescribing of certain brands (i.e. when brand price greatly exceeds non-proprietary or other brands) is not considered a cost effective use of NHS resources. **MHRA**: Risk of dependence and addiction
Oxycodone / naloxone CD		MHRA DSU Sept 20		**Not recommended**	No application for review by either acute trust or partnership D&TC or Prescribing Forum received. Not recommended for use by NHS Scotland by the Scottish Medicines Consortium Not recommended by NHS ENGLAND consultation: Items which should not be routinely prescribed in primary care (Nov 17). **MHRA**: Risk of dependence and addiction
Ozanimod				**Not recommended**	**Not recommended by NICE.** For treating relapsing–remitting multiple sclerosis (Agreed at SPF Jul-21).
				Red	**ICB commissioned.** Ozanimod for treating moderately to severely active ulcerative colitis (Agreed at SPF Nov 22).
P					
Paclitaxel		MHRA DSU Jan 22		**Red**	Cytotoxic drug (taxane)

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
				Red	**NHS England commissioned.** Pembrolizumab with carboplatin and paclitaxel for untreated metastatic squamous non-small-cell lung cancer (Agreed at SPF Mar-22).
Padeliporfin				Not recommended	**Not recommended by NICE** for untreated localised prostate cancer (Agreed at SPF Jan-19).
Paediatric Caridology Drugs				Red	Monitoring AND prescribing of paediatric cardiology drugs – (many of which are specials) should remain with the patient's specialist team.
Palbociclib		MHRA DSU June 21		Red	**NHS England commissioned.** Palbociclib with an aromatase inhibitor for previously untreated, hormone receptor-positive, HER2-negative, locally advanced or metastatic breast cancer (Agreed at SPF Jan-18).
				Red	**NHS England commissioned.** Palbociclib with fulvestrant for treating hormone receptor-positive, HER2-negative, advanced breast cancer. Cancer Drugs Fund (Agreed at SPF Mar-20).
				Red	**NHS England commissioned.** Palbociclib with fulvestrant for treating hormone receptor-positive, HER2-negative advanced breast cancer after endocrine therapy (Agreed at SPF Nov 22).
Palfermin				Red	For use cytotoxic-induced side-effects.
Palforzia				Red	**ICB commissioned.** For treating peanut allergy in children and young people to be provided in allergy clinics within NHS Hospital Trusts (Agreed at PAMM Feb-22).
Paliperidone, parenteral (depot)				Amber[3]	**Appropriate for prescribing when specialist / trust initiated, with formal contractual shared care protocol.** Decision to share care is at GP discretion **Note:** Paliperidone is a metabolite of risperidone. In line with locally agreed shared care protocol.
Palonosetron			*Aloxi*®	Not recommended	For all licensed indications: Treat as RED drug if recommended for prescribing in primary care by relevant specialist.
				Not recommended	For unlicensed indications including use in pregnancy. Treat as RED drug if recommended for prescribing in primary care by relevant specialist.

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
			Akynzeo®	**Red**	For prevention of acute and delayed nausea & vomiting (Agreed at SPF Jan-18).
Panitumumab				**Red**	Cytotoxic drug (monoclonal antibody)
				Not recommended	Panitumumab in combination with chemotherapy for the treatment of metastatic colorectal cancer. Not recommended by NICE TA240
				Red	**Funded by NHS England.** Cetuximab and panitumumab for previously untreated metastatic colorectal cancer.
Paperveretum CD				**Not recommended**	Preparation considered by the BNF Joint Formulary Committee to be less suitable for prescribing.
Paperveretum / hyoscine CD				**Not recommended**	Preparation considered by the BNF Joint Formulary Committee to be less suitable for prescribing.
Paricalcitol				**Not recommended**	Rejected for use by TST and YDH D&TCs. Royal Devon & Exeter Hospital currently reviewing evidence. Treat as RED drug if recommended for prescribing by RD&E or other out-of-area consultants.
Paracetamol, oral	Acetaminophen, oral		Generic	**Green**	Recommended as self-care if being used to treat minor ailments. When prescribed generically and including: • 500mg tablets • 120mg / 5ml oral suspension • 120mg / 5ml sugar-free oral suspension • 250mg / 5ml oral suspension • 250mg / 5ml sugar-free oral suspension
			Unlicensed 'specials' e.g. 500mg/5ml susp	**Not recommended**	Use commercially available licensed preparations. Unlicensed medicines and / or 'specials' are not considered a cost effective use of NHS resources except in exceptional circumstances. The range of paracetamol products commercially available negates the need for any paracetamol 'specials'.
			Panadol OA®	**Not recommended**	**NB:** *Panadol OA*® is formulated as a 1000mg tablet OTC product with a high cost to the NHS if prescribed on FP10 prescription. Safety concern re: possible confusion with 500mg tablets (normal strength.)

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Paracetamol / diphenhydramine, oral				**Not recommended**	OTC products with a high cost to the NHS if prescribed on FP10 prescription.
Paracetamol / diphenhydramine / pholcodine / pseudoephedrine, oral		MHRA DSU Mar 24 Mar 23		**Not recommended**	OTC products with a high cost to the NHS if prescribed on FP10 prescription. **MHRA**: Pholcodine-containing cough and cold medicines: withdrawal from UK market as a precautionary measure **MHRA**: Pseudoephedrine: very rare risk of posterior reversible encephalopathy syndrome (PRES) and reversible cerebral vasoconstriction syndrome (RCVS)
Paracetamol / diphenhydramine / pseudoephedrine, oral		MHRA DSU Mar 24		**Not recommended**	OTC products with a high cost to the NHS if prescribed on FP10 prescription. **MHRA**: Pseudoephedrine: very rare risk of posterior reversible encephalopathy syndrome (PRES) and reversible cerebral vasoconstriction syndrome (RCVS)
Paracetamol / tramadol, oral				**Not recommended**	**NB:** Sub-therapeutic dose of Paracetamol (325mg per tablet.) No application for review by either acute trust or partnership D&TC or Prescribing Forum received. Not recommended by NHS ENGLAND consultation: Items which should not be routinely prescribed in primary care (Nov 17). **MHRA**: Risk of dependence and addiction
Patiromer				**Red**	Hospital only **ICB commissioned.** For treating hyperkalaemia (Agreed at SPF Mar-20).
Pegaptanib, intravitreal				**Not recommended**	NICE TA155 (Update May-12) recommended against use for the treatment of wet aged-related macular degeneration (AMD).
Pegaspargase				**Red**	NICE TA408 (Sept-16) Pegaspargase for treating acute lymphoblastic leukaemia For specialist prescribing only
Pegcetacoplan				**Red**	**NHS England commissioned.** For treating paroxysmal nocturnal haemoglobinuria (Agreed at SPF Mar-22).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Pegfilgrastim	Pegylated recombinant methionyl human granulocyte-colony stimulating factor			Red	
Peginterferon alfa-2a				Red	For chronic myeloid leukaemia.
				Red	Chronic hepatitis B **Funded by NHS England**.
				Red	Chronic hepatitis C. **Funded by NHS England** in combination with ribavirin.
Peginterferon alfa-2b (rbe)				Red	For chronic myeloid leukaemia.
				Red	Chronic hepatitis B. For Peginterferon alfa-2a.
				Red	Chronic hepatitis C **NHS England commissioned** in combination with ribavirin.
Peginterferon beta-1a				Red	**NHS England commissioned.** For treating relapsing–remitting multiple sclerosis in adults (Agreed at SPF Mar-20).
Pegunigalsidase alfa				Red	**NHS England commissioned.** Pegunigalsidase alfa for treating Fabry disease (Agreed MPB Oct 23).
Pembrolizumab (continued below)				Red	**NHS England commissioned.** For treating PD-L1-positive non-small-cell lung cancer after chemotherapy. (SPF approved Nov-17)
				Red	**NHS England commissioned.** For treating advanced melanoma after disease progression with ipilimumab. (SPF approved Nov-17)
				Red	**NHS England commissioned.** For advanced melanoma not previously treated with ipilimumab. (SPF approved Nov-17).
				Red	**NHS England commissioned.** For treating locally advanced or metastatic urothelial carcinoma after platinum-containing chemotherapy (Agreed at SPF May-18).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Pembrolizumab (continued below)				Red	**NHS England commissioned.** For untreated PD-L1-positive locally advanced or metastatic urothelial cancer when cisplatin is unsuitable (Agreed at SPF Jul-18).
				Red	**NHS England commissioned.** For untreated PD-L1-positive metastatic non-small-cell lung cancer (Agreed at SPF Sep-18).
				Red	**NHS England commissioned.** For treating relapsed or refractory classical Hodgkin lymphoma (Agreed at SPF Sep-18). Recommended in some cases but not others.
				Red	**NHS England commissioned.** For adjuvant treatment of resected melanoma with high risk of recurrence (Agreed at SPF Jan-19).
				Red	**NHS England commissioned.** Pembrolizumab with pemetrexed and platinum chemotherapy for untreated, metastatic, non-squamous non-small-cell lung cancer (Agreed at SPF Jan-19).
				Not recommended	**NICE terminated appraisal.** For treating recurrent or metastatic squamous cell carcinoma of the head and neck after platinum-based chemotherapy (Agreed at SPF May-19).
				Red	**NHS England commissioned.** Pembrolizumab with carboplatin and paclitaxel for untreated metastatic squamous non-small-cell lung cancer (Agreed at SPF Mar-22).
				Not recommended	**Not recommended by NICE.** Pembrolizumab with axitinib for untreated advanced renal cell carcinoma. (Agreed at SPF Nov-2020).
				Red	**NHS England commissioned.** For untreated metastatic or unresectable recurrent head and neck squamous cell carcinoma (Agreed at SPF Jan-21).
				Not recommended	**NICE terminated appraisal.** For untreated PD-L1-positive, locally advanced or metastatic urothelial cancer when cisplatin is unsuitable (Agreed at SPF Mar-21).
				Red	**NHS England commissioned.** Pembrolizumab with pemetrexed and platinum chemotherapy for untreated, metastatic, non-squamous non-small-cell lung cancer (Agreed at SPF Mar-21).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
				Not recommended	**Not recommended by NICE.** Pembrolizumab for treating locally advanced or metastatic urothelial carcinoma after platinum-containing chemotherapy (Agreed at SPF May-2020).
				Red	**NHS England commissioned.** Pembrolizumab for untreated metastatic colorectal cancer with high microsatellite instability or mismatch repair deficiency (Agreed at SPF Jul-21).
				Red	**NHS England commissioned.** Pembrolizumab with platinum- and fluoropyrimidine-based chemotherapy for untreated advanced oesophageal and gastro-oesophageal junction cancer (agreed SPF Nov-21).
Pembrolizumab (Continued)				Red	**NHS England commissioned.** For adjuvant treatment of completely resected stage 3 melanoma (Agreed at SPF Mar-22).
				Red	**NHS England commissioned.** For treating relapsed or refractory classical Hodgkin lymphoma after stem cell transplant or at least 2 previous therapies (Agreed at SPF Mar-22).
				Red	**NHS England commissioned.** Pembrolizumab plus chemotherapy for untreated, triple-negative, locally recurrent unresectable or metastatic breast cancer (Agreed Jul-22).
				Red	**NHS England commissioned.** For adjuvant treatment of renal cell carcinoma (Agreed at SPF Nov 22).
				Red	**NHS England commissioned.** For adjuvant treatment of resected stage 2B or 2C melanoma (Agreed at SPF Nov 22).
				Red	**NHS England commissioned.** Pembrolizumab for neoadjuvant and adjuvant treatment of triple-negative early or locally advanced breast cancer (Agreed PAMM Jan-23).
				Red	**NHS England commissioned.** Lenvatinib with pembrolizumab for untreated advanced renal cell carcinoma (Agreed PAMM Jan-23).
				Red	**NHS England commissioned.** Pembrolizumab plus chemotherapy with or without bevacizumab for persistent, recurrent or metastatic cervical cancer (Agreed at MPB May-23).
				Red	**NHS England commissioned.** Pembrolizumab with lenvatinib for previously treated advanced or recurrent endometrial cancer (Agreed at MPB Jun-23).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Pembrolizumab (Continued)				Red	**NHS England commissioned.** Pembrolizumab for previously treated endometrial, biliary, colorectal, gastric or small intestine cancer with high microsatellite instability or mismatch repair deficiency (Agreed MPB Sept 23).
				Red	**NHS England commissioned.** Pembrolizumab plus chemotherapy with or without bevacizumab for persistent, recurrent or metastatic cervical cancer (Agreed at MPB Jan-24).
				Red	**NHS England commissioned.** Pembrolizumab for treating relapsed or refractory classical Hodgkin lymphoma in people 3 years and over (Agreed MPB Jun-24).
				Not recommended	**NICE terminated appraisal.** Pembrolizumab with gemcitabine and cisplatin for untreated advanced biliary tract cancer (Agreed MPB Jun-24).
				Red	**NHS England commissioned.** Pembrolizumab with trastuzumab and chemotherapy for untreated locally advanced unresectable or metastatic HER2-positive gastric or gastro-oesophageal junction adenocarcinoma (Agreed MPB Jul-24).
				Red	**NHS England commissioned.** Pembrolizumab with platinum- and fluoropyrimidine-based chemotherapy for untreated advanced HER2-negative gastric or gastro-oesophageal junction adenocarcinoma (Agreed MPB Sept-24).
				Red	**NHS England commissioned.** Pembrolizumab with chemotherapy before surgery (neoadjuvant) then alone after surgery (adjuvant) for treating resectable non-small-cell lung cancer (Agreed MPB Nov-24).
Pembrolizumab (continued)				Red	**NHS England Commissioned.** Pembrolizumab for adjuvant treatment of resected non-small-cell lung cancer [TA 1037] Agreed March 25 MPB
Pemetrexed				Not recommended	Not recommended as maintenance treatment for locally advanced or metastatic non-squamous non-small-cell lung cancer after induction therapy with pemetrexed and cisplatin.
				Red	**NHS England commissioned.** For the maintenance treatment of non-small-cell lung cancer (Agreed at SPF Sept-17).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Pemigatinib				**Red**	**NHS England commissioned.** For treating relapsed or refractory advanced cholangiocarcinoma with FGFR2 fusion or rearrangement (Agreed at SPF Sep-21).
Penicillamine				**Amber[3]**	**Appropriate for prescribing when specialist / trust initiated, with formal contractual shared care protocol.** In accordance with the locally agreed shared care protocol on the use of disease modifying anti-rheumatic drugs (DMARDs).
Pentazocine CD		MHRA DSU Sept 20		**Not recommended**	Preparation considered by the BNF Joint Formulary Committee to be less suitable for prescribing. Available in oral and parenteral formulations. **MHRA**: Risk of dependence and addiction
Pentosan polysulfate sodium		MHRA DSU Sept 19		**Red**	**ICB commissioned.** For treating bladder pain syndrome (Agreed at SPF Nov-19).
Pentostatin				**Red**	Antineoplastic drug
Pentoxifylline				**Not recommended**	Pentoxifylline is not recommended for the treatment of intermittent claudication in peripheral arterial disease (PAD.)
Perampanel, oral	AMPA glutamate receptor antagonist	MHRA DSU Nov 17		**Amber[2]**	**Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol.** Adjunctive treatment of partial-onset seizures with or without secondarily generalised seizures in patients with epilepsy aged 12 years and older. See NICE NG217 (Apr-22) for further information. **MHRA:** Updated advice on switching between different manufacturers' products
Perindopril arginine				**Not recommended**	No application for review by acute trust D&TC or Prescribing Forum received. Not bioequivalent to Perindopril erbumine. **Note**: **First-line** ACEIs remain Lisinopril and Ramipril. Not recommended by NHS ENGLAND consultation: Items which should not be routinely prescribed in primary care (Nov 17).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Perindopril arginine / indapamide				**Not recommended**	Combination products not recommended: **First-line** ACEIs remain ramipril capsules or lisinopril **First-line** thiazide is indapamide in line with NICE NG136 (Updated Mar-22).
Perindopril erbumine	Perindopril *tert*-butylamine			**Green**	Patients admitted to TST will be changed to formulary ACEI. YDH policy: consultant cardiologist initiated only as third-line ACEI in certain circumstances only, however, prescribing policy currently under review. **Note**: **First-line** ACEIs remain Lisinopril and Ramipril.
Pertuzumab				**Red**	For the neoadjuvant treatment of HER2 positive breast cancer. Specialist commissioning-**NOT** funded by ICB
				Red	**NHS England commissioned.** Pertuzumab with trastuzumab and docetaxel for treating HER2-positive breast cancer (Agreed at SPF Mar-18).
				Red	**NHS England commissioned.** Pertuzumab for adjuvant treatment of HER2-positive early stage breast cancer (Agreed at SPF May-19).
Pethidine, oral CD		MHRA DSU Sept 20		**Not recommended**	Moderate to severe pain. **MHRA**: Risk of dependence and addiction
Pethidine, parenteral CD		MHRA DSU Sept 20		**Not recommended**	Moderate to severe pain. **MHRA**: Risk of dependence and addiction
				Red	Obsteric analgesia. **MHRA**: Risk of dependence and addiction
				Red	Peri-operative pain. **MHRA**: Risk of dependence and addiction
Pethidine / promethazine, parenteral CD		MHRA DSU Sept 20		**Not recommended**	Preparation considered by the BNF Joint Formulary Committee to be less suitable for prescribing. **MHRA**: Risk of dependence and addiction

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Phentolamine / Aviptadil solution for injection				**Green**	Intercavernosal injection for erectile dysfunction.
Phosphates, oral				**Red**	
Pimecrolimus, topical				**Not recommended**	NICE TA82 (Aug-04) not recommended as a first-line treatment of atopic eczema
				Amber[2]	**Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol.** As a second-line treatment of atopic eczema in accordance with NICE TA82 (Aug-04)
Pirfenidone		MHRA DSU Nov 20		**Red**	**NHS England commissioned.** For treating idiopathic pulmonary fibrosis (Agreed at SPF Mar-18).
Piroxicam, oral		MHRA DSU Oct 07		**Amber[2]**	**Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol.** CHMP recommended restriction on use of piroxicam (June 2007) because of increased risk of GI side-effects and serious skin reactions. **MHRA:** New restrictions, including specialist initiation
Pioglitazone		MHRA DSU Aug 11 Jan 11		**Green**	In accordance with the recommendations made by NICE NG28 (Updated Jun-22). **MHRA:** Risk of bladder cancer **MHRA:** Insulin combined with pioglitazone: risk of cardiac failure
Pitolisant				**Not recommended**	Not for prescribing at present
				Not recommended	**Not recommended by NICE.** For treating excessive daytime sleepiness caused by obstructive sleep apnoea (Agreed at SPF Mar-22).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Pixantrone				Red	Funded by NHS England as a possible monotherapy for multiply relapsed or refractory aggressive Non-Hodgkin's Lymphoma, if patients: have previously been treated with rituximab and they are receiving 3rd or 4th-line treatment and the drug is provided at the discount agreed in the patient access scheme.
Plerixafor				Red	Licensed for use in combination with G-CSF to enhance mobilisation of haemopoietic stem cells. (SPF approved Jan-12). Expected to be funded by NHS NCB Specialist Commissioning from Apr-13.
Polatuzumab vedotin in combination				Red	**NHS England commissioned.** Polatuzumab vedotin with rituximab and bendamustine for treating relapsed or refractory diffuse large B-cell lymphoma (Agreed at SPF Nov-2020).
				Red	**NHS England commissioned.** Polatuzumab vedotin in combination (with rituximab, cyclophosphamide, doxorubicin and prednisolone) for untreated diffuse large B-cell lymphoma (Agreed MPB Mar-23).
Pomalidomide				Not recommended	Not routinely commissioned
				Red	For multiple myeloma previously treated with lenalomide and bortezomib. Specialist commissioning not funded by ICB.
				Not recommended	**NICE terminated appraisal.** Pomalidomide with bortezomib and dexamethasone for treating relapsed or refractory multiple myeloma (Agreed at SPF Nov-19).
Ponatinib		MHRA DSU July 20 Oct 18		Red	**NHS England commissioned.** For treating chronic myeloid leukaemia and acute lymphoblastic leukaemia (Agreed at SPF Jul-17).
Ponesimod				Red	**NHS England commissioned.** For treating relapsing–remitting multiple sclerosis (Agreed at SPF Mar-22).
Porfimer sodium				Red	Cytotoxic drug (photodynamic therapy)

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Posaconazole				**Not recommended**	No local acute trust Drugs and Therapeutics committee has yet received an application to consider this drug.
Potassium bicarbonate–potassium citrate (slow release)				**Not recomended**	**NICE terminated appraisal.** Slow-release potassium bicarbonate–potassium citrate for treating distal renal tubular acidosis (Agreed at SPF Nov 22).
POWERbreathe® (device)				**Not recommended**	Not for routine prescribing in primary care. For supply by the rehabilitation service (Agreed SPF May-18).
Pralsetinib				**Not recommended**	**Not recommended by NICE.** For treating RET fusion-positive advanced non-small-cell lung cancer (Agreed at SPF Sept-22).
Pramipexole (standard release and modified / prolong release)			Generic	**Green**	For the treatment of Parkinson's Disease in accordance with locally agreed guidance. Modified-release pramipexole (once-daily dosing) is considered second-line pramipexole option after standard-release tablets (three times a day dosing). **NB:** Doses and strengths are stated in terms of pramipexole (base)
				Not recommended	**For the treatment of restless-leg syndrome:** No local acute trust Drugs and Therapeutics committee has yet received an application to consider this drug for this indication. Treat as RED if recommended by a relevant specialist.
			Mirapexin® *Mirapexin® Prolonged Release*	**Not recommended**	**For all indications** branded prescribing s not considered a cost-effective use of NHS resources. Treat as RED if originator brand is specified and intended as a recommendation by a relevant specialist.

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Prasterone				**Amber[1]**	**Appropriate for prescribing without formal shared care protocol, may be initiated by GP on advice of a specialist.** Prasterone for the treatment of vulvar and vaginal atrophy in postmenopausal women (Also known as Genitourinary Syndrome of Menopause, or GSM) who are having moderate to severe symptoms as second line treatment after failed local estrogen treatment, after an adequate trial of local estrogen, having trialled at least 2 vaginal estrogen preparations over 6 months. Prasterone is used instead of local estrogen. Patients may re-trial local estrogen after 6-12 months treatment with prasterone. Where local estrogen treatment is then successful, this will need to be continued usually long term (MPB agreed Jan 25).
				Amber[1]	**Appropriate for prescribing without formal shared care protocol, may be initiated by GP on advice of a specialist.** Prasterone can be initiated in patients with a history of cancer off-label who are suffering severe GSM who are taking aromatase inhibitors where lubricants and vaginal moisturisers alone are inadequate, under the advice of a specialist only. This cohort of patients cannot use local vaginal estrogen (MPB agreed Jan 25).
Prasugrel				**Amber[2]**	**Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol.** In accordance with NICE TA317 (Jul-14) where appropriate: Prasugrel 10mg in combination with aspirin is recommended as an option for preventing atherothrombotic events in people with acute coronary syndromes having percutaneous coronary intervention, only when: • immediate primary percutaneous coronary intervention for ST-segment-elevation myocardial infarction is necessary **or** • stent thrombosis has occurred during clopidogrel treatment **or** • the patient has diabetes mellitus First month's treatment to be supplied by secondary care, following 11 months treatment to be prescribed in primary care (maximum total 12 months treatment.)

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Pravastatin		MHRA DSU Sept 23		**Green**	In accordance with NICE CG181 (Updated May-23) where appropriate. Atorvastatin remains the **first-line** recommendation. **MHRA:** Statins: very infrequent reports of myasthenia gravis
Praziquantel			Unlicensed in the UK	**Red**	No product licensed for human use is marketed in the UK.
Prednisolone Oral solution				**Green**	
Prednisolone Dispersible Tabs				**Green**	Suitable when a patient can't swallow normal tablets.

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Pregabalin		MHRA DSU Mar 22 Feb 21 Apr 19		**Green**	Joint first-line treatment with amitriptyline recommendation for the management of neuropathic pain (excluding painful diabetic neuropathy) in adults in accordance with NICE CG173 (Update Sep-20) **MHRA:** Findings of safety study on risks during pregnancy **MHRA:** Reports of severe respiratory depression **MHRA:** Risk of abuse and dependence: new scheduling requirements from 1 April
				Green	As an option in generalized anxiety disorder (GAD) if SSRI and SNRI are not tolerated. **MHRA:** Findings of safety study on risks during pregnancy **MHRA:** Reports of severe respiratory depression **MHRA:** Risk of abuse and dependence: new scheduling requirements from 1 April
				Green	Second line treatment option for the management of painful diabetic neuropathy adults in accordance with NICE CG173 (Update Sep-20) **MHRA:** Findings of safety study on risks during pregnancy **MHRA:** Reports of severe respiratory depression **MHRA:** Risk of abuse and dependence: new scheduling requirements from 1 April
				Green	For the treatment of partial seizures with or without secondary generalisation, in patients who cannot tolerate gabapentin in accordance with NICE CG137 (Update Sep-20). **MHRA:** Findings of safety study on risks during pregnancy **MHRA:** Reports of severe respiratory depression **MHRA:** Risk of abuse and dependence: new scheduling requirements from 1 April

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
				Not recommended	NICE NG217 (Apr-22) recommends against use in epilepsy: • if absence or myoclonic seizures or if JME is suspected • as adjunctive treatment if tonic or atonic seizures • as adjunctive treatment if Dravet syndrome • as adjunctive treatment if Lennox-Gastaut syndrome • as adjunctive treatment if idiopathic generalised epilepsy (IGE) • as adjunctive treatment juvenile myoclonic epilepsy (JME) • as adjunctive treatment if childhood absence epilepsy, juvenile absence epilepsy or other absence epilepsy syndromes **MHRA:** Findings of safety study on risks during pregnancy **MHRA:** Reports of severe respiratory depression **MHRA:** Risk of abuse and dependence: new scheduling requirements from 1 April
				Not recommended	All other indications: Categorisation to be reviewed in the light of peer-reviewed evidence. Patients currently receiving drug should be maintained on therapy if they are deriving benefit from it. **MHRA:** Findings of safety study on risks during pregnancy **MHRA:** Reports of severe respiratory depression **MHRA:** Risk of abuse and dependence: new scheduling requirements from 1 April
PreserVision®				**Not recommended**	Not licensed medicines. Legal status of "food supplements." Recommended as self-care
Pristinamycin				**Red**	Not recommended for use
Probenecid				**Red**	For use as an adjunct to antiretroviral therapy only. No longer licensed for the treatment of gout.
Probiotics				**Not recommended**	Not licensed medicines. Legal status of "food supplements." Recommended as self-care
Procarbazine				**Red**	Cytotoxic drug Please refer to *NPSA Rapid Response Report – Risks of incorrect dosing of oral anticancer medicines* (NPSA/2008/RRR001)

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Progesterone oral capsules				**Green**	**ICB commissioned.** Gepretix 100 is a micronised progesterone/ body similar progesterone, indicated for adjunctive use with an oestrogen in post-menopausal women with an intact uterus, as hormone replacement therapy (HRT) (Agreed MPB Oct 23).
Progesterone Vaginal Capsules				**Amber[2]**	**Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol.** [NG126] Ectopic pregnancy and miscarriage (Updated Aug-23): diagnosis and initial management recommendations: • Offer vaginal micronised progesterone 400 mg twice daily to women with an intrauterine pregnancy confirmed by a scan, if they have vaginal bleeding and have previously had a miscarriage. • If a fetal heartbeat is confirmed, continue progesterone until 16 completed weeks of pregnancy. Trusts to provide initial supply to avoid delay in starting. Trusts to provide four weeks supply (or if the patient is >12 weeks pregnant, then enough to last up until 16 weeks). If a four-week supply doesn't take the patient up to 16 weeks, then primary care to provide the remainder.
Prontosan				**Not recommended**	Prontosan is not recommended for treating acute wounds because the evidence is very limited (Agreed at SPF Apr-22).
Propantheline				**Green**	For hyperhidrosis as first line
Prucalopride				**Green**	For the treatment of chronic constipation in women >18 years in accordance with NICE [TA211] (Dec-10). Review treatment after four weeks.
				Not recommended	All other indications (including treatment for men): unlicensed.

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Q					
Quetiapine, oral			Immediate release: Generic	**Amber[3]**	**Appropriate for prescribing when specialist / trust initiated, with formal contractual shared care protocol.** In accordance NICE CG178 (Updated Mar-14) and the locally agreed shared care protocol Antipsychotics SCP currently being updated). Prescribe generically. Immediate release preparations are recommended as first line treatment.
			Modified-release: *Zaluron XL®* *Brancico XL®*	**Amber[3]**	**Appropriate for prescribing when specialist / trust initiated, with formal contractual shared care protocol.** In accordance NICE CG178 (Updated Mar-14) and the locally agreed shared care protocol Antipsychotics SCP currently being updated).
			Modified-release: *Seroquel XL®*	**Not recommended**	On cost grounds.
Quinapril				**Not recommended**	**First-line** ACEIs remain ramipril capsules or lisinopril
Quinapril / hydrochlorothiazide		MHRA DSU Nov 18		**Not recommended**	Combination products not recommended: **First-line** ACEIs remain ramipril capsules or lisinopril **First-line** thiazide is indapamide in line with NICE NG136 (Updated Mar-23). *Hydrochlorothiazide: risk of non-melanoma skin cancer, particularly in long-term use.*
Quizartinib				**Red**	**NHS England commissioned.** Quizartinib for induction, consolidation and maintenance treatment of newly diagnosed FLT3-ITD-positive acute myeloid leukaemia (Agreed MPB Nov-24).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
R					
Racecadotril, oral			*Hidrasec®*	**Red**	For the symptomatic treatment of acute diarrhoea in adults.
			Hidrasec Children® *Hidrasec Infant®*	**Red**	For complementary symptomatic treatment of acute diarrhoea in infants (older than 3 months) and in children together with oral rehydration and the usual support measures.
Radium-223		MHRA DSU Sept 18		**Red**	Specialist prescribing only. For treating hormone-relapsed prostate cancer with bone metastases.
Raltitrexed				**Red**	Cytotoxic drug (Antimetabolite)
Ramipril			Generic	**Green**	**First-line** ACEI prescribed generically as capsules.
			Tritace®	**Not recommended**	Not recommended when prescribed generically as tablets or as *Tritace®*
Ramipril / felodipine				**Not recommended**	Combination products not recommended: **First-line** ACEIs remain ramipril capsules or lisinopril **First-line** calcium-channel blockers remain amlodipine and felodipine
Ramucirumab		MHRA DSU July 20		**Not recommended**	**NICE terminated appraisal**. For treating unresectable hepatocellular carcinoma after sorafenib (Agreed at SPF Nov-19).
				Not recommended	**NICE terminated appraisal.** Ramucirumab with erlotinib for untreated EGFR-positive metastatic non-small-cell lung cancer (Agreed at SPF July-2020).
Raloxifene hydrochloride				**Not recommended**	NICE "Do not do" recommendation: not recommended as a treatment option for the primary prevention of osteoporotic fragility fractures in postmenopausal women. See NICE [TA160] (Updated Feb-18).
				Green	In accordance with NICE guidance for secondary prevention of fragility fractures in post-menopausal women (NICE [TA161] Feb-18).
				Green	For chemoprevention. In line with NICE [CG164] (updated Nov-23). See Formulary.

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Ranibizumab, intravitreal			*Lucentis*®	**Red**	For three months initial treatment only for wet age-related macular degeneration (AMD).
				Red	For the treatment of diabetic macular oedema (DMO).
				Red	For the treatment of macular oedema (retinal vein occlusion (RVO)).
				Not recommended	**NICE terminated appraisal.** For treating diabetic retinopathy (Agreed at SPF July -2020).
				Red	**NHS England commissioned.** Option for treating neonates with retinopathy of prematurity.
			Ongavia®	**Red**	**Biosimilar to Lucentis.** Indicated in adults for: • The treatment of neovascular (wet) age-related macular degeneration (AMD) • The treatment of visual impairment due to diabetic macular oedema (DME) • The treatment of proliferative diabetic retinopathy (PDR) • The treatment of visual impairment due to macular oedema secondary to retinal vein occlusion (branch RVO or central RVO) • The treatment of visual impairment due to choroidal neovascularisation (CNV) Agreed SPF Jul-22.
Ranolazine				**Green**	To be used in accordance with the Primary Care Guidelines for the Treatment of Chronic Stable Angina Pectoris. **NB:** Contraindicated with concomitant potent CYP3A4 inhibitors. Prolongs QT interval. Cautions in renal impairment, hepatic impairment and heart failure
				Red	In combination with ivabadrine and / or nicrorandil or any unlicensed indications.
Rasagiline				**Amber[2]**	**Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol.** As alternative to selegiline in the management of Parkinson's Disease. Selegiline remains the first-line monoamine-oxidase-B inhibitor

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Ravulizumab				Red	**NHS England commissioned.** For treating paroxysmal nocturnal haemoglobinuria (Agreed at SPF Jul-21). for treating
				Red	**NHS England commissioned.** For treating atypical haemolytic uraemic syndrome (Agreed at SPF Jul-21).
				Not recommended	**NICE terminated appraisal.** Ravulizumab for treating AQP4 antibody-positive neuromyelitis optica spectrum disorder (Agreed MPB Jan-24).
				Not recommended	**NICE terminated appraisal.** Ravulizumab for treating generalised myasthenia gravis (Agreed MPB Jan-24).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Realtime Continuous Glucose Monitoring See link to formualry: Chapter 6.1 – Guidance on Blood Glucose Testing, CGM and Testing Strips	rtCGM	MHRA DSU Oct 24	*GlucoRx AiDEX®*	**Green**	**ICB commissioned.** For: • All Type 1 patients. • Type 2 patients on multiple daily insulin injections fitting any of the below criteria: - They have recurrent hypoglycaemia or severe hypoglycaemia - they have impaired hypoglycaemia awareness - they have a condition or disability (including a learning disability or cognitive impairment) that means they cannot self-monitor their blood glucose by capillary blood glucose monitoring but could use an isCGM device (or have it scanned for them) - they would otherwise be advised to self-measure at least 8 times a day. - They are an adult with insulin-treated type 2 diabetes who would otherwise need help from a care worker or healthcare professional to monitor their blood glucose First line rtCGM for diabetics 14yrs and above. In line with NICE [NG28] (Updated Jun-22) & [NG18] (Updated May-23) (Agreed at SPF May-22). **MHRA:** Insulin pumps and continuous glucose monitoring (CGM) equipment: guidance for users on reporting suspected adverse incidents and safety concerns to the MHRA's Yellow Card scheme

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
			Dexcom ONE+®	**Green**	Same criteria as above for *GlucoRx AiDEX*. Plus for children and young people with type 2 diabetes if any of the following apply: • have a need, condition or disability (including a mental health need, learning disability or cognitive impairment) that means they cannot engage in monitoring their glucose levels by capillary blood glucose monitoring. • would otherwise be advised to self-monitor at least 8 times a day. • have recurrent or severe hypoglycaemia. First line for 4-14 years, second line for adults and children14+. In line with NICE [NG28] (Updated Jun-22) & [NG18] (Updated May-23) (Agreed at SPF Jul-22). **MHRA:** Insulin pumps and continuous glucose monitoring (CGM) equipment: guidance for users on reporting suspected adverse incidents and safety concerns to the MHRA's Yellow Card scheme
			GlucoMen Day®	**Green**	Same criteria as above for Dexcom ONE+. Can be used from 6 years old. In line with NICE [NG28] (Updated Jun-22) & [NG18] (Updated May-23) (Agreed at SPF Sept-22). **MHRA:** Insulin pumps and continuous glucose monitoring (CGM) equipment: guidance for users on reporting suspected adverse incidents and safety concerns to the MHRA's Yellow Card scheme
	Recombinant human parathyroid hormone			**Not recommended**	**NICE terminated appraisal.** For treating hypoparathyroidism NICE is unable to make a recommendation (Agreed at SPF Mar-20).
Rectal and Transanal Irrigation Treatment				**Amber[3]**	**Appropriate for prescribing when specialist / trust initiated, with formal contractual shared care protocol.** Prescribing guidelines- transanal irrigation systems agreed at SPF Jan-19.
Regorafenib		MHRA DSU July 20		**Red**	**NHS England commissioned.** For previously treated advanced hepatocellular carcinoma (Agreed at SPF Jan-19). (This was previously not recommended by NICE & SPF in May-18 but the guidance has since been updated and replaced.)

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
				Red	**NHS England commissioned.** Regorafenib for previously treated metastatic colorectal cancer (Agreed PAMM Feb-23).
Relugolix			*Orgovyx*®	**Amber[2]**	**Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol.** **ICB commissioned.** Relugolix for treating hormone-sensitive prostate cancer (Agreed MPB Sept 24).
Relugolix 40mg/ estradiol (as hemihydrate) 1mg/ norethisterone acetate 0.5 mg			*Ryeqo*®	**Amber[2]**	**Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol.** **ICB commissioned.** Indicated for treatment of moderate to severe symptoms of uterine fibroids in adult women of reproductive age NICE TA832. DXA scan recommended after 1 year of treatment. In patients with risk factors for osteoporosis or bone loss, a DXA scan is recommended prior to starting Ryeqo treatment. Changed from Red to Amber (Agreed MPB Mar-23).
				Amber[2]	**Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol.** **ICB commissioned.** Relugolix–estradiol–norethisterone (Ryeqo) for treating symptoms of endometriosis NICE TA1057. A DXA scan is recommended after 1 year of treatment. In patients with risk factors for osteoporosis or bone loss, a DXA scan is recommended prior to starting Ryeqo treatment (Agreed MPB May-25).
Remdesivir				**Red**	**Commissioned by ICB.** Remdesivir for treating COVID-19 (Agreed MPB Jun-24).
Renavit				**Green**	**Only for patients receiving renal dialysis.** Preparation of Vitamins B1, B2, B6, B12, C, Biotin, Folic acid, Nicotinamide, and Pathothenic acid. SPF approved (Nov-13).
Repaglinide				**Green**	Repaglinide may have a role in patients who fail to achieve target HbA1c with metformin +/- sulphonylurea, or when either of these two classes of drug are contra-indicated or not tolerated.

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Reslizumab				**Red**	**Funded by NHS England.** For treating severe eosinophilic asthma. Secondary care prescribing only. (SPF approved Nov-17).
RESPeRATE® (medical device)			*RESPeRATE*®	**Not recommended**	Medical device listed in Part IXA of the Drug Tariff for the adjunctive treatment of hypertension. Reviewed by the PAMM (Jul-12) and classified as non-formulary.
			RESPeRATE Ultra® *RESPeRATE Ultra Duo*®	**Not prescribable** NHS	NHS Not prescribable on FP10 prescription: Not listed in Part IXA of the Drug Tariff
Ribavirin	Tribavirin			**Red**	For use in combination with pegylated interferon alfa in the management of hepatitis C.
Ribociclib		MHRA DSU June 21		**Red**	**NHS England commissioned.** Ribociclib with an aromatase inhibitor for previously untreated, hormone receptor-positive, HER2-negative, locally advanced or metastatic breast cancer (Agreed at SPF Jan-18).
				Red	**NHS England commissioned.** Ribociclib with with fulvestrant for treating hormone receptor-positive, HER2-negative advanced breast cancer after endocrine therapy (Agreed at SPF May-21).
Rifaximin-alpha				**Amber[3]**	**Appropriate for prescribing when specialist / trust initiated, with formal contractual shared care protocol.** Available as 550mg only: licensed for reduction in recurrence of hepatic encephalopathy. Switched from RED to Amber (Agreed at SPF Jan-19). In accordance with locally agreed shared care protocol.
Rifaximin				**Not recommended**	Available as 200mg only: licensed for treatment of traveller's diarrhoea. No application for review by acute trust D&TC or Prescribing Forum received. Treat as RED if recommended by a relevant specialist.
Rilpivirine				**Red**	**NHS England commissioned.** Cabotegravir with rilpivirine for treating HIV-1 (Agreed at SPF Jan-22).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Riluzole			Generic *5mg/ml oral suspension* *Teglutik®*	**Amber[2]**	Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol. For the treatment of Motor Neurone Disease in accordance with NICE TA20 (Jan-01). Option for patients with swallowing difficulties.

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Rimegepant				Green	**ICB commissioned.** Rimegepant for treating migraine in line with NICE [TA919] (Agreed MPB Nov-23).
				Green	**ICB commissioned.** Rimegepant for preventing migraine in line with NICE TA906 (Jul-23). Switched from Amber to Green. (Agreed MPB Jan-24).
Ripretinib				Not recommended	**Not Recommended by NICE.** Ripretinib for treating advanced gastrointestinal stromal tumour after 3 or more treatments (Agreed MPB May-23).
Risankizumab				Red	**ICB commissioned.** For treating moderate to severe plaque psoriasis in adults (Agreed at SPF Sept -19).
				Red	**ICB commissioned.** For treating active psoriatic arthritis after inadequate response to DMARDs (Agreed SPF Jul-22).
				Red	**ICB commissioned.** Risankizumab for previously treated moderately to severely active Crohn's disease (Agreed at MPB May-23).
				Red	**ICB commissioned.** Risankizumab for treating moderately to severely active ulcerative colitis (Agreed MPB Sept 24).
Risdiplam				Red	**NHS England commissioned.** For treating spinal muscular atrophy (Agreed at SPF Jan-22).
Risedronate, oral (35mg tablets) (once-weekly dosing)	Alendronate		Generic	Green	For the prevention of osteoporosis in accordance with the recommendations made by NICE TA464 (Update Jul-19), NICE TA160 (Update Feb-18), NICE TA161 (Update Feb-18) and NICE TA204 (Oct-10). Second –line formulary bisphosphonate after alendronic acid (once-weekly dosing) (first-line), and before ibandronic acid (once-monthly dosing) (third-line.)

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
			Actonel® *Actonel Once a Week*®	**Not recommended**	Branded prescribing is not considered cost-effective use of NHS resources. Treat as RED if originator brand is specified and intended as a recommendation by a relevant specialist
Risedronate / calcium carbonate / colecalciferol combination, oral (once-weekly dosing)	Risedronate / calcium colecalciferol, oral Risedronate / calcium / vitamin D			**Not recommended**	Formulary recommends treatment with bisphosphonate and a combined calcium and vitamin D supplement.
Risperidone, oral				**Amber[3]**	**Appropriate for prescribing when specialist / trust initiated, with formal contractual shared care protocol.** In accordance with NICE CG178 (Updated Mar-14) and the locally agreed shared care protocol (Antipsychotics SCP). See CSM advice on increased risk of stroke associated with risperidone.
Risperidone, parenteral				**Amber[3]**	**Appropriate for prescribing when specialist / trust initiated, with formal contractual shared care protocol.** In accordance with the recommendations made by NICE CG178 (Updated Mar-14) and locally agreed shared care protocol. See CSM advice on increased risk of stroke associated with risperidone.
Ritlecitinib				**Red**	**ICB commissioned.** Ritlecitinib for treating severe alopecia areata in people 12 years and over (Agreed MPB May-24).
Ritonavir				**Red**	Ritonavir to treat HIV.
Ritonavir / Nirmatrelvir	Paxlovid	MHRA DSU Nov 23		**Green**	**ICB commissioned.** Use in line with [TA878] (Updated May-25) for treating COVID-19, awaiting pathways (Agreed MPB Mar-23). **MHRA:** Be alert to the risk of drug interactions with ritonavir

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Rituximab				Red	In combination with the CHOP chemotherapy combination for the treatment of diffuse large-B-cell lymphoma.
				Not recommended	NICE TA65 recommends against use treatment diffuse large-B-cell lymphoma in accordance when not in combination with CHOP combination of chemotherapy medicines.
				Red	In combination with certain chemotherapies for the treatment of stage III –IV follicular lymphoma.
				Red	For the treatment of relapsed or refactory stage III or IV follicular non-Hodgkin's lymphoma.
				Red	In combination with fludarabine and cyclophosphamide for the first-line treatment of chronic lymphocytic leukaemia.
				Not recommended	NICE TA174 recommends against use in combination with any chemotherapy (other than fludarabine with cyclophosphamide) as a first-line treatment for chronic lymphocytic leukaemia.
				Red	In combination with fludarabine and cyclophosphamide for the treatment of relapsed or refactory chronic lymphocytic leukaemia.
				Red	In combination with methotrexate for the treatment of adults with severe active rheumatoid arthritis.
				Red	As a possible treatment to maintain remission of follicular non-Hodgkin's lymphoma.
				Red	SPF approved (Jul-12) use In combination with leflunamide instead of methotrexate within the anti-TNF pathway for the treatment of rheumatoid arthritis.
				Red	Funded by NHS England as an option with glucocorticoids for adults with ANCA-positive vasculitis only if further treatment with cyclophosphamide would exceed the maximum cumulative cyclophosphamide dose or cyclophosphamide is contraindicated or not tolerated or they want to have children and treatment with cyclophosphamide may materially affect their fertility or the disease has stayed active or progressed despite a course of cyclophosphamide lasting 3 to 6 months or the person has had uroepithelial malignancy.

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
				Not recommended	For treatment of acute flare-up of systemic lupus erythematosus (SLE) (SPF approved Nov-12).
				Not recommended	Ibrutinib with bendamustine and rituximab for treating relapsed or refractory chronic lymphocytic leukaemia after systemic therapy not recommended by NICE See TA437
Rivaroxaban		MHRA DSU May 23 Oct 20 July 19 June 19 Oct 18		**Red**	For the prevention of venous thromboembolism after hip or knee replacement surgery. **MHRA:** Paediatric formulations; reminder of dose adjustments in patients with renal impairment **MHRA:** Reminder that 15 mg and 20 mg tablets should be taken with food **MHRA:** Increased risk of recurrent thrombotic events in patients with antiphospholipid syndrome **MHRA:** After transcatheter aortic valve replacement: increase in all-cause mortality, thromboembolic and bleeding events in a clinical trial
				Amber[1]	**Appropriate for prescribing without formal shared care protocol, may be initiated by GP on advice of a specialist.** For preventing adverse outcomes after acute management of ACS NICE TA335 (Mar-15) **MHRA:** Paediatric formulations; reminder of dose adjustments in patients with renal impairment **MHRA:** Reminder that 15 mg and 20 mg tablets should be taken with food **MHRA:** Increased risk of recurrent thrombotic events in patients with antiphospholipid syndrome **MHRA:** After transcatheter aortic valve replacement: increase in all-cause mortality, thromboembolic and bleeding events in a clinical trial

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
				Amber[1]	**Appropriate for prescribing without formal shared care protocol, may be initiated by GP on advice of a specialist.** A course of off-licence rivaroxaban 10mg for specific patients with thrombophlebitis. On advice of hospital specialist. **MHRA:** Paediatric formulations; reminder of dose adjustments in patients with renal impairment **MHRA:** Reminder that 15 mg and 20 mg tablets should be taken with food **MHRA:** Increased risk of recurrent thrombotic events in patients with antiphospholipid syndrome **MHRA:** After transcatheter aortic valve replacement: increase in all-cause mortality, thromboembolic and bleeding events in a clinical trial
				Green	**For treatment of non-valvular atrial fibrillation** (stroke prevention) in accordance with NICE TA256 (Updated Jul-21). Compared to dabigatran, rivaroxaban has some benefits: fewer drug-drug interactions; stable to atmosphere (suitable for MDS); improved renal tolerance (>15mg/ml creatinine clearance); some reversibility. See NHS Somerset Prescribing Formulary for guidance on implementation priorities. Patients must be closely monitored for signs of bleeding or anaemia. **MHRA:** Paediatric formulations; reminder of dose adjustments in patients with renal impairment **MHRA:** Reminder that 15 mg and 20 mg tablets should be taken with food **MHRA:** Increased risk of recurrent thrombotic events in patients with antiphospholipid syndrome **MHRA:** After transcatheter aortic valve replacement: increase in all-cause mortality, thromboembolic and bleeding events in a clinical trial

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
				Green	As an option for the treatment of deep vein thrombosis (DVT) and preventing DVT and pulmonary embolism (PE) after a diagnosis of acute DVT in adults in accordance with NICE TA261 (Jul-12). **MHRA:** Paediatric formulations; reminder of dose adjustments in patients with renal impairment **MHRA:** Reminder that 15 mg and 20 mg tablets should be taken with food **MHRA:** Increased risk of recurrent thrombotic events in patients with antiphospholipid syndrome **MHRA:** After transcatheter aortic valve replacement: increase in all-cause mortality, thromboembolic and bleeding events in a clinical trial
				Green	As an option for treating pulmonary embolism and preventing recurrent deep vein thrombosis (DVT) and pulmonary embolism (PE) in adults in accordance in NICE TA287 (Jun-13). **MHRA:** Paediatric formulations; reminder of dose adjustments in patients with renal impairment **MHRA:** Reminder that 15 mg and 20 mg tablets should be taken with food **MHRA:** Increased risk of recurrent thrombotic events in patients with antiphospholipid syndrome **MHRA:** After transcatheter aortic valve replacement: increase in all-cause mortality, thromboembolic and bleeding events in a clinical trial

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
				Green	**ICB commissioned.** For preventing atherothrombotic events in people with coronary or peripheral artery disease as per NICE criteria NICE TA607 (Agreed at SPF Nov-19). **MHRA:** Paediatric formulations; reminder of dose adjustments in patients with renal impairment **MHRA:** Reminder that 15 mg and 20 mg tablets should be taken with food **MHRA:** Increased risk of recurrent thrombotic events in patients with antiphospholipid syndrome **MHRA:** After transcatheter aortic valve replacement: increase in all-cause mortality, thromboembolic and bleeding events in a clinical trial
Rivastigmine				**Amber[3]**	**Appropriate for prescribing when specialist / trust initiated, with formal contractual shared care protocol.** In accordance with NICE TA217 (Updated Jun-18) and the locally agreed shared care protocol (Acetylcholinesterase inhibitors) Patches should be reserved for patients with a particular clinical need and within licensed indications. *see formulary for formulary position of different brands
Romiplostim				**Red**	For the treatment of chronic immune (idiopathic) thrombocytopenia purpura.
Romosozumab				**Red**	**ICB commissioned**. For treating severe osteoporosis 12 months treatment as per NICE TA791 (May-22) with PAS and process in place to ensure no prescriptions past 12 months (Agreed SPF Jul-22).
Roflumilast				**Amber[2]**	**Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol.** **ICB commissioned**. For treating COPD (Agreed at SPF Sept-17). See NICE TA461 (Jul-17).
Rotigotine, transdermal				**Amber[1]**	**Appropriate for prescribing without formal shared care protocol, may be initiated by GP on advice of a specialist.** Only for patients with Parkinson's disease who are unable to swallow.

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Roxadustat				**Red**	**ICB commissioned**. for treating symptomatic anaemia in chronic kidney disease (Agreed SPF ReJul-22).
Rubefacients				**Not recommended**	**Osteoarthritis:** NICE NG226 (Oct-22) recommended against use in osteoarthritis. Recommended for self-care Not recommended by NHS ENGLAND consultation: Items which should not be routinely prescribed in primary care (Nov 17).
Rubella vaccine, single antigen				**Not recommended**	**Not recommended** for primary care prescribing on FP10 prescription. No single antigen vaccine available in the UK
Rucaparib		MHRA DSU Sept 22		**Red**	**NHS England commissioned.** For maintenance treatment of relapsed platinum-sensitive ovarian, fallopian tube or peritoneal cancer (Agreed at SPF Nov -19). Rucaparib is recommended for use within the Cancer Drugs Fund as an option for maintenance treatment of relapsed platinum-sensitive high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer that has responded to platinum-based chemotherapy in adults, only if the conditions in the managed access agreement for rucaparib are followed.
				Red	**NHS England commissioned.** Rucaparib for maintenance treatment of advanced ovarian, fallopian tube and peritoneal cancer after response to first-line platinum-based chemotherapy (Agreed MPB May-25).
Rufinamide		MHRA DSU Nov 17		**Amber[2]**	**Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol.** **Adjunctive treatment for epilepsy in children, young people and adults with tonic or atonic seizures** in line with NICE NG217 (Apr-22) initiated by a tertiary epilepsy specialist (third-line option as an alternative to topiramate after sodium valproate (first-line) and lamotrigine (second-line)). **MHRA:** Updated advice on switching between different manufacturers' products

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Rupatadine				**Not recommended**	Second-generation antihistamine, long-acting histamine antagonist with selective peripheral H_1-receptor antagonist activity. No application for approval for use has been made to acute trust D&TCs.
Ruxolitinib				**Red**	**NHS England commissioned.** For treating disease-related splenomegaly or symptoms in adults with myelofibrosis. (Agreed SPF May-16).
				Not recommended	**NICE Terminated Appraisal.** Ruxolitinib for treating chronic graft versus host disease refractory to corticosteroids (Agreed PAMM Jan-23).
				Red	**NHS England commissioned.** Ruxolitinib for treating polycythaemia vera (Agreed MPB Oct 23).
				Red	**NHS England commissioned.** Ruxolitinib for treating acute graft versus host disease that responds inadequately to corticosteroids in people 12 years and over (Agreed MPB May-25).
Ruxolitinib, cream				**Not recommended**	Holding position of 'Not recommended' until NICE TAG published in 2024 (Agreed MPB Jul-23).
S					
Sacituzumab govitecan				**Red**	**NHS England commissioned.** For treating unresectable triple-negative advanced breast cancer after 2 or more therapies (Agreed SPF Sept-22).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Sacubitril and valsartan				**Amber[2]**	**Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol.** Sacubitril/ valsartan is recommended as an option for treating people with heart failure with reduced ejection fraction, only in people: • with New York Heart Association (NYHA) class II to III chronic heart failure and • who are already taking a stable dose of angiotensin-converting enzyme (ACE) inhibitors or angiotensin II receptor-blockers (ARBs) and • with a left ventricular ejection fraction of 35% or less. NB. No longer has a shared care agreement (agreed SPF Sept-21).
Safinamide				**Amber[2]**	**Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol.** Third line option, only where first line options have been trialled and failed. Parkinson's Specialist initiated. PAMM agreed to change from 'Not recommened' to 'Amber' (Jan-23).
Sapropterin				**Red**	**NHS ENGLAND commissioned.** Sapropterin for treating hyperphenylalaninaemia in phenylketonuria (agreed SPF Nov-21).
Sapropterin dihydrochloride	Synthetic 6R BH4 Synthetic tetrahydrobiopterin			**Red**	No application for review by either acute trust or partnership D&TC or Prescribing Forum received. Sapropterin is a synthetic form of tetrahydrobiopterin.
Sarilumab				**Red**	For moderate to severe rheumatoid arthritis. ICB commissioned from day 90 (SPF approved Nov-17).
Satralizumab				**Not recommended**	**NICE terminated appraisal.** Satralizumab for preventing relapses in neuromyelitis optica spectrum disorders (Agreed MPB May-24).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Saxagliptin				**Green**	In accordance with NICE NG28 (Updated Jun-22). No dose adjustment is necessary in mild renal impairment. Dose reduction is necessary in moderate to severe renal impairment. Use with caution in moderate hepatic impairment. Not recommended in severe hepatic impairment. First-line choice of gliptin (DPP-4 inhibitor) remains alogliptin Linagliptin, sitagliptin, saxagliptin and vildagliptin are second-choice gliptins.
				Green	Use as monotherapy for the treatment of type-2 diabetes mellitus, when other agents are inappropriate
				Green	For the treatment of type-2 diabetes mellitus in dual or triple combination therapy with any two of the following: metformin, sulphonylurea, thiazolidinedione, or insulin
Sebelipase alfa				**Not recommended**	**NICE terminated appraisal.** Sebelipase alfa for treating lysosomal acid lipase deficiency that is not Wolman disease (Agreed MPB May-24).
Secukinumab				**Red**	For treating moderate to severe plaque psoriasis.
				Red	For active ankylosing spondylitis after treatment with non-steroidal anti-inflammatory drugs or TNF-alpha inhibitors. Commissioned by Somerset.
				Red	**ICB commissioned.** For treating non-radiographic axial spondyloarthritis (Agreed SPF Sep-21).
				Red	**ICB commissioned.** For treating moderate to severe plaque psoriasis in children and young people (agreed SPF Nov-21).
				Red	**NHS England Commissioned.** Secukinumab for treating moderate to severe hidradenitis suppurativa (Agreed MPB Jan 24).
Selective internal radiation therapies	SIRT			**Red**	**NHS ENGLAND Commissioned.** For treating hepatocellular carcinoma (Agreed SPF May-21).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
				Red	**NHS England Commissioned.** Selective internal radiation therapy with QuiremSpheres for treating unresectable advanced hepatocellular carcinoma (Agreed MPB Jul-24).
Selective serotonin receptor inhibitors	SSRI			Amber[2]	**Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol.** For 16-18 year olds, on recommendation of specialist
Selective serotonin receptor inhibitors	SSRI			Green	For licensed indications
Selinexor				Not recommended	**NICE terminated appraisal.** For treating Selinexor with low-dose dexamethasone for treating refractory multiple myeloma (Agreed at SPF Jul-21).
				Red	**NHS England Commissioned.** Selinexor with dexamethasone for treating relapsed or refractory multiple myeloma after 4 or more treatments (Agreed MPB Jun-24).
				Red	**NHS England Commissioned.** Selinexor with bortezomib and dexamethasone for previously treated multiple myeloma (Agreed MPB Jun-24).
Selpercatinib				Red	**NHS England Commissioned.** For treating advanced thyroid cancer with RET alterations (agreed SPF Nov-21).
				Red	**NHS England Commissioned.** For previously treated RET fusion-positive advanced non-small-cell lung cancer (Agreed SPF Jan-22).
				Red	**NHS England Commissioned.** Selpercatinib for untreated RET fusion-positive advanced non-small-cell lung cancer (Agreed MPB Sept 23).
				Red	**NHS England Commissioned.** Selpercatinib for advanced thyroid cancer with RET alterations untreated with a targeted cancer drug in people 12 years and over [TA139] Agreed March 25 MPB
				Red	**NHS England Commissioned.** Selpercatinib for advanced thyroid cancer with RET alterations after treatment with a targeted cancer drug in people 12 years and over [TA1038] Agreed March 25 MPB

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
				Red	**NHS England Commissioned.** Selpercatinib for previously treated RET fusion-positive advanced non-small-cell lung cancer. [TA1042] Agreed March 25 MPB
Semaglutide	GPL-1	MHRA DSU Jan 25 Oct 24 Nov 23 June 19	*Ozempic*®	**Green**	For the treatment of adults with insufficiently controlled type 2 diabetes only as an adjunct to diet and exercise, in addition to other medicinal products for the treatment of diabetes. Only approved for dual therapy (Agreed at SPF Jan-19). **MHRA:** GLP-1 and dual GIP/GLP-1 receptor agonists: potential risk of pulmonary aspiration during general anaesthesia or deep sedation **MHRA:** GLP-1 receptor agonists: reminder of the potential side effects and to be aware of the potential for misuse Vigilance required due to potentially harmful falsified products Reports of diabetic ketoacidosis when concomitant insulin was rapidly reduced or discontinued
		MHRA DSU Jan 25 Oct 24	*Wegovy*®	**Red**	**ICB commissioned.** Semaglutide for managing overweight and obesity. For specialist use only (Agreed MPB Mar-23). **MHRA:** GLP-1 and dual GIP/GLP-1 receptor agonists: potential risk of pulmonary aspiration during general anaesthesia or deep sedation **MHRA:** GLP-1 receptor agonists: reminder of the potential side effects and to be aware of the potential for misuse
				Not recommended	**NICE terminated appraisal.** Semaglutide for managing overweight and obesity in young people aged 12 to 17 years (Agreed MPB Jul-23). **MHRA:** GLP-1 and dual GIP/GLP-1 receptor agonists: potential risk of pulmonary aspiration during general anaesthesia or deep sedation **MHRA:** GLP-1 receptor agonists: reminder of the potential side effects and to be aware of the potential for misuse

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
				Not recommended	Semaglutide to reduce risk of serious heart problems in obese or overweight adults – approved by MHRA awaiting NICE guidance (Agreed MPB Sept 24). **MHRA:** GLP-1 and dual GIP/GLP-1 receptor agonists: potential risk of pulmonary aspiration during general anaesthesia or deep sedation **MHRA:** GLP-1 receptor agonists: reminder of the potential side effects and to be aware of the potential for misuse
Semaglutide tablets 3mg, 7mg, 14mg		MHRA DSU Jan 25 Oct 24	*Rybelsus*®	**Green**	For the treatment of adults with insufficiently controlled type 2 diabetes mellitus to improve glycaemic control as an adjunct to diet and exercise • as monotherapy when metformin is considered inappropriate due to intolerance or contraindications. • in combination with other medicinal products for the treatment of diabetes. (Agreed PAMM/SPF Sept-20) **MHRA:** GLP-1 and dual GIP/GLP-1 receptor agonists: potential risk of pulmonary aspiration during general anaesthesia or deep sedation **MHRA:** GLP-1 receptor agonists: reminder of the potential side effects and to be aware of the potential for misuse
Sevelamer carbonate, oral	Phosphate binding agent			**Red**	For hyperphosphatraemia in patients on haemodialysis or peritoneal dialysis in patients with renal disease: NHS England Specialist Commissioning
Sevelamer hydrochloride, oral				**Red**	

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Sildenafil, oral	Phosphodiesterase type-5 inhibitor	MHRA DSU Nov 18	Generic NHS	**Green**	Erectile dysfunction (**first-line** choice.) Not to be used in patients taking nitrates. When used in accordance with Health Service Circular 1999/148. FP10 prescriptions must be endorsed 'SLS'. Also highlights research that suggests one dose per week should be adequate for most men over 40, and that prescribers should bear in mind the potential for diversion of treatments for erectile dysfunction. **MHRA**: Reports of persistent pulmonary hypertension of the newborn (PPHN) following in-utero exposure in a clinical trial on intrauterine growth restriction
				Not recommended	**Use after prostate surgery prophylactically**: not considered to be in accordance with Health Service Circular 1999/148. Treat as RED if recommended by a relevant specialist as currently no formulary application has been made for such a use. New regulation S.I 2194 – Oct 2013 gives GPs clinical freedom as below: The entry in the table relating to certain specified drugs which may be ordered for the treatment of erectile dysfunction has been amended so as to clarify that any such drug may also be ordered for any patient for the purpose of treating a medical condition, other than erectile dysfunction, if it is considered an appropriate treatment for that condition.
				Red	Unlicensed use, e.g. Sildenafil in combination with clopidogrel for severe Raynaud's disease. Only approved for use at TST by consultant prescribing on a named-patient basis.
				Red	**NHS England Commissioned.** Sildenafil for Digital Ulceration for Systemic Sclerosis

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
			Viagra® NHS	**Not recommended**	Prescribing as *Viagra*® is not considered a cost-effective use of NHS resources for all indications. Treat as RED if originator brand is specified and intended as a recommendation by a relevant specialist.
		MHRA DSU Nov 18	*Revatio*®	**Red**	Pulmonary Hypertension
Silk garments				**Not recommended**	Not cost effective.
Silver sulfadiazine, topical	Silver sulphadiazine			**Green**	Refer to the Somerset Infection Management Guidance Associated with delays in wound healing and the need for more dressing changes. Large areas of application associated with significant systemic absorption - side-effects and interactions as for oral sulphonamides.
Simvastatin		MHRA DUS Sept 23	Generic	**Green**	In accordance with NICE CG181 (Updated May-23) where appropriate. **MHRA:** Statins: very infrequent reports of myasthenia gravis
			Zocor®	**Not recommended**	Prescribing as *Zocor*® brand not recommended as a cost-effective option. **MHRA:** Statins: very infrequent reports of myasthenia gravis
Simvastatin 80mg		MHRA DUS Sept 23		**Not recommended**	**MHRA:** Statins: very infrequent reports of myasthenia gravis
Siponimod				**Red**	**NHS England commissioned.** For treating secondary progressive multiple sclerosis (Agreed at SPF Jan-21).
Sipuleucel-T				**Not recommended**	NICE TA 322-Prostate Cancer. Negative appraisal
Sirolimus				**Red**	Specialist use only – prophylaxis of organ rejection

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Sitagliptin				**Green**	In accordance with NICE NG28 (Updated Jun-22) Licensed for use in dual or triple combination therapy with a sulphonylurea or metformin±sulphonylurea or a thiazolidinedione ± metformin or an insulin ± metformin. No dose adjustment is necessary in mild renal impairment. Dose reduction is necessary in moderate to severe renal impairment. No dose adjustment required in mild to moderate hepatic impairment. No studies in severe hepatic impairment conducted.
				Green	Licensed for monotherapy if all other oral hypoglycaemics are inappropriate
Sitaxentan				**Not recommended**	Licensed for specialist prescribing only. Specialists require training as part of the access to sitaxentan sodium scheme before supply can be made. No local acute trust Drugs and Therapeutics committee has yet received an application to consider this drug.
Sodium chloride, hypertonic (nebuliser solution)	Hypertonic sodium chloride Sodium chloride 6% nebuliser solution			**Not recommended**	For mobilising lower respiratory tract secretions in mucous consolidation (e.g. cystic fibrosis). No local acute trust Drugs and Therapeutics committee has yet received an application to consider this drug.
Sodium clodronate, oral	Disodium clodronate			**Amber[1]**	**Appropriate for prescribing without formal shared care protocol, may be initiated by GP on advice of a specialist.** As adjuvant therapy to postmenopausal women with node-positive invasive breast cancer. Consider as adjuvant therapy for postmenopausal women with node-negative invasive breast cancer and a high risk of recurrence For the management of osteolytic lesions and bone pain associated with skeletal metastases in patients with carcinoma of the breast or multiple myeloma. In triple therapy for osteoradionecrosis where patients are not responding to dual therapy with tocopherol and pentoxifylline. GPs to prescribe for this indication on recommendation of a consultant only.

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
				Not recommended	Maintenance of clinically acceptable serum calcium levels in hypercalcaemia of malignancy initially treated with an intravenous bisphosphonate. NB: Cancer treatments and adjuncts to cancer treatment are categorized as “red” unless otherwise specified.
Sodium cromoglicate, ocular	Sodium cromoglycate		Generic *Hay-Crom Aqueous*® *Opticrom Aqueous*® *Vividrin*®	**Green**	Prescription products available in 13.5ml pack size only. Not to be prescribed on FP10 as OTC brand name or generically specifying pack size of 5ml or 10ml. Recommended for self-care
			Comolux® *Opticrom Allergy*® *Optrex Allergy Eyes*®	**Not recommended**	Pharmacy-Only medication that can be sold OTC - available as 5ml or 10ml pack sizes. High-cost alternative with restricted product license if prescribed as OTC product. Not to be prescribed on FP10 as OTC brand name or generically specifying pack size of 5ml or 10ml
Sodium deoxycholate	Deoxycholic acid			**Not recommended**	Not recommended in Somerset (Agreed at SPF Jan-19).
Sodium fusidate, topical	Fusidic acid, topical			**Green**	In accordance Somerset Infection Control Guidelines – on microbiologist’s recommendation for the treatment of impetigo and superficial skin infections. **Note:** Sulfadiazine cream is **first-line** treatment for localised impetigo.
Sodium hyaluronate, intra-articular				**Not recommended**	Use reviewed by NICE NG226 (Oct-22) and recommended against use.
			Orthovisc®*-T*	**Red**	For Tennis elbow, not resolved after first & second line treatment with NSAID, steroid injection, appropriate rest and physiotherapy. ICB will commission use for administration in outpatient setting only by appropriately trained clinician. Maximum treatment one course (2 injections separated by 1 week) Repeat Treatment courses with are not commissioned. (Agreed at SPF Jul-18)

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Sodium oxybate				Red	Children NHS ENGLAND commissioned Adults ICB commissioned: where attempts to control symptoms of narcolepsy with cataplexy have failed despite a trial of first and second line medications from each symptom group for at least three months. Specifically: i. Patients who present with narcolepsy with cataplexy according to International Classification of Sleep Disorders 3 (ICSD) criteria; AND ii. Adequately treated co-morbid sleep disorders (such as obstructive sleep apnoea and restless legs syndrome) as assessed by polysomnogram; AND iii. Show incomplete response to trial of more than one medication from each symptom group (Narcolepsy: methylphenidate, lisdexamphetamine, modafinil and atomexetine. Cataplexy: venlafaxine, clomipramine and other SSRIs. See section 8: patient pathway for more information); OR iv. Have significant adverse effects as a result of second line medication in each symptom group; AND v. Are assessed as able to benefit from sodium oxybate by a properly constituted MDT (see section 9: governance arrangements for more information

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Sodium Valproate		MHRA DSU Jun 25 Sept 24 Jan 24 Oct 23 Dec 22 Jan 20 Apr 19 Dec 18 Apr 18 Nov 17	*Epilim®*	**Amber[3]**	**Appropriate for prescribing when specialist / trust initiated, with formal contractual shared care protocol.** Treatment of generalized, partial or other epilepsy. Contraindicated in women and girls of childbearing potential unless conditions of Pregnancy Prevention Programme are met. **MHRA:** • Updated safety and educational materials to support patient discussion on reproductive risks • Valproate use in men: as a precaution, men and their partners should use effective contraception • Valproate: new safety and educational materials to support regulatory measures in men and women under 55 years of age • Valproate: dispense full packs of valproate-containing medicines • Reminder of current Pregnancy Prevention Programme requirements; information on new safety measures to be introduced in the coming months • MHRA Pregnancy prevention programme materials. • MHRA Pregnancy prevention programme: updated educational materials Jan 2020

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
			Epival CR® *Episenta®*	**Amber[3]**	**Appropriate for prescribing when specialist / trust initiated, with formal contractual shared care protocol.** **ICB commissioned.** Licensed for both epilepsy and bipolar disorder (Agreed SPF Jul-22). Contraindicated in women and girls of childbearing potential unless conditions of Pregnancy Prevention Programme are met. **MHRA:** • Updated safety and educational materials to support patient discussion on reproductive risks • Valproate use in men: as a precaution, men and their partners should use effective contraception • Valproate: new safety and educational materials to support regulatory measures in men and women under 55 years of age • Valproate: dispense full packs of valproate-containing medicines • Reminder of current Pregnancy Prevention Programme requirements; information on new safety measures to be introduced in the coming months • MHRA Pregnancy prevention programme materials. • MHRA Pregnancy prevention programme: updated educational materials Jan 2020
Sodium zirconium cyclosilicate				**Amber[3]**	**Appropriate for prescribing when specialist / trust initiated, with formal contractual shared care protocol.** **ICB commissioned.** For treating hyperkalaemia in adults NICE TA599. Changed from Red to AMBER[3] (Agreed at MPB Nov-24).
Sofosbuvir				**Red**	Funded by NHS England. For treating chronic hepatitis C.
Sofosbuvir/ velpatasvir/ voxilaprevir				**Red**	**NHS England commissioned.** For treating chronic hepatitis C (Agreed at SPF Mar-18).
Solifenacin				**Green**	First-line for the treatment of for urinary frequency, enuresis and incontinence in accordance with NG123 (Update Jun-19).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
	M3 muscarinic acetylcholine receptor blocker		Oral suspension	**Green**	For children or patients who have swallowing difficulties (Agreed at SPF Jan-19).
Solriamfetol				**Red**	**ICB commissioned.** For treating excessive daytime sleepiness caused by narcolepsy (Agreed at SPF Jan-22). PBR excluded high cost drug.
				Not recommended	**Not recommended by NICE.** For treating excessive daytime sleepiness caused by obstructive sleep apnoea (Agreed at SPF Mar-22).
Somatrogon				**Red**	**ICB commissioned.** Somatrogon for treating growth disturbance in children and young people aged 3 years and over (Agreed at PAMM Feb-23).
Somatropin	Synthetic Human Growth Hormone			**Red**	For the treatment of growth failure in children
				Red	For use in adults with growth hormone deficiency
Sorafenib		MHRA DSU July 20		**Red**	Cytotoxic drug (protein kinase inhibitor) **NHS England commissioned.** For treating advanced hepatocellular carcinoma.
Sotorasib				**Red**	**NHS ENGLAND commissioned.** Cancer Drug Fund. For previously treated KRAS G12C mutation-positive advanced non-small-cell lung cancer (Agreed at SPF May-22).
Sotrovimab				**Red**	**ICB commissioned.** For treating COVID-19 (Agreed at MPB Apr-23).
Spacer device (for use with pressurised (aerosol) inhalers)				**Green**	Some spacers are compatible with a restricted range of MDI inhalers
			Babyhaler® NHS *PARI Vortex Spacer*® NHS		NHS Not prescribable on FP10 prescription
Spatone®	Iron-rich spring water			**Not recommended**	Health food supplement: Spring water containing elemental iron. Manufacturer states 5mg elemental iron per sachet – iron salt(s) not stated. No application for review received by D&TC, PAMM or SPF. (Status discussed and allocated PAMM May-13)

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
SQ HDM SLIT				**Not recommended**	**NICE terminated appraisal.** SQ HDM SLIT for treating allergic rhinitis and allergic asthma caused by house dust mites (Agreed at SPF Nov 22).
Sterimar®	Saline microdiffusion Hypetonic saline nasal spray Sea water nasal spray			**Not recommended**	No application for review by either acute trust or partnership D&TC or Prescribing Forum received.
Stiripentol				**Amber[2]**	**Appropriate for prescribing when trust initiated, without formal shared care protocol.** For Dravet syndrome as per NICE [TA808] (Jul-22). If sodium valproate alone is unsuccessful as first-line monotherapy for Dravet syndrome, consider triple therapy with stiripentol and clobazam as first-line addon therapy. Carefully titrate the additional drugs and review treatment frequently, including monitoring for adverse effects such as sedation. Changed from Not recommended to Amber.
Strontium chloride hexahydrate, toothpaste				**Not recommended**	Licensed for relief of pain of dentine sensitivity. No application for review by either acute trust or partnership D&TC or Prescribing Forum received.
Strontium ranelate		MHRA DSU Dec 14		**Red**	Approved at DTC Nov 19 for use in severe osteoporosis on a named patient basis only **MHRA:** Strontium ranelate: cardiovascular risk
Sucralfate enemas				**Red**	For radiation associated proctitis.
Sucralfate				**Amber[1]**	**Appropriate for prescribing without formal shared care protocol, may be initiated by GP on advice of a specialist.** Sucralfate 1g/5ml oral suspension sugar free (Licenced) Sucralfate 1g tablets (Unlicenced) Can be prescribed on advice of specialist (Agreed at MPB Sept 23).
Sucroferric Oxyhydroxide				**Red**	For the control of serum phosphorus levels in adult CKD patients on haemodialysis or peritoneal dialysis.

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Sugammadex				**Red**	
Sulfasalazine, oral	Sulphasalazine			**Amber[3]**	**Appropriate for prescribing when specialist / trust initiated, with formal contractual shared care protocol.** **For the management of rheumatoid arthritis** in line with locally agreed Shared Care Protocol.
Sumatriptan 3mg/0.5ml solution for injection in pre-filled pen				**Green**	Subcutaneous injection of Sumatriptan is indicated for the acute relief of migraine attacks, with or without aura. Sumatriptan should only be used where there is a clear diagnosis of migraine. (Agreed at PAMM/SPF Sept-20)
Sunitinib		MHRA DSU July 20		**Red**	Cytotoxic drug (protein kinase inhibitor).
T					
Tabelecleucel				**Not recommended**	**NICE terminated appraisal.** Tabelecleucel for treating post-transplant lymphoproliferative disorder caused by the Epstein-Barr virus (Agreed MPB Oct 23).
Tacrolimus, oral (**Note:** Different brands available in different pack-sizes with different licensed dosage schedules.)		MHRA DSU Nov 17 Jun 12		**Red**	Prophylaxis of organ rejection in liver, kidney, and heart allograf recipients and allograf rejection resistant to conventional immunosuppressive regimens. See MHRA warning of the potential for **serious medication errors**: *Prograf*® and *Advagraf*® are not interchangeable; switching between *Prograf*® and *Advagraf*® requires careful therapeutic monitoring. Substitution should be made only under the close supervision of a transplant specialist.
Tacrolimus, parenteral				**Red**	Prophylaxis of organ rejection in liver, kidney, and heart allograf recipients and allograf rejection resistant to conventional immunosuppressive regimens.
Tacrolimus, topical				**Not recommended**	NICE recommends do not use for mild atopic eczema

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
				Amber[2]	**Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol.** As a second-line treatment of moderate or severe atopic eczema in accordance with NICE TA82 (Aug-04)
Tadalafil			*Generic* *Cialis®* LHTS	**Green**	Erectile dysfunction (**third-line** choice.) Not to be used in patients taking nitrates. When used in accordance with Health Service Circular 1999/148 FP10 prescriptions must be endorsed 'SLS'. Also highlights research that suggests one dose per week should be adequate for most men over 40, and that prescribers should bear in mind the potential for diversion of treatments for erectile dysfunction.
				Green	**ICB commissioned.** For lower urinary tract symptoms (LUTS) /Benign Prostatic Hyperplasia (BPH) in men (Agreed at PAMM Feb -21).
				Not recommended	Daily administration for erectile dysfunction. (Licensed use for 2.5mg and 5mg strengths only.) Third line drug when used prn as more costly. Not recommended by NHS ENGLAND consultation: Items which should not be routinely prescribed in primary care (Nov 17).
				Not recommended	**Use after prostate surgery prophylactically**: not considered to be in accordance with Health Service Circular 1999/148 Treat as RED if recommended by a relevant specialist. New regulation S.I 2194 – Oct 2013 gives GPs clinical freedom as below: The entry in the table relating to certain specified drugs which may be ordered for the treatment of erectile dysfunction has been amended so as to clarify that any such drug may also be ordered for any patient for the purpose of treating a medical condition, other than erectile dysfunction, if it is considered an appropriate treatment for that condition.
				Red	Pulmonary hypertension.

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
			Cialis Once Daily® NHS	**Not recommended**	Not approved for use by acute trust D&TC. Non-formulary.
Tafamidis				**Not recommended**	**Not recommended by NICE.** For treating transthyretin amyloidosis with cardiomyopathy (Agreed at SPF Jul-21).
				Red	**NHS England commissioned.** Tafamidis for treating transthyretin amyloidosis with cardiomyopathy (Agree MPB Jul-24).
Tafasitamab				**Not recommended**	**Not Recommended by NICE.** Tafasitamab with lenalidomide for treating relapsed or refractory diffuse large B-cell lymphoma (Agreed at MPB May-23).
Tafluprost, ocular				**Amber[2]**	**Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol.** Approved for use by TST D&TC only for use as prostaglandin analogue for patients if PROVEN allergy to preservatives in other PG analogue eye-drops exists.
Tagraxofusp				**Not recommended**	**NICE terminated appraisal.** For treating blastic plasmacytoid dendritic cell neoplasm (Agreed at SPF May-22).
Talazoparib				**Red**	**NHS England commissioned.** Talazoparib for treating HER2-negative advanced breast cancer with germline BRCA mutations (Agreed MPB Feb-24).
Talimogene				**Red**	Specialist prescribing only. For treating unresectable metastatic melanoma.
Tamoxifen				**Green**	Primary care prescribers should ensure all patients on tamoxifen are reviewed after five years treatment. See NICE NG101 (Updated Jun-23).
Tapentadol CD, oral		MHRA DSU Sept 20 Jan 19		**Green**	Fourth-line strong opioid analgesic: Approved for relief of moderate to severe pain in adults as an alternative to oxycodone Note: instant release product only licensed for acute pain and the slow release preparation is only licensed for chronic pain. **MHRA:** Risk of dependence and addiction **MHRA:** Risk of seizures and reports of serotonin syndrome when co-administered with other medicines

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Tazarotene, topical				**Not recommended**	Not approved for use. No formal application for use received.
Tebentafusp				**Red**	**NHS England commissioned.** Tebentafusp for treating advanced uveal melanoma (MPB Agreed Jan 25).
Teclistamab				**Red**	**NHS England commissioned.** Teclistamab for treating relapsed or refractory multiple myeloma after 3 or more therapies. Changed from Not recommended to Red (Agreed MPB Nov-24).
Teduglutide				**Red**	**NHS England commissioned.** For treating short bowel syndrome (Agreed SPF Jul-22).
Tegafur / uracil		MHRA DSU Oct 20		**Red**	Cytotoxic drug (Antimetabolite)
Teicoplanin				**Red**	For both IV and IM use.
Telmisartan				**Green**	Only licensed for the treatment of hypertension. **ACEIs remain renin-angiotensin system drugs of choice for first-line treatment.** ARB formulary choices (i.e. if several ACEIs not tolerated) remain candesartan, losartan (first-line), and valsartan.
Telmisartan / hydrochlorothiazide		MHRA DSU Nov 18		**Not recommended**	Not approved for use by acute trust D&TCs **ACEIs remain rennin-angiotensin system drugs of choice for first-line treatment.** ARB formulary choices (i.e. if several ACEIs not tolerated) remain candesartan, losartan (first-line), and valsartan. *Hydrochlorothiazide: risk of non-melanoma skin cancer, particularly in long-term use.*
Temoporfin				**Red**	Cytotoxic drug (photodynamic therapy) The Scottish Medicines Consortium has recommended not to use in palliative treatment of advanced head and neck cancer.
Temozolomide				**Red**	Antineoplastic drug.
Temsirolimus				**Red**	Specialist use only. For the treatment of advanced and/or metastatic renal cell carcinoma.

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Tenecteplase			*Metalyse*	**Red**	**Commissioned by ICB**. Tenecteplase for treating acute ischaemic stroke (Agreed MPB Sept 24).
Tenofovir alafenamide				**Not recommended**	For treating chronic hepatitis B not recommended by NICE.
Tenofovir disoproxil fumarate				**Red**	For the treatment of HIV infection.
				Red	For the treatment of Hepatitis B infection.
Tepotinib				**Red**	**NHS England commissioned.** For treating advanced non-small-cell lung cancer with MET gene alterations (Agreed SPF Jul-22).
Teriflunomide				**Red**	Funded by NHS England as a possible treatment under a patient access scheme for active relapsing-remitting MS that isn't highly active or rapidly evolving.
Teriparatide				**Red**	In accordance with locally agreed guidance.
Testosterone, transdermal gel		MHRA DSU Jan 23	*Testavan*® *Testogel*® *Tostran*®	**Green**	Testosterone deficiency in men. ICB commissioned. Please prescribe by brand as they are not bioequivalent. MHRA: Risk of harm to children following accidental exposure. **MHRA:** Risk of harm to children following accidental exposure
			Testogel sachets® *Tostran pump*®	**Green**	Use of testosterone within guidelines 'on the advice of a GP with additional training in menopause and hormone replacement therapy or a suitable specialist'. For detailed information see British Menopause Society – Tools for Clinicians: Testosterone replacement in menopause BMS Testosterone patient information leaflet (Agreed PAMM Oct-21) **MHRA:** Risk of harm to children following accidental exposure
Tetanus Immunoglobulins for Intravenous Use				**Red**	Hospital Trusts are responsible for making the necessary arrangements for patients to receive intravenous treatment. Named-patient basis.
Tezepelumab				**Red**	**NHS England Commissioned.** Tezepelumab for treating severe asthma (Agreed at MPB Apr-23).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Thalidomide			Unlicensed	**Red**	Unlicensed drug. MHRA guidance: licensed products should be used for unlicensed ("off-label") indications in preference to unlicensed products.
			Thalidomide Pharmion®	**Red**	For the treatment of multiple myeloma in combination with an alkylating agent. Licensed for use in combination with melphalan and prednisolone as first-line treatment for untreated multiple myeloma, in patients aged 65 years and over or those not eligible for high-dose chemotherapy. Contraindicated during pregnancy and in women of childbearing potential unless all the conditions of the *Thalidomide Pharmion®* Pregnancy Prevention Programme (TPPPP) are met **Warning:** Teratogenic. Should **never** be used except under specialist supervision. Should **never** be given to women of child-bearing potential.
			Generic	**Red**	**NHS England commissioned.** Daratumumab in combination (bortezomib, thalidomide and dexamethasone) for untreated multiple myeloma when a stem cell transplant is suitable (Agreed at SPF Mar-22). **Warning:** Teratogenic. Should **never** be used except under specialist supervision. Should **never** be given to women of child-bearing potential.

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Temporomandibular Jaw Motion Rehabilitation devices	Therabite			**Not recommended**	Not routinely commissioned and GPs should not accept requests to prescribe such devices.
Thiamine, parenteral		MHRA DSU Dec 14		**Amber[1]**	**Appropriate for prescribing without formal shared care protocol, may be initiated by GP on advice of a specialist.** Treatment of Wernicke's encephalopathy in accordance with NICE CG100 (Update Apr-17) under the direction of an alcoholism treatment service.
				Amber[1]	**Appropriate for prescribing without formal shared care protocol, may be initiated by GP on advice of a specialist.** Prophylaxis of Wernicke's encephalopathy in accordance with NICE CG100 (Update Apr-17) under the direction of an alcoholism treatment service.
				Red	Treatment of psychosis following narcosis or electroconvulsive therapy.
				Red	Treatment of toxicity from acute infections.
				Red	Adjunct to haemodialysis treatment.
Thiotepa				**Red**	Cytotoxic drug (Alkylating agent)
Thyrotropin alfa	Recombinant human thyroid stimulating hormone Recombinant TSH rhTSH			**Red**	
Ticagrelor				**Amber[2]**	**Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol.** In accordance with NICE TA236 (Oct-11) for the treatment of acute coronary syndromes. First month's treatment to be supplied by secondary care, remaining 11 months for primary care prescribing (maximum total 12 months of treatment.)

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Tildrakizumab				**Red**	**ICB commissioned.** For treating moderate to severe plaque psoriasis (Agreed at SPF May-19).
Tiludronic acid				**Red**	Only licensed for treatment of Paget's disease of the bone
Tinzaparin sodium				**Green**	For licensed indications
				Not recommended	For unlicensed indications
Tioguanine	Thioguanine	MHRA DSU May 25		**Red**	Cytotoxic drug (Antimetabolite) **MHRA DSU:** Thiopurines and intrahepatic cholestasis of pregnancy
Tiotropium		MHRA DSU May 18	See Inhaler Venn Diagram	**Green**	In accordance with locally agreed guidance. **MHRA:** Risk of inhalation of capsule if placed in the mouthpiece of the inhaler
			See Inhaler Venn Diagram	**Green**	Licensed in COPD and Asthma
Tiotropium/ olodaterol			See Inhaler Venn Diagram	**Green**	For adults with COPD- Add as an option for those already using either tiotropium or olodaterol in a respimat device who need a second agent.
Tirbanibulin ointment				**Green**	**ICB commissioned.** For 5 days treatment to face or scalp actinic keratosis in adults (Agreed SPF Jul-22).
Tirzepatide	glucose-dependent insulinotropic polypeptide (GIP) receptor and glucagon-like	MHRA DSU Jan 25		**Green**	**ICB commissioned.** Tirzepatide for treating type 2 diabetes. In accordance with NICE [TA924] (Agreed MPB Oct-23). Awaiting commercial availability. **MHRA:** GLP-1 and dual GIP/GLP-1 receptor agonists: potential risk of pulmonary aspiration during general anaesthesia or deep sedation

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
	peptide-1 (GLP-1) receptor agonists			**Green (23rd June 25)**	**ICB commissioned**. Tirzepatide for managing overweight and obesity. In accordance with NICE [TA1026] Switched from 'Red' to 'Green' (23rd June 25). **Tirzepatide is GREEN on formulary for Weight Managment when patient(s) fulfilling the NHS England Funding Variation Plan criteria in NHS England » Weight management injections** For patients fulfilling the criteria of; a BMI of at least 40 and four of the five stated weight related comorbidities (Hypertension, dyslipidaemia, obstructive sleep apnoea, cardiovascular disease, type 2 diabetes mellitus) on the 23*rd* June 2025 Tirzepatide (Mounjaro®) will become a formulary green drug. **MHRA:** GLP-1 and dual GIP/GLP-1 receptor agonists: potential risk of pulmonary aspiration during general anaesthesia or deep sedation **Information on contraception can be found on the Faculty of Sexual and Reproductive Healthcare Patient Information GLP-1 agonists and contraception FSRH Leaflet**
Tisagenlecleucel				**Red**	**NHS England commissioned.** For treating relapsed or refractory B-cell acute lymphoblastic leukaemia in people aged up to 25 years (Agreed at SPF Jan-19).
				Red	**NHS England commissioned.** For treating relapsed or refractory diffuse large B-cell lymphoma after 2 or more systemic therapies (Agreed at SPF Mar-19).
				Not recommended	**NICE Terminated Appraisal.** Tisagenlecleucel for treating follicular lymphoma after 2 or more therapies (Agreed PAMM Jan-23).
				Not recommended	**NICE Terminated Appraisal.** Tisagenlecleucel for treating relapsed or refractory diffuse large B-cell lymphoma after 2 or more systemic therapies (Agreed MPB Jan 24).
				Red	**NHS England commissioned.** Tisagenlecleucel for treating relapsed or refractory B-cell acute lymphoblastic leukaemia in people 25 years and under (Agreed MPB Jun-24).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Tislelizumab				**Not recommended**	**NICE Terminated Appraisal.** Tislelizumab in combination for untreated advanced non-small-cell lung cancer (Agreed MPB May-25).
Tivozanib		MHRA DSU July 20		**Red**	**NHS England commissioned.** For treating advanced renal cell carcinoma (Agreed at SPF May-18).
Tixagevimab				**Not recommended**	**Not Recommended by NICE.** Tixagevimab plus cilgavimab for preventing COVID-19 (Agreed at MPB Jun-23).
				Not recommended	**Not Recommended by NICE.** Tixagevimab plus cilgavimab for treating COVID-19 (Agreed at MPB Jun-24).
Tizanidine				**Amber**[2]	**Appropriate for prescribing when trust initiated, without formal shared care protocol.** Initiated in accordance with NICE [NG42]. **Note:** Caution when in combination with other drugs that prolong the QT_c interval.
Tobramycin, inhaled Nebuliser solution			*Bramitob*® *Tobi*®	**Red**	Nebuliser solution: Chronic pulmonary *Pseudomonas aeruginosa* infection in patients with cystic fibrosis
Dry powder for inhalation			*Tobi Podhaler*®	**Red**	Suppressive therapy of chronic pulmonary infection due to *Pseudomonas aeruginosa* in adults and children aged 6 years and older with cystic fibrosis (approved by SPF Nov-12).
Tobramycin, parenteral		MHRA DSU Jan 21		**Not recommended**	Not recommended for inhalation in chronic pulmonary *Pseudomonas aeruginosa* infection in patients with cystic fibrosis. Licensed preparation should be used for this indication – see under tobramycin, inhaled.
Tocilizumab	Interleukin-6 inhibitor	MHRA DSU July 19		**Red**	For the treatment of juvenile idiopathic arthritis.
				Red	In combination with methotrexate for the treatment of rheumatoid arthritis and used as described for anti-TNF treatments.
				Red	For off-license use as monotherapy within the anti-TNF pathway for the treatment of rheumatoid arthritis. (SPF approved Jul-12)
				Red	**NHS England commissioned.** For treating giant cell arteritis (Agreed at SPFMay-18).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
				Red	**ICB commissioned.** For treating COVID-19 (Agreed at MPB Apr-23).
Tofacitinib		MHRA DSU Apr 23 Oct 21 Mar 20 May 19		Red	For moderate to severe rheumatoid arthritis. ICB commissioned from day 90. Secondary care prescribing only. (SPF approved Nov-17). *MHRA Oct 21: Should not be used in patients older than 65, current or past smokers, or with other cardiovascular or malignancy risk factors unless there are no suitable treatment alternatives.*
				Red	**ICB commissioned.** For treating active psoriatic arthritis after inadequate response to DMARDs (Agreed at SPF Nov-18). *MHRA Oct 21: Should not be used in patients older than 65, current or past smokers, or with other cardiovascular or malignancy risk factors unless there are no suitable treatment alternatives.*
				Red	**ICB commissioned.** For moderately to severely active ulcerative colitis (Agreed at SPF Jan-19). *MHRA Oct 21: Should not be used in patients older than 65, current or past smokers, or with other cardiovascular or malignancy risk factors unless there are no suitable treatment alternatives.*
				Red	**NHS England commissioned.** For treating juvenile idiopathic arthritis (agreed SPF Nov-21).
				Red	**ICB commissioned.** Tofacitinib for treating active ankylosing spondylitis (Agreed MPB Oct 23).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Tofacitinib citrate 11mg prolonged - release tablets				**Red**	Indicated with methotrexate for moderate to severe active rheumatoid arthritis when DMARDs are inadequate or not tolerated, or as monotherapy when methotrexate is inappropriate or not tolerated. With methotrexate for active psoriatic arthritis when DMARDs are inadequate or not tolerated. **Specialist use only** (Agreed at PAMM via email March 2020) *MHRA Oct 21: Should not be used in patients older than 65, current or past smokers, or with other cardiovascular or malignancy risk factors unless there are no suitable treatment alternatives.*
Tolcapone				**Red**	
Tolterodine				**Green**	For **second-line** use in patients who are unable to tolerate or who do not respond to oxybutynin.
Tolvaptan				**Not recommended**	Rejected for use by TST D&TC (November 2009.)
Topotecan				**Red**	Cytotoxic drug (Topoisomerase I inhibitor) For the treatment of relapsed small-cell lung cancer. For the treatment of recurrent and stage IVB cervical cancer. For second-line or subsequent treatment of advanced ovarian cancer.

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Topiramate		MRHA DSU Jun 24 Jul 22 Nov 17		**Amber[3]**	**Appropriate for prescribing when specialist / trust initiated, with formal shared care protocol. (MPB- March 25)** **Shared Care and PGDs - NHS Somerset ICB** **Adjunctive treatment for epilepsy in children, young people and adults with tonic or atonic seizures** in line with NICE NG217 (Apr-22) initiated by a tertiary epilepsy specialist (third-line option as an alternative to rufinamide after sodium valproate (first-line) and lamotrigine (second-line)). **MHRA:** Topiramate (Topamax): introduction of new safety measures, including a Pregnancy Prevention Programme **MHRA:** Start of safety review triggered by a study reporting an increased risk of neurodevelopmental disabilities in children with prenatal exposure **MHRA:** Updated advice on switching between different manufacturers' products
Toripalimab				**Not recommended**	**NICE terminated appraisal.** Toripalimab with chemotherapy for untreated advanced oesophageal squamous cell cancer (MPB agreed Jan 25).
Total Parenteral Nutrition	TPN			**Red**	Hospital Trusts are responsible for making the necessary arrangements for TPN.
Trabectedin				**Red**	Cytotoxic drug The Scottish Medicines Consortium has recommended against use for the treatment of advanced soft-tissue sarcoma.
Tralokinumab				**Red**	**ICB commissioned - Adults.** **NHS ENGLAND commissioned – Adolescents.** Abrocitinib, tralokinumab or upadacitinib for treating moderate to severe atopic dermatitis (Agreed SPF Sept-22).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Tramadol, oral, non-sustained release	Tramadol, instant-release	MHRA DSU Sept 20	Generic	**Green**	CSM have advised that treatment with tramadol is short-term and intermittent. **First-line** analgesic remains paracetamol. First-choice opiate analgesic remains codeine phosphate. Tramadol may be appropriate to consider as an alternative to Codeine where its efficacy or tolerability is poor. Note cautions and contra-indications for use of Tramadol, including risk of seizures. Tramadol may be most effective when given with full therapeutic doses of Paracetamol. **MHRA:** Risk of dependence and addiction
			Tramake® *Zamadol*® *Zydol*®	**Not recommended**	
Tramadol, oral, modified release		MHRA DSU Sept 20		**Not recommended**	CSM have advised that treatment with tramadol is short-term and intermittent. **First-line** analgesic remains paracetamol. First-choice opiate analgesic remains codeine phosphate. If tramadol is considered clinically appropriate non-sustained release is recommended in preference to modified release formulations (recommended to be prescribed as M*arol MR*® ,*Tradorec XL*® *or Tramulief SR*®) **MHRA:** Risk of dependence and addiction
			Marol MR® *Tradorec XL*® *Tramulief SR*®	**Green**	CSM have advised that treatment with tramadol is short-term and intermittent. Tramadol may be appropriate to consider as an alternative to Codeine where its efficacy or tolerability is poor. Note cautions and contra-indications for use of Tramadol, including risk of seizures. Tramadol may be most effective when given with full therapeutic doses of Paracetamol. For patients with long term chronic pain responsive to tramadol but who suffer significant side effects from the immediate release capsules a modified release product may be prescribed. *Marol MR*® *& Tamulief SR*® *=12*-hour sustained release formulation *Tradorec XL*® = 24-hour sustained release formulation Tramulief **MHRA:** Risk of dependence and addiction

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Tramadol / paracetamol, oral		MHRA DSU Sept 20		**Not recommended**	Fixed dose combination not recommended. Contains sub-therapeutic doses of paracetamol (325mg per tablet) and tramadol (37.5mg per tablet). Licensed dose = two tablets not more than every six hours. Studies have shown similar efficacy to combination of 30mg codeine and 300mg paracetamol. Similar range of adverse effects to 50mg tramadol. No application for review by either acute trust or partnership D&TC or Prescribing Forum received. CSM have advised that treatment with tramadol is short-term and intermittent. **MHRA:** Risk of dependence and addiction
Treprostinil sodium, intravenous	UT 15 *Uniprost*®			**Not recommended**	Prostacyclin agonist for the treatment of pulmonary hypertension. No application for use received by acute trust D&TC or Prescribing Forum.
Trandolapril				**Not recommended**	**First-line** ACEIs remain ramipril capsules or lisinopril
Trastuzumab				**Red**	For the treatment of early-stage HER2-positive breast cancer. Cytotoxic drug.
				Red	**NHS England commissioned.** Tucatinib with trastuzumab and capecitabine for treating HER2-positive advanced breast cancer after 2 or more anti-HER2 therapies (Agreed SPF May-22).
Trastuzumab deruxtecan				**Red**	**NHS England commissioned.** For treating HER2-positive unresectable or metastatic breast cancer after 2 or more anti-HER2 therapies (Agreed at SPF Jul-21).
				Red	**NHS England commissioned.** Trastuzumab deruxtecan for treating HER2-positive unresectable or metastatic breast cancer after 1 or more anti-HER2 treatments (Agreed at PAMM Feb-23).
				Not recommended	**NICE Terminated Appraisal.** Trastuzumab deruxtecan for treating HER2-positive unresectable or metastatic gastric or gastro-oesophageal junction cancer after anti-HER2 treatment (Agreed at MPB Apr-23).
				Not recommended	**Not recommended by NICE.** Trastuzumab deruxtecan for treating HER2-low metastatic or unresectable breast cancer after chemotherapy (Agreed MPB Sept 24).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
				Not recommended	**NICE Terminated Appraisal.** Trastuzumab deruxtecan for treating HER2-mutated advanced non-small-cell lung cancer after platinum-based chemotherapy (Agreed MPB Jul-24).
Trastuzumab emtansine				Red	**Funded by NHS England.** For treating HER2-positive advanced breast cancer after trastuzumab and a taxane (Agreed at SPF Sept-17).
				Red	**NHS England commissioned**. For adjuvant treatment of HER2-positive early breast cancer (Agreed at SPF July -2020).
Travoprost				Green	**First-line** prostaglandin analogue
Travoprost / timolol				Green	
Treosulfan				Red	Cytotoxic drug (Alkylating agent)
				Red	**NHS England commissioned.** Treosulfan with fludarabine or treating malignant disease before allogeneic stem cell transplant (Agreed at SPF Sept-20).
				Not recommended	**NICE terminated appraisal.** Treosulfan with fludarabine before allogeneic stem cell transplant for people aged 1 month to 17 years with non-malignant diseases (Agreed MPB Feb-24).
Tretinoin, oral				Red	Cytotoxic drugs **Note:** Tretinoin is the acid form of vitamin A
Tretinoin, topical				Green	For treatment of comedonal acne **Note:** Tretinoin is the acid form of vitamin A Topical retinoids should be avoided in severe acne involving large areas.
Trientine				Red	PBR excluded drug excluded from drug tariff and as such is funded by trusts
Trifarotene				Green	**ICB commissioned.** Indicated for the cutaneous treatment of Acne Vulgaris of the face and/or the trunk in patients from 12 years of age and older, when many comedones, papules and pustules are present (Agreed MPB Sept 23).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Trifluridine/ Tipiracil				Red	**NHS England Commissioned.** Trifluridine–tipiracil for treating metastatic gastric cancer or gastro-oesophageal junction adenocarcinoma after 2 or more treatments. Changed from 'Not recommened' to 'Red' based on NICE updated guidance (Agreed PAMM Jan-23).
				Red	**NHS England Commissioned. Trifluridine–tipiracil** with bevacizumab for treating metastatic colorectal cancer after 2 systemic treatments (Agreed MPB Nov-24).
Trihexyphenidyl hydrochloride				Not recommended	Do not offer anticholinergics to people with Parkinson's disease who have developed dyskinesia and/or motor fluctuations.
Trimethoprim				Green	For the treatment of certain infections as specified in the Somerset Infection Management Guidance.
				Red	Agreed as third line for acne (off license) at 200mg bd, consultant issued and monitored monthly (FBC and U&E). Maximum 6 months treatment period.C/I in pregnancy. Patients asked to report rashes particularly in first month.
Trimipramine				Not recommended	Not recommended by NHS ENGLAND consultation: Items which should not be routinely prescribed in primary care (Nov 17). Due to significant cost and availibilty of alternative treatments.
Triptorelin (**Note:** Different brands available in different pack-sizes with different licensed dosage schedules.)			*Decapeptyl SR*® **Note:** Available in 4.2mg, 15mg and 28mg vials	Amber[1]	**Appropriate for prescribing without formal shared care protocol, may be initiated by GP on advice of a specialist.** For use in prostatic cancer
				Amber[1]	**Appropriate for prescribing without formal shared care protocol, may be initiated by GP on advice of a specialist.** For the treatment of endometriosis or uterine fibroids.
			Gonapeptyl Depot® **Note:** Available in 3.75mg prefilled syringe only.	Not recommended	
Trospium chloride, oral				Green	As an option for treatment of overactive bladder (OAB) or mixed urinary incontinence (UI) in women where first- and second-line choices are not effective or well tolerated in accordance with NG123 (Update Jun-19)

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Tryptophan	L-tryptophan			**Amber[2]**	**Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol.** As adjunctive therapy for depression resistant to standard antidepressants. **Note**: Has been associated with eosinophilia-myalgia syndrome Very low number of patients expected.
Tucatinib				**Red**	**NHS England commissioned.** Tucatinib with trastuzumab and capecitabine for treating HER2-positive advanced breast cancer after 2 or more anti-HER2 therapies (Agreed SPF May-22).
TYRX Absorbable Antibacterial Envelope				**Not recommended**	**NICE terminated appraisal.** For preventing infection from cardiac implantable electronic devices (Agreed SPF Jul-22).
U					
Ublituximab				**Red**	**NHS England commissioned**. Ublituximab for treating relapsing multiple sclerosis (MPB Agreed Jan 25).
Ulipristal acetate, oral			*ellaOne*® (30mg tablet)	**Green**	Emergency hormonal contraception (EHC) no later than 120 hours after coitus.
		MHRA DSU Feb 21 Mar 20 Mar 18	*Esmya*® (5mg tablet)	**Red**	Esmya® (ulipristal acetate) should only be used for intermittent treatment of moderate to severe symptoms of uterine fibroids before menopause and when surgical procedures (including uterine fibroid embolisation) are not suitable or have failed – **MHRA:** Further restrictions due to risk of serious liver injury **EMA alert June 2018 highlights strict conditions for prescribing in view of potential liver damage**
				Not recommended	Unlicensed indications. Treat as RED if recommended by a relevant specialist.
Umeclidinium			See Inhaler Venn Diagram	**Green**	LAMA alternative
Umeclidinium/ vilanterol			See Inhaler Venn Diagram	**Green**	LABA/LAMA combination for COPD only

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Unlicensed medicines				Red	When advised / recommended by secondary care specialists: by default products not licensed in the UK are categorised as "red" for primary care prescribing if recommended / advised by relevant specialists unless explicitly authorised for prescribing under the TLG or by the Somerset Prescribing Forum (SPF). GPs have clinical freedom to prescribe unlicensed medications but should get informed consent from the patient and be aware of their liabilities.
Upadacitinib		MHRA DSU Apr 23		Red	**ICB commissioned.** For treating severe rheumatoid arthritis (Agreed at SPF Jan-21).Used in line with current 3rd line options.
				Red	**ICB commissioned.** For treating moderate rheumatoid arthritis (agreed SPF Nov-21).
				Red	**ICB commissioned.** For treating active psoriatic arthritis after inadequate response to DMARDs (agreed SPF Mar-22).
				Red	**ICB commissioned - Adults.** **NHS ENGLAND commissioned – Adolescents.** Abrocitinib, tralokinumab or upadacitinib for treating moderate to severe atopic dermatitis (Agreed SPF Sept-22).
				Red	**ICB commissioned.** For treating active ankylosing spondylitis (Agreed SPF Nov 22).
				Red	**ICB commissioned.** Upadacitinib for treating moderately to severely active ulcerative colitis (Agreed PAMM Jan-23).
				Red	**ICB commissioned.** Upadacitinib for treating active non-radiographic axial spondyloarthritis (Agreed at PAMM Feb-23).
				Red	**ICB commissioned.** Upadacitinib for previously treated moderately to severely active Crohn's disease (Agreed at MPB Jun-23).
Urofollitropin	Purified extract of human-post-menopausal urine containing follicle-stimulating hormone (FSH)			Red	

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Ustekinumab		MHRA DSU Jan 15		**Red**	For treating active psoriatic arthritis ICB commissioned. For the treatment of adults with moderate to severe psoriasis ICB commissioned.
				Red	**ICB commissioned.** For moderately to severely active Crohn's disease after previous treatment (Agreed at SPF Jul-17).
				Red	For treating plaque psoriasis in children and young people (Agreed at SPF Jul-17).
				Red	**ICB commissioned.** For treating moderately to severely active ulcerative colitis (Agreed at SPF July -2020).
V					
Vadadustat				**Red**	**NHS England commissioned.** Vadadustat for treating symptomatic anaemia in adults having dialysis for chronic kidney disease [TA1035], Agreed at MPB March 25
Valaciclovir				**Green**	Second-line**: approved for genital herpes will replace any use of Famciclovir in patients not controlled with aciclovir.** Note: **Valaciclovir is a pro-drug of aciclovir**
Valganciclovir				**Red**	Potential teratogen and carcinogen. **Note:** Valganciclovir is the pro-drug of ganciclovir

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Valproate semisodium		MHRA DSU Jun 25 Sept 24 Jan 24 Oct 23 Dec 22 Apr 19 Apr 18		**Amber[3]**	**Appropriate for prescribing when specialist / trust initiated, with formal contractual shared care protocol.** For the management of bipolar disorder in adults. Contraindicated in women and girls of childbearing potential unless conditions of Pregnancy Prevention Programme are met. **MHRA:** • Updated safety and educational materials to support patient discussion on reproductive risks • Valproate use in men: as a precaution, men and their partners should use effective contraception • Valproate: new safety and educational materials to support regulatory measures in men and women under 55 years of age • Valproate: dispense full packs of valproate-containing medicines • Reminder of current Pregnancy Prevention Programme requirements; information on new safety measures to be introduced in the coming months • MHRA Pregnancy prevention programme materials. • MHRA Pregnancy prevention programme: updated educational materials Jan 2020
Valsartan				**Green**	**ACEIs remain rennin-angiotensin system drugs of choice for first-line treatment.** ARB formulary choices (i.e. if several ACEIs not tolerated) ARB formulary choices (i.e. if several ACEIs not tolerated) remain candesartan, losartan (first-line), and valsartan. **Third-line** ARB: Only for post-myocardial infarction (post-MI) where ACEI not tolerated. Not for hypertension only.

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Valsartan / hydrochlorothiazide		MHRA DSU Nov 18		**Not recommended**	Not approved for use by acute trust D&TCs **ACEIs remain rennin-angiotensin system drugs of choice for first-line treatment.** ARB formulary choices (i.e. if several ACEIs not tolerated) remain candesartan, losartan (first-line), and valsartan. *Hydrochlorothiazide: risk of non-melanoma skin cancer, particularly in long-term use.*
Vamorolone				**Red**	**NHS England commissioned.** Vamorolone for treating Duchenne muscular dystrophy in people 4 years and over (MPB agreed Jan 25).
Vandetanib		MHRA DSU July 20		**Not recommended**	**Not recommended by NICE.** For treating medullary thyroid cancer (Agreed at SPF Jan-19).
Vardenafil				**Green**	Erectile dysfunction (second - line choice.) Not to be used in patients taking nitrates. When used in accordance with Health Service Circular 1999/148. FP10 prescriptions must be endorsed 'SLS'. Also highlights research that suggests one dose per week should be adequate for most men over 40, and that prescribers should bear in mind the potential for diversion of treatments for erectile dysfunction.
				Not recommended	**Use after prostate surgery prophylactically**: not considered to be in accordance with Health Service Circular 1999/148. Treat as RED if recommended by a relevant specialist. New regulation S.I 2194 – Oct 2013 gives GPs clinical freedom as below: The entry in the table relating to certain specified drugs which may be ordered for the treatment of erectile dysfunction has been amended so as to clarify that any such drug may also be ordered for any patient for the purpose of treating a medical condition, other than erectile dysfunction, if it is considered an appropriate treatment for that condition.

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Varenicline	α4β2-nicotinic acetylcholine receptor partial agonist			**Green**	NRT remains the first-line recommendation. As an adjunct to smoking cessation in combination with motivational support in accordance with the recommendations made by NICE TA123 (Jul-07).
Varicella-zoster vaccine	Shingles vaccine Live attenuated varicella–zoster virus		*Varilrix*® *Varivax*®	**Not recommended**	For prevention of varicella infection
			Zostavax®	**Not recommended**	For prevention of herpes zoster (shingles). Until a national immunisation programme is in place in line with JCVI guidance, general use of the vaccine cannot be considered a cost effective use of NHS resources (Reviewed by PAMM (Jul-12) and classified as non-formulary).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Vedolizumab				Red	For treating moderately to severely active ulcerative colitis
				Not recommended	**NICE terminated appraisal.** Vedolizumab for treating chronic refractory pouchitis after surgery for ulcerative colitis (Agreed at SPF Nov 22).
Venetoclax		MHRA DSU Dec 21		Red	**Funded by NHS England.** For treating chronic lymphocytic leukaemia. (Agreed SPF Jul-22).
				Red	**NHS ENGLAND commissioned.** Venetoclax with rituximab for previously treated chronic lymphocytic leukaemia (Agreed at SPF Mar-19).
				Red	**NHS ENGLAND commissioned.** Venetoclax with obinutuzumab for untreated chronic lymphocytic leukaemia (Agreed at SPF Jan-21).
				Red	**NHS ENGLAND commissioned.** Venetoclax with azacitidine for untreated acute myeloid leukaemia when intensive chemotherapy is unsuitable (Agreed at SPF Apr-22).
				Red	**NHS ENGLAND commissioned.** Venetoclax with low dose cytarabine for untreated acute myeloid leukaemia when intensive chemotherapy is unsuitable (Agreed SPF May-22).
				Red	**NHS England commissioned.** Ibrutinib with venetoclax for untreated chronic lymphocytic leukaemia (Agreed MPB Jun-23).
Vericiguat				Not recommended	**NICE terminated appraisal.** For treating chronic heart failure with reduced ejection fraction (agreed SPF Nov-21).
Vernakalant				Not recommended	**NICE terminated appraisal.** For the rapid conversion of recent onset atrial fibrillation to sinus rhythm (Agreed SPF Mar-21).
Vibegron				Green	**ICB commissioned.** For treating the symptoms of overactive bladder syndrome in adults. It is only recommended if antimuscarinic medicines are not suitable, do not work well enough or have unacceptable side effects. NICE TA999

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Vildagliptin				**Green**	In accordance with NICE NG28 (Updated Jun-22). Twice daily dose. **First-line choice** of gliptin (DPP-4 inhibitor) remains alogliptin Licensed for use in combination with metformin or a sulphonylurea or thiazolidinedione. No dose adjustment is necessary in mild renal impairment. Dose reduction is necessary in moderate to severe renal impairment or end-stage renal disease. Not to be used in patients with hepatic impairment.
				Green	Monotherapy when metformin is inappropriate
				Green	With insulin, with or without metformin
				Green	Treatment of type-2 diabetes mellitus as part of triple combination therapy with two of the following: metformin, sulphonylurea, and thiazolidinedione.
Vildagliptin / metformin		MHRA DSU Jun 22		**Not recommended**	No local acute trust Drugs and Therapeutics committee has yet received an application to consider this drug. **Note:** Requires LFTs prior and during treatment. Monitoring for skin disorders also required regularly during treatment. License for marketing in the USA is pending receipt of further safety data.
Vinblastine sulphate				**Red**	Cytotoxic drug (Vinca alkaloid)
Vincrisitne sulphate				**Red**	Cytotoxic drug (Vinca alkaloid)
Vindesine sulphate				**Red**	Cytotoxic drug (Vinca alkaloid)
Vinorelbine				**Red**	Cytotoxic drug (Vinca alkaloid)
VisiVite Original®				**Not recommended**	Not licensed medicines. Legal status of “food supplements.” For Selfcare.
VisiVite Smokers Formula®					
Vitamin and Mineral supplements				**See below for specific drugs**	

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
	Dialyvit®, oral (multivitamin for renal dialysis)		*Dialyvit*®	**Amber[1]**	**Appropriate for prescribing without formal shared care protocol, may be initiated by GP on advice of a specialist.** Water soluble vitamin supplementation in renal dialysis patients (SPF approved May-12) as recommended by relevant specialist or service.
	DEKAS Plus®		*DEKAS Plus*®	**Amber[1]**	**Appropriate for prescribing without formal shared care protocol, may be initiated by GP on advice of a specialist.** Vitamin Supplementation for Cystic Fibrosis patients. Regulated and classified as a Food for Special Medical Purposes (FSMP). Designed for patients with Cystic Fibrosis due to their malabsorption issues of the fat-soluble vitamins A, D, E and K. (Agreed at PAMM/SPF Jan-20 On the recommendation of specialist) Switched from Paravit (Oct 22)
	Healthy Start vitamins		*Healthy Start* vitamins	**Red**	**For pregnant women, women with a child under 12-months and children between six months and four years old in receipt of Healthy Start vouchers:** available free of charge directly to relevant families through Health Visitors. For further information please contact Public Health. **Note**: Not prescribable on FP10 prescription.
	ICaps®		*ICaps*®	**Not recommended**	Not licensed medicine. Legal status of "food supplements." Recommend for self-care
Vivomixx® probiotic food sachets				**Not recommended**	Removed from Drug Tariff Jan 19 on lack of effective evidence. No probiotic alternative available.
Voclosporin				**Red**	**NHS ENGLAND Commissioned**. Voclosporin with mycophenolate mofetil for treating lupus nephritis (Agreed MPB May-23).
Voriconazole				**Red**	
Vortioxetine		MHRA DSU Jan 21		**Green**	Recommended by NICE TA367 (Nov-15) for treating major depressive episodes that have failed to respond to two different antidepressants in the same episode. **MHRA:** Small increased risk of postpartum haemorrhage when used in the month before delivery

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Voxelotor				**Red**	**NHS England commissioned.** Voxelotor for treating haemolytic anaemia caused by sickle cell disease (Agreed MPB Jul-24).
VSL#3 Probiotic®	Lactic acid bacteria and bifidobacteria			**Not recommended**	Removed from the November 2018 Drug Tariff-Vivomixx removed also in Jan 19. No alternatives are prescribable.
Vutrisiran				**Red**	**NHS ENGLAND commissioned.** Vutrisiran for treating hereditary transthyretin-related amyloidosis (Agreed PAMM Feb-23).
W					
Warfarin		MHRA DSU Jun 24 Oct 20		**Green**	Initiated and monitored in accordance with *Patient Safety Alert 18* 'Actions that can make anticoagulation therapy safer'. Anticoagulant treatment booklets should be issued to patients. MHRA: Warfarin: be alert to the risk of drug interactions with tramadol
X					
Xipamide				**Not recommended**	**First-line** thiazide is indapamide in line with NICE NG136 (Updated Mar-22).
Y					
Yohimbine	Aphrodine Inndian snakeroot *Pausinystalia yohimbe* *Rauwolfia serpendine* Yohimbe			**Not recommended**	Herbal preparation sold for a range of conditions including erectile dysfunction, female hypo sexual disorder, weight loss, bodybuilding, type-2 diabetes, xerostomia.
Z					
Zanamivir				**Green**	**Influenza:** NHS except for the treatment of influenza in accordance with NICE TA158 (Sept-08.) FP10 prescriptions must be endorsed 'SLS'.
				Not recommended	**All other indications** (e.g. post-exposure prophylaxis of influenza): NHS except for the treatment of influenza (see above.)

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
Zanubrutinib				**Red**	**NHS ENGLAND commissioned.** Zanubrutinib for treating Waldenstrom's macroglobulinaemia (Agreed at SPF Nov 22).
				Red	**NHS England commissioned.** Zanubrutinib for treating chronic lymphocytic leukaemia (Agreed at SPF Nov-23).
				Red	**NHS England commissioned.** Zanubrutinib for treating marginal zone lymphoma after anti-CD20-based treatment (Agreed MPB Sept-24).
				Not recommended	**NICE terminated appraisal.** Zanubrutinib with obinutuzumab for treating relapsed or refractory B-cell follicular lymphoma after 2 or more treatments (Agreed MPB Jul-24).
Zinc and other food supplements for AMD				**Not recommended**	Not recommended for prescribing at NHS expense. For Selfcare.
Zolbetuximab				**Not recommended**	Zolbetuximab with chemotherapy for untreated claudin-18.2-positive HER2-negative unresectable advanced gastric or gastro-oesophageal junction adenocarcinoma **NOT recommended by NICE March 25 MPB**
Zoledronic Acid	Zoledronate		Generic *Aclasta® 5mg*	**Amber[1]**	**Appropriate for prescribing without formal shared care protocol, may be initiated by GP on advice of a specialist.** Annually administered intravenous (IV) infusion for the treatment of postmenopausal osteoporosis. **Note:** Not to be confused with zolendronic acid concentrate for intravenous infusion (*Zometa®*)
				Red	Off-license use of Zoledronic acid (IV) for patients with osteopenia at increased risk of fracture **ONLY** when unable to tolerate oral bisphosphonates (Agreed at SPF Nov-18).

Drug[1]	Synonym(s)	MHRA / CHM[2]	Generic / brand[3]	Category	Notes[4]
			Generic *Zometa® 4mg*	**Amber[1]**	**Appropriate for prescribing without formal shared care protocol, may be initiated by GP on advice of a specialist.** Offer zoledronic acid as adjuvant therapy to postmenopausal women with node-positive invasive breast cancer Consider zoledronic acid as adjuvant therapy for postmenopausal women with node-negative invasive breast cancer and a high risk of recurrence NICE NG101 (Updated Jun-23).
Zonisamide		MHRA DSU Nov 17	Generic *Zonegran®*	**Amber[2]**	**Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol.** Used as adjunctive treatment for refractory focal seizures with or without secondary generalisation. Use contra-indicated in those allergic to sulphonamides. **MHRA:** Updated advice on switching between different manufacturers' products
			Desizon®	**Amber[2]**	**Appropriate for prescribing when specialist / trust initiated, without formal shared care protocol.** Recommend over the unlicensed special for: Monotherapy in the treatment of partial seizures, with or without secondary generalisation, in adults with newly diagnosed epilepsy. Adjunctive therapy in the treatment of partial seizures, with or without secondary generalisation, in adults, adolescents, and children aged 6 years and above (Agreed at PAMM Feb-21). **MHRA:** Updated advice on switching between different manufacturers' products
Zuclopenthixol (Acetate) parenteral	Zuclopenthixol acetate			**Red**	Red at request of SomPar as it is often prescribed in error when similar salts are indicated. Decanoate salts or dihydrochloride tablets are not included.
Zuclopenthixol (Decanoate) parenteral	Zuclopenthixol decanoate			**Amber[3]**	The maintenance treatment of schizophrenia and paranoid psychoses in line with locally agreed Shared Care Protocol.

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Appendix 1

Shared Care Agreement Format

A shared care agreement needs to include the following details as a minimum. Draft agreements need to be sent to the Somerset Prescribing Forum for approval.

SOMERSET INTEGRATED CARE SYSTEM

Shared Care Guideline for the use of XXXXXXX in the Management of XXXXXXXXXX.

Introduction

What is this medicine, why will it benefit patients to transfer care etc.

Indications for Use

What is it being used for and what is the usual dose

Safety Issues

Contra-indications
Special warnings and precautions
Common side-effects
Assessment and monitoring requirements
Significant drug interactions

Responsibilities of the specialist

Confirmation that they have demonstrated benefit and lack of adverse effects in patient.
Advice on when the GP should seek specialist support.
Provide clear contact details that a GP can use to obtain advice or support.

Responsibilities of the GP

Provide advice on which side effects need to be discussed with specialists
Set out monitoring expected to be done by GP and any actions they are expected to take as a result.
Details of any circumstances when patient should be referred back to specialist.

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Appendix 2

Somerset Prescribing Forum
Request for change in Traffic Light Status of a medicine

Please attach any supporting papers e.g. draft shared care guideline and complete section A, B, C and D.
Then send complete form to SHAUN GREEN, Deputy Director of Clinical Effectiveness and Medicines Management, Somerset ICB Wynford House, Lufton Way, Yeovil, Somerset BA22 8HR

A. Details about the medicine

Name, form and strength of the medicine:

Does the medicine have a black triangle status? **Yes / No**

Condition for which the medicine is used:

Is this a licensed indication for this medicine? **Yes / No**

B. Current provision of the medicine

Who is prescribing or recommending the medicine?

Consultant, Specialist Nurse, Pharmacist, GP, other (please state)

What method is currently in use? (please indicate)

FP10HP / Outpatient prescription / recommendation by phone call / letter to a GP

Setting in which the medicine is prescribed / recommended (please indicate):

Outpatient clinic, specialist nurse led clinic, telephone clinic, community hospital clinic,
other (please state)

What is the GPs current involvement in prescribing / monitoring this medicine?

Who administers the medicine?

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C. Traffic Light Status

Current Traffic Light Status: **Red / Amber / Green / Not recommended**

Requested Traffic Light Status: **Red / Amber / Green**

Reason for change in status (include details on service developments e.g. nurse led clinics)**:**

Estimate the number patients annually across Somerset who will be affected by this change:

Evidence of appropriateness of change in TLG:

Other NHS Trusts who have adopted the requested TLG:

If requesting a switch from red to amber please attach a draft shared care agreement (this may be from another trust which has been adapted for Somerset ICB.

D. Contact Details

Name and status of requestor:

NHS Organisation:

Phone number:

Email address:

E. Prescribing Forum Information only

Is the medicine "Payments By Results" excluded?

Likely impact on primary care:

Cost of medicine per patient per year:

Monitoring requirements:

Administration:

Request to change traffic light status accepted: **Yes / No**

New Traffic light status: **Red/ amber /green**

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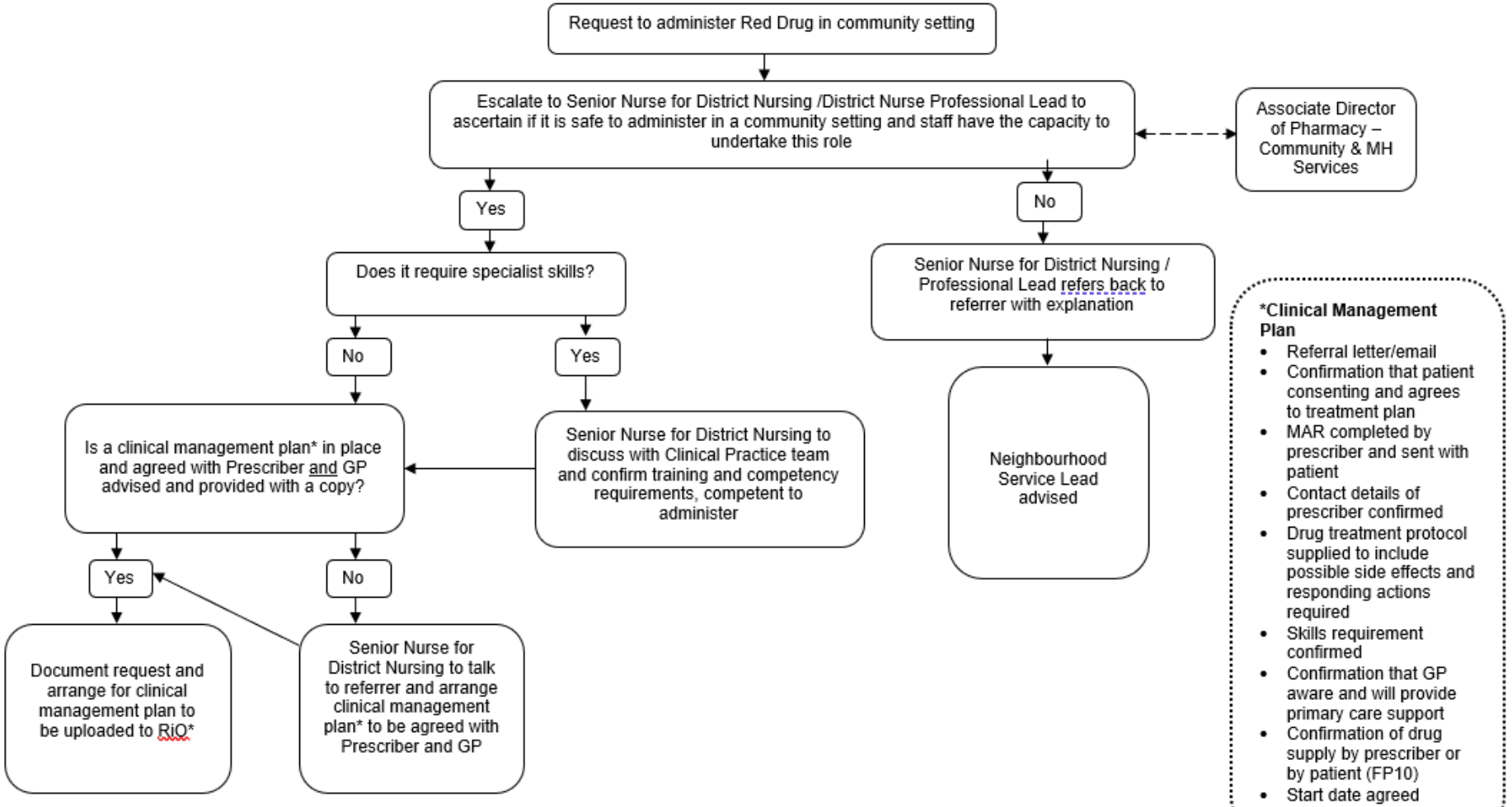
NHS Somerset

Appendix 3

NHS Somerset NHS Foundation Trust

PATHWAY FOR APPROVAL FOR ADMINISTRATION OF RED DRUGS BY THE DISTRICT NURSING SERVICE



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NHS Somerset

Primary Care Network District Nursing Hubs & Spokes

NHS Somerset NHS Foundation Trust

Bridgwater Bay

Hub:
Bridgwater Community Hospital
Bower Lane
Bridgwater TA6 4GU
Email: SPASedgemoor@SomersetFT.nhs.uk
Tel: 0300 124 5601
Team Manager, Integrated Team:
Elizabeth House
Spokes:
Quantock Medical Centre

North Sedgemoor

Hub:
Burnham Community Hospital
Peter Holmes Annex
Love Lane
Burnham on Sea TA8 1ED
Email: SPASedgemoor@SomersetFT.nhs.uk
Tel: 0300 124 5605
Team Manager, Integrated Team:
Belinda Bennett
Spoke:
Cheddar Surgery, Cheddar

West Mendip

Hub:
West Mendip Hospital
Old Wells Rd
Glastonbury BA6 8JD
Email:
MendipDNReferral@somersetFT.nhs.uk
Spn-tr.dn.westmendip@nhs.net
Tel: 0300 124 5602
Team Manager, Integrated Team:
Andrea Winsor
Spoke:
West Mendip Hospital, Glastonbury
The Bridge, Wells

East Mendip

currently has a service at:
Frome Medical Centre
Enos Way
Frome BA11 2FH
Email:
MendipDNReferral@somersetFT.nhs.uk
Tel: 0300 124 5604
Team Manager, Integrated Team:
Lottie Cruse

Somerset Out of Hours (Countywide)

Mon-Sun 2200 - 0800
Tel: 0300 124 5609
Email:
SomersetOOHReferrals@somersetFT.nhs.uk

Central Mendip

Hub:
West Mendip Hospital
Old Wells Rd
Glastonbury BA6 8JD
Email:
MendipDNReferral@somersetFT.nhs.uk
Spn-tr.dn.westmendip@nhs.net
Tel: 0300 124 5602
Team Manager, Integrated Team:
Lottie Cruse
Spoke:
Shepton Mallet Hospital, Shepton Mallet

West Somerset

Hub:
Williton Community Hospital
North Road
Williton
Taunton TA4 4RA
Email:
SPATauntonandWestSomerset@somersetFT.nhs.uk
Tel: 0300 124 5606
Team Manager, Integrated Team:
April Bosley
Spokes:
Exmoor Medical Centre, Dulverton
Minehead Hospital, Minehead

Taunton

Hub:
Park Gate House
East Reach, Taunton, TA1 3ES
Email:
SPATauntonandWestSomerset@somersetFT.nhs.uk
Tel: 0300 124 5606
Team Managers, Integrated Team:
Sarah Wright and Cara Cole
Spokes:
Wellington Medical Centre, Wellington
Creech Medical Centre, Creech St Michael

West South Somerset

Hub:
Bracken House , Lower Building
Crewkerne Road, Chard TA20 1YA
Email: SouthSomersetReferral@SomersetFT.nhs.uk
Tel: 0300 124 5603
Team Manager, Integrated Team: Kathleen Butler
Spokes:
Summervale Health Centre, Ilminster
Langport Medical Centre, Langport
Crewkerne Community Hospital, Crewkerne
South Petherton Community Hospital, South Petherton

East South Somerset

Hub:
Magnolia House
56 Preston Road, Yeovil, BA20 2BN
Email: SouthSomersetReferral@SomersetFT.nhs.uk
Tel: 0300 124 5600
Team Managers, Integrated Team:
Hayley Stainton
Spokes:
Wincanton Community Hospital, Wincanton
Millbrook Surgery Castle Cary

Hub Spoke

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NHS Somerset

Version 65 (Version date: June 2025)