FORMULARY (Y): the medicine can be used as per its licence.

RESTRICTED FORMULARY ®: the medicine can be used as per the agreed restriction.

NON-FORMULARY (NF): the medicine is not on the formulary and should not be used unless exceptional approval has been obtained from MMTC.

UNLICENSED MEDICINE – RESTRICTED FORMULARY (UNR): the medicine is unlicensed and can be used as per the agreed restriction.

SPECIAL MEDICINE – RESTRICTED FORMULARY (SR): the medicine is a “special” (unlicensed) and can be used as per the agreed restriction.

EXTEMPORANEOUS PREPARATION – RESTRICTED FORMULARY (EXTR): the extemporaneous preparation (unlicensed) can be prepared and used as per the agreed restriction.

UNLICENSED MEDICINE – NON-FORMULARY (UNNF): the medicine is unlicensed and is not on the formulary. It should not be used unless exceptional approval has been obtained from MMTC.

SPECIAL MEDICINE – NON-FORMULARY (SNF): the medicine is a “special” (unlicensed) and is not on the formulary. It should not be used unless exceptional approval has been obtained from MMTC.

EXTEMPORANEOUS PREPARATION – NON-FORMULARY (EXTNF): the extemporaneous preparation (unlicensed) cannot be prepared and used unless exceptional approval has been obtained from MMTC.

CLINICAL TRIALS ©: the medicine is clinical trial material and is not for clinical use.

NICE TECHNOLOGY APPRAISAL (NICETA): the medicine has received a positive appraisal from NICE. It will be available on the formulary from the day the Technology Appraisal is published. Prescribers who wish to treat patients who meet NICE criteria, will have access to these medicines from this date. However, these medicines will not be part of routine practice until a NICE TA Implementation Plan has been presented and approved by MMTC (when the drug will be given a Restricted formulary status).

Medicines Management and Therapeutics Committee
(send Comments to medicines.effectiveness@ouh.nhs.uk)
01 Gastro-intestinal system

**OBETICHOLIC ACID**

OBETICHOLIC ACID 10mg TABLETS R

Obeticholic acid is an option for treating primary biliary cholangitis, as per NICE TA443. MMTC July 2018

01.01 Dyspepsia and gastro-oesophageal reflux disease

**MAGNESIUM TRISILICATE**

MAGNESIUM TRISILICATE MIXTURE BP NF

01.01.01 Antacids and simeticone

**ALUMINIUM HYDROXIDE**

ALUMINIUM HYDROXIDE 475mg CAPSULES R

For use by Renal patients only. Medicines Effectiveness, September 2014.

**CO-MAGALDROX**

CO-MAGALDROX 195/220 LIQUID Y

CO-MAGALDROX 300/600 LIQUID NF

MAALOX PLUS LIQUID R

For use by Katharine House only. Medicines Effectiveness, November 2013.

**CO-SIMALCITE**

CO-SIMALCITE SUSPENSION 500ml R

Restricted to Katharine House Hospice. Medicines Effectiveness, May 2013.

**SIMETICONE**

SIMETICONE 40mg/ml LIQUID Y

01.01.02 Compound alginates and proprietary indigestion preparations

**GAVISCON**

GAVISCON ADVANCE TABLETS NF

GAVISCON INFANT SACHETS Y

**PEPTAC LIQUID**
### 01.02 Antispasmodics and other drugs altering gut motility

#### ALVERINE CITRATE
- ALVERINE CITRATE 60mg CAPSULES  Y

#### DICYCLOVERINE
- DICYCLOVERINE 10mg TABLETS  Y

#### HYOSCINE BUTYLBROMIDE
- HYOSCINE BUTYLBROMIDE 10mg TABLETS  Y
- HYOSCINE BUTYLBROMIDE 20mg IN 1ml INJECTION  Y

#### LINACLOTIDE
- LINACLOTIDE 290microgram CAPSULES  NF

#### MEBEVERINE
- MEBEVERINE 135mg TABLETS  Y

#### PEPPERMINT
- PEPPERMINT OIL CAPSULES  Y
- PEPPERMINT WATER  UNR  For relief of abdominal colic and distension. Medicines Effectiveness, April 2013

#### PROPANTHELINE
- PROPANTHELINE 15mg TABLETS  Y

### 01.03 Antisecretory drugs and mucosal protectants

Esomeprazole
- ESOMEPRAZOLE 40mg INJECTION  NF

Famotidine
- FAMOTIDINE 20mg TABLETS  R  Restricted for use in patients who have a contraindication to Proton Pump Inhibitors. Medicines Effectiveness, November 2019

#### OMEPRAZOLE
- OMEPRAZOLE 10mg/5ml LIQUID 75ml  R  Restricted for use in paediatric patients with NG tubes smaller than 8Fr only. MMTC, April 2020
01.03.01 \textbf{H2-receptor antagonists}

\textbf{Cimetidine}

- Cimetidine 200mg TABLETS \text{ NF}
- Cimetidine 400mg TABLETS \text{ NF}
- Cimetidine 200mg/5ml LIQUID \text{ NF}

Famotidine

- Famotidine 40mg TABLETS \text{ NF} Restricted for use in patients who have a contraindication to Proton Pump Inhibitors, Medicines Effectiveness, November 2019

\textbf{Ranitidine}

- Ranitidine 75mg/5ml LIQUID \text{ R} For paediatric patients only. It is cheaper to disperse tablets for adults. Medicines Effectiveness, December 2004
- Ranitidine 150mg TABLETS \text{ Y}
- Ranitidine 150mg TABLETS EFFERVESCENT \text{ Y}
- Ranitidine 50mg IN 2ml INJECTION \text{ Y}

01.03.03 \textbf{Chelates and complexes}

\textbf{Sucralfate}

- Sucralfate 1g TABLETS \text{ UNR} For use by Critical Care areas only. Medicines Effectiveness, September 2014
- Sucralfate 1g/5ml LIQUID 200ml \text{ Y}

01.03.03 \textbf{Chelates and complexes}

\textbf{Sucralfate}

- Sucralfate 1g TABLETS \text{ UNR} For use by Critical Care areas only. Medicines Effectiveness, September 2014.
- Sucralfate 1g/5ml LIQUID 250ml \text{ Y}
- Sucralfate 1g TABLETS \text{ R} For use by Critical Care areas only. Medicines Effectiveness,
### 01.03.04 Prostaglandin analogues

**MISOPROSTOL**
- MISOPROSTOL 200 microgram TABLETS Y

### 01.03.05 Proton pump inhibitors

**ESOMEPRAZOLE**
- ESOMEPRAZOLE 10mg SACHETS NF
- ESOMEPRAZOLE 20mg TABLETS NF

**LANSOPRAZOLE**
- LANSOPRAZOLE 30mg FASTAB R For patients with swallowing difficulties or feeding tubes. Medicines Effectiveness, March 2009.
- LANSOPRAZOLE 30mg CAPSULES Y
- LANSOPRAZOLE 15mg FASTAB R For patients with swallowing difficulties or feeding tubes. Medicines Effectiveness, March 2009.
- LANSOPRAZOLE 15mg CAPSULES Y

**OMEPRAZOLE**
- OMEPRAZOLE 10mg/5ml LIQUID (EXTEMP) NF For PAEDIATRIC patients with NG tubes smaller than 8Fr ONLY. NB: FasTabs® dissolve in 10ml of water and can be used in patients with swallowing difficulties or administered via an 8Fr NG tube without blockage. Medicines Effectiveness, June 2018
- OMEPRAZOLE 40mg INFUSION R For patients with endoscopic evidence OR recent peptic bleeding, on the recommendation of a senior gastroenterologist (SpR or consultant). Medicines Effectiveness, November 2004.
- OMEPRAZOLE 20mg TABLETS R For paediatric patients only. Medicines Effectiveness, March 2009.
- OMEPRAZOLE 20mg CAPSULES (Teva brand for extemp use only) Y
- OMEPRAZOLE 20mg CAPSULES Y
01.03.05  Proton pump inhibitors (PPIs)

**OMPERAZOLE**

OMPERAZOLE 10mg TABLETS  R  For paediatric patients only. Medicines Effectiveness, March 2009.

OMPERAZOLE 10mg CAPSULES  Y

**PANTOPRAZOLE**

PANTOPRAZOLE 40mg INJECTION  NF

PANTOPRAZOLE 20mg TABLETS E/C  NF

PANTOPRAZOLE 40mg E.C TABLETS  NF

**RABEPRAZOLE**

RABEPRAZOLE 10mg TABLETS E/C  NF

RABEPRAZOLE 20mg TABLETS E/C  NF

01.04  Acute diarrhoea

**ELUXADOLINE**

ELUXADOLINE 100mg TABLETS  R  Eluxadoline is an option for treating irritable bowel syndrome with diarrhoea in adults, as per NICE TA47. MMTC July 2018

01.04.02  Antimotility drugs

**CO-PHENOTROPE**

CO-PHENOTROPE TABLETS (LOMOTIL)  NF

**KAOLIN + MORPHINE**

KAOLIN AND MORPHINE MIXTURE BP  NF

**LOPERAMIDE**

LOPERAMIDE 2mg TABLETS  R  For Gastroenterology and Colorectal patients requiring high doses who have swallowing difficulties (the tablets can be dispersed in water). Medicines Effectiveness, February 2013.
LOPERAMIDE 25mg/5ml LIQUID UNR For swallowing difficulties and short bowel syndrome where they need to give the smallest volume possible to aid absorption. Medicines Effectiveness, July 2009.

LOPERAMIDE 1mg/5ml LIQUID Y

LOPERAMIDE 2mg CAPSULES (OTC PACK 30) Y

LOPERAMIDE 2mg CAPSULES Y

01.05 Chronic bowel disorders

BALSALAZIDE

BALSALAZIDE SODIUM 750mg CAPSULES NF

BUDESONIDE

BUDESONIDE 2mg in 100ml ENEMAS NF

BUDESONIDE 3mg CAPSULES E/C (BUDENOFALK) R For gastroenterology only. MAC, December 2010.

BUDESONIDE 3mg CAPSULES M/R NF

HYDROCORTISONE

HYDROCORTISONE ACETATE 10% RECTAL FOAM Y

MESALAZINE

MESALAZINE 1g/APPLICATION FOAM ENEMA Y

MESALAZINE 1g SUPPOSITORIES (pentasa) Y

MESALAZINE 1g/SACHET GRANULES M/R Y

MESALAZINE 500mg SACHET GRANULES (PENTASA) NF

MESALAZINE 500mg TABLETS M/R (PENTASA) Y

MESALAZINE 1g/100ml ENEMA (PENTASA) Y

MESALAZINE 800mg TABLETS M/R (OCTASA) Y
ASACOL preparations are for long standing patients only. All new patients should be on a PENTASA preparation. Medicines Effectiveness, September 2000.

**OLSALAZINE**

OLSALAZINE 500mg TABLETS
OLSALAZINE 250mg CAPSULES

**PREDNISOLONE**

PREDNISOLONE 20mg in 100ml ENEMA
PREDNISOLONE 20mg/APPLICATION RECTAL FOAM (14 DOSE)
PREDNISOLONE 5mg SUPPOSITORY

**SODIUM CROMOGLICATE**

SODIUM CROMOGLICATE 100mg CAPSULES

01.05.01  Aminosalicylates

**MESALAZINE**

MESALAZINE 2g/SACHET GRANULES

01.05.02  Corticosteroids

**SULFASALAZINE**

SULFASALAZINE 250mg/5ml LIQUID SUGAR FREE
SULFASALAZINE 500mg TABLETS
SULFASALAZINE 500mg TABLETS E/C

01.06  Laxatives

**LUBIPROSTONE**
SENNA

SENNA 7.5mg/5ml LIQUID Y

01.06.01 Bulk-forming laxatives

ISPAGHULA HUSK

ISPAGHULA HUSK 3.5g SACHETS (PLAIN) NF
ISPAGHULA HUSK 3.5g SACHETS (ORANGE) Y

METHYLCELLULOSE

METHYLCELLULOSE 500mg TABLETS (NF) NF

01.06.02 Stimulant laxatives

BISACODYL

BISACODYL 5mg SUPPOSITORY Y
BISACODYL 5mg TABLETS Y
BISACODYL 10mg SUPPOSITORY Y
BISACODYL 5mg TABLETS Y WARNING: Dulcolax is a trade name for Bisacodyl tablets and suppositories and Sodium Picosulphate liquid. Please check selection carefully to ensure

CO-DANTHRAMER

CO-DANTHRAMER 25/200mg in 5ml LIQUID Y

DOCUSATE SODIUM

DOCUSATE SODIUM 120mg ENEMA (PK 6) NF
DOCUSATE SODIUM 50mg/5ml LIQUID Y
DOCUSATE SODIUM 12.5mg/5ml LIQUID Y
DOCUSATE SODIUM 100mg CAPSULES Y

GLYCERIN

GLYCERIN 4g SUPPOSITORY ADULT Y
<table>
<thead>
<tr>
<th>Medicine</th>
<th>Formulation</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>GLYCERIN 2g SUPPOSITORIES PAEDIATRIC</td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>GLYCERIN 1g SUPPOSITORIES INFANT</td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td><strong>KLEAN-PREP</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KLEAN PREP SACHETS</td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td><strong>MANEVAC</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MANEVAC 4g SACHETS</td>
<td></td>
<td>NF</td>
</tr>
<tr>
<td><strong>SENNNA</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SENNA TABLETS</td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>SENNA LIQUID</td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td><strong>SODIUM PICOSULFATE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SODIUM PICOSULFATE 5mg/5ml LIQUID</td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td><strong>01.06.03</strong> Faecal softeners</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ARACHIS OIL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ARACHIS OIL ENEMA 130ml</td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td><strong>01.06.04</strong> Osmotic</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MAGNESIUM HYDROXIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MAGNESIUM HYDROXIDE MIXTURE</td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td><strong>01.06.04</strong> Osmotic laxatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>LACTULOSE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LACTULOSE LIQUID 300ml</td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td><strong>MACROGOL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MOVICOL PAEDIATRIC PLAIN SACHETS</td>
<td></td>
<td>R</td>
</tr>
<tr>
<td>MACROGOL 13.7g SACHETS (LAXIDO)</td>
<td></td>
<td>R</td>
</tr>
<tr>
<td><strong>MAGNESIUM SULPHATE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MAGNESIUM SULPHATE POWDER B.P 500g</td>
<td></td>
<td>NF</td>
</tr>
<tr>
<td><strong>PARAFFIN + MAGNESIUM HYDROXIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PARAFFIN LIQ &amp; MAGNESIUM HYDROXIDE MIXTURE</td>
<td></td>
<td>Y</td>
</tr>
</tbody>
</table>

**For paediatric use only.**

Medicines Effectiveness, December 2004.

**For the management of acute general constipation in adults as per MILV8N10.**

MMTC, July 2014.
PHOSPHATE
PHOSPHATE ENEMA (FLEET) 133ml Y

SODIUM CITRATE
MICRO-ENEMA 5ml Y

01.06.05 Bowel cleansing preparations

CITRAMAG
CITRAMAG SACHETS Y

GASTROGRAFIN
GASTROGRAFIN LIQUID 35ml R For use by radiology ONLY. Medicines Effectiveness, April 2018

GASTROGRAFIN LIQUID
GASTROGRAFIN LIQUID 100ml R For use by radiology. Also, for the treatment of small bowel obstruction (off-label use). MMTC, February 2018

MOVIPREP
MOVIPREP SACHETS R For bowel preparation for colonoscopies. Patients with stage 4 and 5 CKD (ie: GFR<30ml/min) and patients unable to tolerate standard therapy (Citramag and senna) only. MAC, June 2010.

SODIUM PICOSULFATE
SODIUM PICOSULFATE 10mg SACHET Y

01.06.06 Peripheral opioid-receptor antagonists

METHYLNALTREXONE
METHYLNALTREXONE 12mg INJECTION NF

NALOXEGOL
NALOXEGOL OXALATE 12.5MG TABLETS R For treating opioid induced constipation as per NICE TA345. MMTC, March 2016

NALOXEGOL OXALATE 25MG TABLETS R For treating opioid induced constipation as per NICE TA345. MMTC, March 2016

PRUCALOPRIDE
PRUCALOPRIDE 2mg TABLETS R For the treatment of chronic constipation in women as per NICE TA211. MMTC, March 2013.

PRUCALOPRIDE 1mg TABLETS R For the treatment of chronic constipation in women as per NICE TA211. MMTC, March 2013.

01.06 Stimulant laxatives

LECICARBON A
LECICARBON A SUPPOSITORIES NF

01.07 Local preparations for anal and rectal disorders

ANUSOL
ANUSOL OINTMENT 15G Y

01.07.01 Soothing haemorrhoidal preparations

ANUSOL
ANUSOL CREAM 23g NF
ANUSOL OINTMENT 25g Y
ANUSOL SUPPOSITORIES Y

ANUSOL HC
ANUSOL HC OINTMENT 30g Y

01.07.02 Compound haemorrhoidal preparations with corticosteroids

PROCTOSEDYL
PROCTOSEDYL OINTMENT 30g Y
PROCTOSEDYL 5mg SUPPOSITORIES R For the short term relief (not more than 7 days) of pain, irritation and pruritis associated with haemorrhoids, pruritis ani. Medicines Effectiveness, October 2017

SCHERIPROCT
SCHERIPROCT OINTMENT 30g Y
SCHERIPROCT SUPPOSITORIES Y

01.07.03 Rectal sclerosants
PHENOL
OILY PHENOL 5% INJECTION 5ml BP Y

01.07.04 Management of anal fissures

DILTIAZEM
DILTIAZEM 2% ANAL CREAM 30g SR For the treatment of chronic anal fissures, following treatment failure or intolerable side effects with GTN ointment only. MMTC, November 2018

GLYCERYL TRINITRATE
GLYCERYL TRINITRATE 0.4% OINTMENT 30g R For anal fissures. Medicines Effectiveness, October 2014.

01.09 Drugs affecting intestinal secretions

01.09.01 Drugs affecting biliary composition and flow

OBETICHLIC ACID
OBETICHLIC ACID 5mg TABLETS R Obeticholic acid is an option for treating primary biliary cholangitis, as per NICE TA443. MMTC July 2018

URSODEOXYCHOLIC ACID
URSODEOXYCHOLIC ACID 250mg CAPSULES Y
URSODEOXYCHOLIC ACID 250mg/5ml LIQUID Y
URSODEOXYCHOLIC ACID 250mg CAPSULES Y
URSODEOXYCHOLIC ACID 150mg TABLETS Y

01.09.04 Pancreatin

PANCREATIN
CREON MICRO (60.36mg PANCREATIN) GRANULES 20g Y

PANCREATIN 40,000units CAPSULES Y
PANCREATIN 10,000units CAPSULES R For use as per drug license only. Medicines Effectiveness, October 2017
PANCREATIN 25,000units CAPSULES R For use as per drug license only. Medicines Effectiveness, October 2017
PANCREATIN 22,000 units CAPSULES (NUTRIZYM 22)
### PANCREX V CAPSULES
Y

### PANCREX V POWDER
Y

#### 02 Cardiovascular system

**ILOPROST**

ILOPROST 50microgram in 0.5ml INJECTION  R  For use by Vascular Surgery for the treatment of limb threatening ischaemia, and by Rheumatology in Raynaud’s Syndrome. Medicines Effectiveness, April 2015

#### 02.01 Positive inotropic drugs

**FLECAINIDE**

FLECAINIDE 150mg IN 15ml INJECTION  UNR  Unlicensed preparation ordered as replacement for licensed Flecainide injection. Medicines Effectiveness, December 2018

#### 02.01.01 Cardiac glycosides

**DIGITOXIN**

DIGITOXIN 100microgram TABLETS  NF

**DIGOXIN**

DIGOXIN 100micrograms IN 1ml INJECTION  SR

DIGOXIN IMMUNE-FAB 40mg INJECTION  Y

DIGOXIN 250microgram TABLETS  Y

DIGOXIN 500microgram in 2ml INJECTION  Y

DIGOXIN 50microgram/ml LIQUID (60ml)  Y

DIGOXIN 125microgram TABLETS  Y

DIGOXIN 62.5microgram TABLETS  Y

#### 02.01.02 Phosphodiesterase type-3 inhibitors

**MILRINONE**

MILRINONE 10mg IN 10ml INJECTION  Y

#### 02.02 Diuretics
FUROSEMIDE
FUROSEMIDE 50mg IN 50ml INJECTION PRE-SR FILLED SYRINGE (CTASU PREP)

02.02.01 Thiazides and related diuretics

BENDROFLUMETHIAZIDE
  BENDROFLUMETHIAZIDE 5mg TABLETS Y
  BENDROFLUMETHIAZIDE 2.5mg TABLETS Y

CHLOROTHIAZIDE
  CHLOROTHIAZIDE 250mg/5ml LIQUID UNR Restricted to neonates and paediatric patients with swallowing difficulties. Medicines Effectiveness, February 2013.

CHLORTALIDONE
  CHLORTALIDONE 50mg TABLETS Y

CYCLOPENTHIAZIDE
  CYCLOPENTHIAZIDE 500microgram TABLETS NF

INDAPAMIDE
  INDAPAMIDE 1.5mg M/R TABLETS Y
  INDAPAMIDE 2.5mg TABLETS Y

METOLAZONE
  METOLAZONE 5mg TABLETS UNR For use by Cardiology for diuretic resistance and heart failure only. Medicines Effectiveness, April 2013.

XIPAMIDE
  XIPAMIDE 20mg TABLETS NF

02.02.02 Loop diuretics

BUMETANIDE
  BUMETANIDE 5mg TABLETS Y
  BUMETANIDE 1mg TABLETS Y

FRUSEMIDE
### FUROSEMIDE

<table>
<thead>
<tr>
<th>Description</th>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>FUROSEMIDE 250mg IN 25ml INJECTION (UNLICENSED)</td>
<td>UNR</td>
<td>Restricted to use whilst there is a supply problem with UK brand. Medicines Effectiveness May 2018</td>
</tr>
<tr>
<td>FUROSEMIDE 20mg IN 2ml INJECTION (UNLICENSED)</td>
<td>UNR</td>
<td>Restricted for use whilst licensed preparation is unavailable. Medicines Effectiveness, May 2018</td>
</tr>
<tr>
<td>FUROSEMIDE 20mg IN 2ml INJECTION</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>FUROSEMIDE 250mg IN 25ml INJECTION</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>FUROSEMIDE 50mg IN 5ml INJECTION</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>FUROSEMIDE 40mg TABLETS</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>FUROSEMIDE 20mg TABLETS</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>FUROSEMIDE 500mg TABLETS</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>FUROSEMIDE 50mg/5ml LIQUID</td>
<td>R</td>
<td>For paediatric patients only. Medicines Effectiveness, March 2013.</td>
</tr>
</tbody>
</table>

### TOLVAPTAN

<table>
<thead>
<tr>
<th>Description</th>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOLVAPTAN 7.5mg TABLETS</td>
<td>NF</td>
<td></td>
</tr>
</tbody>
</table>

### 02.02.03 Potassium-sparing diuretics and aldosterone antagonists

### AMILORIDE

<table>
<thead>
<tr>
<th>Description</th>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMILORIDE 5mg/5ml LIQUID S/F</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>AMILORIDE 5mg TABLETS</td>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>

### EPLERENONE

<table>
<thead>
<tr>
<th>Description</th>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPLERENONE 25mg TABLETS</td>
<td>R</td>
<td>For patients who have failed on / cannot tolerate spironolactone and first-line in young male patients post-MI with a LVSD 40% or less. MMTC, October 2017</td>
</tr>
<tr>
<td>EPLERENONE 50mg TABLETS</td>
<td>R</td>
<td>For patients who have failed on / cannot tolerate spironolactone and first-line in young male patients post-MI with a LVSD 40% or less. MMTC, October 2017</td>
</tr>
</tbody>
</table>
**SPIRONOLACTONE**

<table>
<thead>
<tr>
<th>Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPIRONOLACTONE 100mg TABLETS</td>
<td>Y</td>
</tr>
<tr>
<td>SPIRONOLACTONE 50mg/5ml LIQUID</td>
<td>SR</td>
</tr>
<tr>
<td>SPIRONOLACTONE 25mg TABLETS</td>
<td>Y</td>
</tr>
</tbody>
</table>

For paediatric patients or patients with feeding tubes only. Medicines Effectiveness, February 2013.

**TORASEMIDE**

<table>
<thead>
<tr>
<th>Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>TORASEMIDE 10mg TABLETS</td>
<td>NF</td>
</tr>
<tr>
<td>TORASEMIDE 5mg TABLETS</td>
<td>NF</td>
</tr>
</tbody>
</table>

**02.02.04 Potassium-sparing diuretics with other diuretics**

**AMILORIDE + CYCLOPENTHIAZIDE**

<table>
<thead>
<tr>
<th>Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMILORIDE 2.5mg / CYCLOPENTHIAZIDE</td>
<td>Y</td>
</tr>
<tr>
<td>250microgram TABLETS</td>
<td></td>
</tr>
</tbody>
</table>

**CO-AMILOZIDE**

<table>
<thead>
<tr>
<th>Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>CO-AMILOZIDE 5/50mg TABLETS</td>
<td>Y</td>
</tr>
</tbody>
</table>

**02.03 Anti-arrhythmic drugs**

**02.03.02 Drugs for arrhythmias**

**ADENOSINE**

<table>
<thead>
<tr>
<th>Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADENOSINE 6mg in 2ml INJECTION</td>
<td>Y</td>
</tr>
<tr>
<td>ADENOSINE 30mg in 10ml INJECTION</td>
<td>R</td>
</tr>
<tr>
<td>ADENOSINE 130mg in 130ml INTRAVENOUS INFUSION</td>
<td>SR</td>
</tr>
</tbody>
</table>

For use by Nuclear Cardiology only. Medicines Effectiveness, January 2002.

Restricted to interventional cardiac areas only for fractional flow reserve (FFR) assessment. Fridge line. MAC, September 2010

**AMIODARONE**

<table>
<thead>
<tr>
<th>Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMIODARONE 300mg IN 10ml SYRINGE (AURUM)</td>
<td>Y</td>
</tr>
<tr>
<td>AMIODARONE 150mg in 3ml INJECTION</td>
<td>Y</td>
</tr>
<tr>
<td>AMIODARONE 200mg TABLETS</td>
<td>Y</td>
</tr>
<tr>
<td>AMIODARONE 100mg TABLETS</td>
<td>Y</td>
</tr>
</tbody>
</table>

**DISOPYRAMIDE**
<table>
<thead>
<tr>
<th><strong>DISOPYRAMIDE</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>DISOPYRAMIDE 150mg CAPSULES</td>
<td>Y</td>
</tr>
<tr>
<td>DISOPYRAMIDE 100mg CAPSULES</td>
<td>Y</td>
</tr>
<tr>
<td>DISOPYRAMIDE 250mg TABLETS M/R</td>
<td>Y</td>
</tr>
</tbody>
</table>

**DRONEDARONE**

<table>
<thead>
<tr>
<th><strong>DRONEDARONE</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>DRONEDARONE 400mg TABLETS</td>
<td>R</td>
</tr>
</tbody>
</table>

For the treatment of non-permanent atrial fibrillation as per NICE TA197. MAC, December 2010.

**FLECAINIDE**

<table>
<thead>
<tr>
<th><strong>FLECAINIDE</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>FLECAINIDE 100mg TABLETS</td>
<td>Y</td>
</tr>
<tr>
<td>FLECAINIDE 150mg in 15ml INJECTION</td>
<td>Y</td>
</tr>
<tr>
<td>FLECAINIDE 200mg CAPSULES M/R</td>
<td>NF</td>
</tr>
<tr>
<td>FLECAINIDE 50mg TABLETS</td>
<td>Y</td>
</tr>
</tbody>
</table>

**LIDOCAINE**

<table>
<thead>
<tr>
<th><strong>LIDOCAINE</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>LIDOCAINE 0.4% + GLUCOSE 5% 500ml INFUSION</td>
<td>Y</td>
</tr>
<tr>
<td>STERIFLEX 27</td>
<td></td>
</tr>
</tbody>
</table>

**MEXILETINE**

<table>
<thead>
<tr>
<th><strong>MEXILETINE</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>MEXILETINE 360mg CAPSULES M/R</td>
<td>NF</td>
</tr>
<tr>
<td>MEXILETINE 100mg CAPSULES</td>
<td>UNR</td>
</tr>
</tbody>
</table>

For refractory ventricular tachycardia; and for the treatment of myotonia in patients under the care of Dr. Hilton-Jones. MMTC, August 2013.

**MIDODRINE**

<table>
<thead>
<tr>
<th><strong>MIDODRINE</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>MIDODRINE 2.5mg TABLETS</td>
<td>R</td>
</tr>
<tr>
<td>MIDODRINE 5mg TABLETS</td>
<td>R</td>
</tr>
</tbody>
</table>

For treatment of orthostatic hypotension under the electrophysiological team only. NB: note requirements as per Shared Care Protocol for continuation in primary care. MMTC, April 2017

**PROPAFENONE**
02.04 Beta-adrenoceptor blocking drugs

ACEBUTOLOL

ACEBUTOLOL 200mg & HYDROCHLOROTHIAZIDE 12.5mg TABLET

ACEBUTOLOL 100mg CAPSULES
ACEBUTOLOL 200mg CAPSULES

ATENOLOL

ATENOLOL 100mg TABLETS
ATENOLOL 5mg IN 10ml INJECTION
ATENOLOL 25mg TABLETS
ATENOLOL 50mg TABLETS
ATENOLOL 25mg/5ml LIQUID

BISOPROLOL

BISOPROLOL 2.5mg TABLETS
BISOPROLOL 10mg TABLETS
BISOPROLOL 1.25mg TABLETS
BISOPROLOL 5mg TABLETS

CARVEDILOL

CARVEDILOL 25mg TABLETS

For use by Nuclear Cardiology only for Myocardial perfusion imaging (MPI) in patients with mild to moderate asthma or COPD. MAC, May 2011.
CARVEDILOL 3.125mg TABLETS R For use in Congestive Cardiac Failure (CCF) only; NOT for hypertension. Medicines Effectiveness, July 2000.

CARVEDILOL 6.25mg TABLETS R For use in Congestive Cardiac Failure (CCF) only; NOT for hypertension. Medicines Effectiveness, July 2000.

CARVEDILOL 12.5mg TABLETS R For use in Congestive Cardiac Failure (CCF) only; NOT for hypertension. Medicines Effectiveness, July 2000.

**CELIPROLOL**

CELIPROLOL 200mg TABLETS NF

**CLOPAMIDE + PINDOLOL**

PINDOLOL 10 mg / CLOPAMIDE 5mg TABLETS NF

**CO-TENIDONE**

CO-TENIDONE 100mg/25mg TABLETS NF

CO-TENIDONE 50mg/12.5mg TABLETS NF

**ESMOLOL**

ESMOLOL 100mg in 10ml INJECTION R For specialist use (Cardiology or ITU) only. Medicines Effectiveness, March 2013.

ESMOLOL 2.5g in 10ml INJECTION R For specialist use (Cardiology or ITU) only. Medicines Effectiveness, March 2013.

**LABETALOL**

LABETALOL 50mg IN 10ml INJECTION Y
LABETALOL 100mg in 20ml INJECTION (UL) UNR For the treatment of severe hypertension on Neuro Intensive Care Unit only. This is a temporary replacement for the licensed product which is currently unavailable. All other areas have made provisions to use an alternative preparation (see the Medicine Supply Problem intranet page) and any requests MUST be challenged. Any supply to other areas requires approval from the MMTC chair and Medicines Effectiveness. Medicines Effectiveness, May 2017

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Stock Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>LABETALOL 100mg in 20ml INJECTION</td>
<td>Y</td>
</tr>
<tr>
<td>LABETALOL 100mg TABLETS</td>
<td>Y</td>
</tr>
<tr>
<td>LABETALOL 200mg TABLETS</td>
<td>Y</td>
</tr>
</tbody>
</table>

**METOPROLOL**

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Stock Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>METOPROLOL 100mg TABLETS</td>
<td>Y</td>
</tr>
<tr>
<td>METOPROLOL 5mg IN 5ml INJECTION</td>
<td>Y</td>
</tr>
<tr>
<td>METOPROLOL 50mg TABLETS</td>
<td>Y</td>
</tr>
<tr>
<td>METOPROLOL 200mg TABLETS M/R</td>
<td>NF</td>
</tr>
</tbody>
</table>

**NADOLOL**

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Stock Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>NADOLOL 80mg TABLETS</td>
<td>Y</td>
</tr>
<tr>
<td>NADOLOL 40mg/5ml SUSPENSION 100ml</td>
<td>UNR</td>
</tr>
</tbody>
</table>

For use by Paediatrics only. Medicines Effectiveness, March 2013.

**NEBIVOLOL**

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Stock Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEBIVOLOL 5mg TABLETS</td>
<td>NF</td>
</tr>
</tbody>
</table>

**OXPRENOLOL**

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Stock Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>OXPRENOLOL 20mg TABLETS</td>
<td>Y</td>
</tr>
<tr>
<td>OXPRENOLOL 40mg TABLETS</td>
<td>Y</td>
</tr>
<tr>
<td>OXPRENOLOL 160mg TABLETS M/R</td>
<td>NF</td>
</tr>
</tbody>
</table>

**PINDOLOL**
**PROPRANOLOL**

- PROPRANOLOL 160mg CAPSULES M/R Y
- PROPRANOLOL 80mg CAPSULES M/R Y
- PROPRANOLOL 10mg TABLETS Y
- PROPRANOLOL 50mg/5ml LIQUID Y
- PROPRANOLOL 40mg TABLETS Y

**SOTALOL**

- SOTALOL 160mg TABLETS Y
- SOTALOL 40mg TABLETS Y
- SOTALOL 80mg TABLETS Y

**TIMOLOL**

- TIMOLOL 10mg TABLETS Y

**02.04. Beta-adrenoceptor blocking drugs**

**NEBIVOLOL**

- NEBIVOLOL 2.5mg TABLETS NF

**02.05 Hypertension and heart failure**

**BIFIDOBACTERIUM**

- BIFIDOBACTERIUM INFANTIS 350 MILLION, UNR
- STREPTOCOCCUS THERMOPHILUS 300 MILLION &

For the prevention Necrotizing enterocolitis (NEC) in preterm neonates. MMTC, December 2019

**PHENTOLAMINE**

- PHENTOLAMINE 10mg IN 1ml INJECTION UNR

For use by Cardiac Theatres only. Medicines Effectiveness, August 2013.

**02.05.01 Vasodilator antihypertensive drugs**

**BOSENTAN**

- BOSENTAN 62.5mg TABLETS NF

**HYDRALAZINE**
HYDRALAZINE 50mg TABLETS Y
HYDRALAZINE 25mg TABLETS Y
HYDRALAZINE 20mg IN 1ml INJECTION Y

MINOXIDIL
MINOXIDIL 10mg TABLETS Y
MINOXIDIL 2.5mg TABLETS Y
MINOXIDIL 5mg TABLETS Y

SILDENAFIL
SILDENAFIL (as citrate) 20mg TABLETS R PAEDIATRICS: for paediatric Cardiology patients on longterm treatment for confirmed pulmonary arterial hypertension (PbR). NOT for short term cardiac post-op referrals on a weaning regimen, or post iNO. ADULTS: for weaning nitric oxide off on CTCCU only (consultants). NB: extemporaneous preparation made up for very young children. MMTC, February 2014.

SILDENAFIL 10mg in 12.5ml INJECTION NF
SILDENAFIL 10mg/ml POWDER FOR ORAL SUSPENSION R For paediatric Cardiology patients on longterm treatment for confirmed pulmonary arterial hypertension (PbR). NOT for short term cardiac post-op referrals on a weaning regimen, or post iNO - see alternative Extemp. Medicines Effectiveness, April 2013

SILDENAFIL 50MG TABLETS R For the treatment of:- Pulmonary Arterial Hypertension (PAH) as per the shared care arrangement with the Royal Brompton & Harefield Hospital NHSFT (RBH)

- Congenital heart disease  *For initiation by cardiologist only*  MMTC, December 2016

SODIUM NITROPRUSSIDE
SODIUM NITROPRUSSIDE 50mg INJECTION UNR For phaeochromocytoma. Medicines Effectiveness, March 2013.

02.05.02 Centrally acting antihypertensive drugs
02.05.04 Alpha-adrenoceptor blocking drugs

DOXAZOSIN

DOXAZOSIN 1mg TABLETS Y
DOXAZOSIN 2mg TABLETS Y
DOXAZOSIN 4mg TABLETS Y

PHENOXYBENZAMINE

PHENOXYBENZAMINE 10mg CAPSULES Y

PHENTOLAMINE

PHENTOLAMINE 10mg IN 1ml INJECTION (JAPANESE IMPORT) SR For use in Cardiac Theatres and for reversal of adrenaline induced digit ischaemia during hand surgery. MMTC, March 2020

PRAZOSIN

PRAZOSIN 1mg TABLETS Y

02.05.05 Drugs affecting the renin-angiotensin system

ALISKIREN

ALISKIREN 150mg TABLETS NF

CANDESARTAN
Candesartan 16mg Tablets R For second line use in patients who do not tolerate ACE inhibitors. For use in heart failure and in hypertension. MAC, June 2006.

Candesartan 32mg Tablets R For second line use in patients who do not tolerate ACE inhibitors. For use in heart failure and in hypertension. MAC, June 2006.

Candesartan 4mg Tablets R For second line use in patients who do not tolerate ACE inhibitors. For use in heart failure and in hypertension. MAC, June 2006.

Candesartan 8mg Tablets R For second line use in patients who do not tolerate ACE inhibitors. For use in heart failure and in hypertension. MAC, June 2006.

Candesartan 2mg Tablets R For second line use in patients who do not tolerate ACE inhibitors. For use in heart failure and in hypertension. MAC, June 2006.

Captopril

Captopril 12.5mg Tablets Y

Captopril 25mg Tablets Y

Captopril 50mg Tablets Y

Captopril 25mg/5ml Liquid R Treatment of hypertension or congestive heart failure in paediatric cardiac patients. Medicines Effectiveness, February 2013.

Co-Zidocapt

Captopril 50mg & Hydrochlorothiazide 25mg Tablets

Enalapril

Enalapril 5mg Tablets Y

Enalapril 2.5mg Tablets Y

Enalapril 10mg Tablets Y
<table>
<thead>
<tr>
<th>Drug</th>
<th>Strength 1</th>
<th>Strength 2</th>
<th>Strength 3</th>
<th>Strength 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENALAPRIL 20mg TABLETS</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>EPROSARTAN</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EPROSARTAN 400mg TABLETS</td>
<td>NF</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EPROSARTAN 600mg TABLETS</td>
<td>NF</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EPROSARTAN 300mg TABLETS</td>
<td>NF</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>FOSINOPRIL</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOSINOPRIL 10mg TABLETS</td>
<td>NF</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOSINOPRIL 20mg TABLETS</td>
<td>NF</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>IMIDAPRIL</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IMIDAPRIL 20mg TABLETS</td>
<td>NF</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>IRBESARTAN</strong></td>
<td>R</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IRBESARTAN 150mg TABLETS</td>
<td>R</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IRBESARTAN 300mg TABLETS</td>
<td>R</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IRBESATAN 150mg &amp; HYDROCHLOROTHIAZIDE 12.5mg TABLETS</td>
<td>NF</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IRBESARTAN 75mg TABLETS</td>
<td>R</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IRBESARTAN 300mg &amp; HYDROCHLOROTHIAZIDE 12.5mg TABLETS</td>
<td>NF</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>IRBESARTAN + HYDROCHLOROTHIAZIDE</strong></td>
<td>NF</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IRBESARTAN 300mg &amp; HYDROCHLOROTHIAZIDE 25mg TABLETS</td>
<td>NF</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>LISINOPRIL</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LISINOPRIL 10mg TABLETS</td>
<td>NF</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LISINOPRIL 10mg TABLETS</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LISINOPRIL 5mg TABLETS</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Product</td>
<td>Code</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LISINOPRIL 20mg TABLETS</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LISINOPRIL 20mg &amp; HYDROCHLOROTHIAZIDE 12.5mg TABLETS</td>
<td>NF</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LISINOPRIL 2.5mg TABLETS</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**LOSARTAN**

<table>
<thead>
<tr>
<th>Product</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOSARTAN 100mg TABLETS</td>
<td>R</td>
</tr>
<tr>
<td><strong>For second line use in patients who do not tolerate ACE-inhibitors. For more information see MIL: Guidelines for Prescribing Angiotensin-Receptor Blockers (ARB) full guidelines or quick guide. Medicines Effectiveness, June 2006.</strong></td>
<td></td>
</tr>
<tr>
<td>LOSARTAN 25mg TABLETS</td>
<td>R</td>
</tr>
<tr>
<td><strong>For second line use in patients who do not tolerate ACE-inhibitors. For more information see MIL: Guidelines for Prescribing Angiotensin-Receptor Blockers (ARB) full guidelines or quick guide. Medicines Effectiveness, June 2006.</strong></td>
<td></td>
</tr>
<tr>
<td>LOSARTAN 50mg TABLETS</td>
<td>R</td>
</tr>
<tr>
<td><strong>For second line use in patients who do not tolerate ACE-inhibitors. For more information see MIL: Guidelines for Prescribing Angiotensin-Receptor Blockers (ARB) full guidelines or quick guide. Medicines Effectiveness, June 2006.</strong></td>
<td></td>
</tr>
</tbody>
</table>

**LOSARTAN + HYDROCHLOROTHIAZIDE**

<table>
<thead>
<tr>
<th>Product</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOSARTAN 100mg &amp; HYDROCHLOROTHIAZIDE 25mg TABLETS</td>
<td>NF</td>
</tr>
<tr>
<td>LOSARTAN 50mg &amp; HYDROCHLOROTHIAZIDE 12.5mg TABLETS</td>
<td>NF</td>
</tr>
<tr>
<td>LOSARTAN 100mg &amp; HYDROCHLOROTH 12.5mg TABLETS</td>
<td>NF</td>
</tr>
</tbody>
</table>

**OLMESARTAN**

<table>
<thead>
<tr>
<th>Product</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>OLMESARTAN MEDOXOMIL 40mg TABLETS</td>
<td>NF</td>
</tr>
<tr>
<td>OLMESARTAN MEDOXOMIL 10mg TABLETS</td>
<td>NF</td>
</tr>
<tr>
<td>OLMESARTAN MEDOXOMIL 20mg TABLETS</td>
<td>NF</td>
</tr>
</tbody>
</table>

**PERHEXILINE**
PERHEXILINE 100mg TABLETS UNR
For the treatment of hypertrophic cardiomyopathy and heart failure in patients who still have symptoms despite maximal dose with standard therapy. For patients under Dr. Ashrafian only. MMTC, September 2013.

<table>
<thead>
<tr>
<th>PERINDOPRIL</th>
<th>PERINDOPRIL ERBUMINE 4mg &amp; INDAPAMIDE NF 1.25mg TABLETS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERINDOPRIL TERT-BUTYLAMINE 2mg TABLETS Y</td>
<td></td>
</tr>
<tr>
<td>PERINDOPRIL TERT-BUTYLAMINE 8mg TABLETS Y</td>
<td></td>
</tr>
<tr>
<td>PERINDOPRIL TERT-BUTYLAMINE 4mg TABLETS Y</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>QUINAPRIL</th>
<th>QUINAPRIL 5mg TABLETS NF</th>
</tr>
</thead>
<tbody>
<tr>
<td>QUINAPRIL 20mg TABLETS NF</td>
<td></td>
</tr>
<tr>
<td>QUINAPRIL 10mg TABLETS NF</td>
<td></td>
</tr>
<tr>
<td>QUINAPRIL 40MG TABLETS NF</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RAMIPRIL</th>
<th>RAMIPRIL 1.25mg TABLETS Y</th>
</tr>
</thead>
<tbody>
<tr>
<td>RAMIPRIL 10mg CAPSULES Y</td>
<td></td>
</tr>
<tr>
<td>RAMIPRIL 5mg CAPSULES Y</td>
<td></td>
</tr>
<tr>
<td>RAMIPRIL 2.5mg CAPSULES Y</td>
<td></td>
</tr>
<tr>
<td>RAMIPRIL TITRATION PACK Y</td>
<td></td>
</tr>
<tr>
<td>RAMIPRIL 1.25mg CAPSULES Y</td>
<td></td>
</tr>
<tr>
<td>RAMIPRIL 2.5mg TABLETS Y</td>
<td></td>
</tr>
<tr>
<td>RAMIPRIL 5mg TABLETS R Restricted to patients with feeding tubes only</td>
<td></td>
</tr>
</tbody>
</table>

SACUBITRIL
**SACUBITRIL 24mg & VALSARTAN 26mg TABLETS**  
R  
For the treatment of symptomatic chronic heart failure with reduced ejection fraction as per NICE TA388. To be initiated by the heart failure team only.  
MMTC, October 2016

**SACUBITRIL 49mg & VALSARTAN 51mg TABLETS**  
R  
For the treatment of symptomatic chronic heart failure with reduced ejection fraction as per NICE TA388. To be initiated by the heart failure team only.  
MMTC, October 2016

**SACUBITRIL 97mg & VALSARTAN 103mg TABLETS**  
R  
For the treatment of symptomatic chronic heart failure with reduced ejection fraction as per NICE TA388. To be initiated by the heart failure team only.  
MMTC, October 2016

**TELMISARTAN**

**TELMISARTAN 40mg TABLETS**  
NF

**TELMISARTAN 80mg TABLETS**  
NF

**TELMISARTAN 20mg TABLETS**  
NF

**TRANOLAPRIL**

**TRANOLAPRIL 2mg CAPSULES**  
NF

**TRANOLAPRIL 500microgram CAPSULES**  
NF

**TRANOLAPRIL 1mg CAPSULES**  
NF

**VALSARTAN**

**VALSARTAN 80mg CAPSULES**  
R  
For second line use in patients who do not tolerate ACE inhibitors. For use in heart failure and in hypertension. Medicines Effectiveness, December 2006.

**VALSARTAN 40mg CAPSULES**  
R  
For second line use in patients who do not tolerate ACE inhibitors. For use in heart failure and in hypertension. Medicines Effectiveness, December 2006.

**VALSARTAN 160mg CAPSULES**  
R  
For second line use in patients who do not tolerate ACE inhibitors. For use in heart failure and in hypertension. Medicines Effectiveness, December 2006.
For second line use in patients who do not tolerate ACE inhibitors. For use in heart failure and in hypertension. Medicines Effectiveness, December 2006.

**VALSARTAN + HYDROCHLOROTHIAZIDE**

<table>
<thead>
<tr>
<th>VALSARTAN+HYDROCHLOROTHIAZIDE</th>
<th>NF</th>
</tr>
</thead>
<tbody>
<tr>
<td>80mg+12.5mg TABLETS FILM COATED</td>
<td></td>
</tr>
</tbody>
</table>

02.06  Nitrates, calcium-channel blockers, and other antianginal drugs

**FAMPRIDINE**

| FAMPRIDINE 10MG MR | TABLETSMF |

02.06.01  Nitrates

**GLYCERYL TRINITRATE**

<table>
<thead>
<tr>
<th>GLYCERYL TRINITRATE 3mg TABLETS M/R</th>
<th>Y (BUCCAL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>GLYCERYL TRINITRATE 500microgram TABLETS</td>
<td>Y</td>
</tr>
<tr>
<td>GLYCERYL TRINITRATE 50mg IN 50ml INJECTION</td>
<td>Y</td>
</tr>
<tr>
<td>GLYCERYL TRINITRATE 5mg 24 HRS PATCHES</td>
<td>Y</td>
</tr>
<tr>
<td>GLYCERYL TRINITRATE 5mg IN 5ml INJECTION</td>
<td>Y</td>
</tr>
<tr>
<td>GLYCERYL TRINITRATE 6.4mg M/R TABLETS</td>
<td>NF</td>
</tr>
<tr>
<td>GLYCERYL TRINITRATE 2.6mg TABLETS M/R</td>
<td>NF</td>
</tr>
<tr>
<td>GLYCERYL TRINITRATE 2mg TABLETS M/R (BUCCAL)</td>
<td>Y</td>
</tr>
<tr>
<td>GLYCERYL TRINITRATE 10mg 24HRS PATCHES</td>
<td>Y</td>
</tr>
<tr>
<td>GLYCERYL TRINITRATE 400microgram/dose SPRAY 200dose</td>
<td>Y</td>
</tr>
<tr>
<td>GLYCERYL TRINITRATE 5mg BUCCAL TABLETS</td>
<td>UNNF</td>
</tr>
</tbody>
</table>

**ISOSORBIDE DINITRATE**

| ISOSORBIDE DINITRATE 20mg TABLETS M/R | NF |
| ISOSORBIDE DINITRATE 20mg TABLETS | Y |
| ISOSORBIDE DINITRATE 10mg TABLETS | Y |

**ISOSORBIDE MONONITRATE**
<table>
<thead>
<tr>
<th>Medicine</th>
<th>Formulation</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>ISOSORBIDE MONONITRATE 10mg</td>
<td>TABLETS</td>
<td>Y</td>
</tr>
<tr>
<td>ISOSORBIDE MONONITRATE 50mg</td>
<td>CAPSULES M/R</td>
<td>NF</td>
</tr>
<tr>
<td>ISOSORBIDE MONONITRATE 40mg</td>
<td>TABLETS M/R</td>
<td>NF</td>
</tr>
<tr>
<td>ISOSORBIDE MONONITRATE 40mg</td>
<td>TABLETS</td>
<td>Y</td>
</tr>
<tr>
<td>ISOSORBIDE MONONITRATE 20mg</td>
<td>TABLETS</td>
<td>Y</td>
</tr>
<tr>
<td>ISOSORBIDE MONONITRATE 25mg</td>
<td>CAPSULES M/R</td>
<td>NF</td>
</tr>
<tr>
<td>ISOSORBIDE MONONITRATE 60mg</td>
<td>M/R TABLETS</td>
<td>NF</td>
</tr>
</tbody>
</table>

**02.06.02 Calcium Channel blockers**

**NIFEDIPINE**

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Formulation</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>NIFEDIPINE 10mg</td>
<td>CAPSULES (ADALAT)</td>
<td>Y</td>
</tr>
</tbody>
</table>

**02.06.02 Calcium-channel blockers**

**AMLODIPINE**

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Formulation</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMLODIPINE 5mg</td>
<td>TABLETS</td>
<td>Y</td>
</tr>
<tr>
<td>AMLODIPINE 10mg</td>
<td>TABLETS</td>
<td>Y</td>
</tr>
<tr>
<td>AMLODIPINE 5mg IN 5ml LIQUID</td>
<td>S/F</td>
<td>NF</td>
</tr>
</tbody>
</table>

**DILTIAZEM**

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Formulation</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>DILTIAZEM 240mg</td>
<td>CAPSULES M/R (ADIZEM XL)</td>
<td>Y</td>
</tr>
<tr>
<td>DILTIAZEM 180mg</td>
<td>CAPSULES M/R (ADIZEM SR)</td>
<td>Y</td>
</tr>
<tr>
<td>DILTIAZEM 120mg</td>
<td>TABLETS M/R (TILDIEM RETARD)</td>
<td>Y</td>
</tr>
<tr>
<td>DILTIAZEM 120mg</td>
<td>CAPSULES XL (ADIZEM XL)</td>
<td>Y</td>
</tr>
<tr>
<td>DILTIAZEM 180mg</td>
<td>CAPSULES M/R (ADIZEM XL)</td>
<td>Y</td>
</tr>
<tr>
<td>DILTIAZEM 300mg</td>
<td>CAPSULES M/R (ADIZEM XL)</td>
<td>Y</td>
</tr>
<tr>
<td>DILTIAZEM 60mg</td>
<td>TABLETS M/R (TILDEMIEM)</td>
<td>Y</td>
</tr>
<tr>
<td>DILTIAZEM 200mg</td>
<td>CAPSULES M/R (TILDEMIEM LA)</td>
<td>Y</td>
</tr>
<tr>
<td>DILTIAZEM 120mg</td>
<td>CAPSULES M/R (ADIZEM SR)</td>
<td>Y</td>
</tr>
<tr>
<td>DILTIAZEM 90mg</td>
<td>TABLETS M/R (TILDEMIEM RETARD)</td>
<td>Y</td>
</tr>
<tr>
<td>Drug</td>
<td>Dosage</td>
<td>Reference</td>
</tr>
<tr>
<td>-----------</td>
<td>-----------------------------</td>
<td>-----------</td>
</tr>
<tr>
<td>DILTIAZEM</td>
<td>90mg CAPSULES M/R (ADIZEM SR)</td>
<td>Y</td>
</tr>
<tr>
<td>FELODIPINE</td>
<td>2.5mg TABLETS M/R</td>
<td>Y</td>
</tr>
<tr>
<td>FELODIPINE</td>
<td>5mg TABLETS M/R</td>
<td>Y</td>
</tr>
<tr>
<td>FELODIPINE</td>
<td>10mg TABLETS M/R</td>
<td>Y</td>
</tr>
<tr>
<td>ISRADIPINE</td>
<td>2.5mg TABLETS</td>
<td>NF</td>
</tr>
<tr>
<td>LACIDIPINE</td>
<td>2mg TABLETS</td>
<td>NF</td>
</tr>
<tr>
<td>LACIDIPINE</td>
<td>4mg TABLETS</td>
<td>NF</td>
</tr>
<tr>
<td>LERCANIDIPINE</td>
<td>10mg TABLETS</td>
<td>NF</td>
</tr>
<tr>
<td>LERCANIDIPINE</td>
<td>20mg TABLETS</td>
<td>NF</td>
</tr>
<tr>
<td>NICARDIPINE</td>
<td>20mg CAPSULES</td>
<td>NF</td>
</tr>
<tr>
<td>NICARDIPINE</td>
<td>30mg CAPSULES</td>
<td>NF</td>
</tr>
<tr>
<td>NICARDIPINE</td>
<td>45mg CAPSULES M/R</td>
<td>NF</td>
</tr>
<tr>
<td>NIFEDIPINE</td>
<td>60mg TABLETS M/R (ADALAT LA)</td>
<td>Y</td>
</tr>
<tr>
<td>NIFEDIPINE</td>
<td>60mg CAPSULES M/R (CORACTEN XL)</td>
<td>Y</td>
</tr>
<tr>
<td>NIFEDIPINE</td>
<td>20mg TABLETS M/R</td>
<td>Y</td>
</tr>
<tr>
<td>NIFEDIPINE</td>
<td>10mg TABLETS M/R</td>
<td>Y</td>
</tr>
<tr>
<td>NIFEDIPINE</td>
<td>20mg CAPSULES M/R (CORACTEN)</td>
<td>Y</td>
</tr>
<tr>
<td>NIFEDIPINE</td>
<td>30mg TABLETS M/R (ADALAT LA)</td>
<td>Y</td>
</tr>
<tr>
<td>NIFEDIPINE</td>
<td>30mg CAPSULES M/R (CORACTEN XL)</td>
<td>Y</td>
</tr>
<tr>
<td>NIFEDIPINE</td>
<td>20mg TABLETS M/R (ADALAT LA)</td>
<td>Y</td>
</tr>
</tbody>
</table>
NIFEDIPINE
NIMODIPINE
NIMODIPINE 10mg IN 50ml INJECTION
NIMODIPINE 30mg TABLETS
VERAPAMIL
VERAPAMIL 120mg TABLETS M/R (HALF SECURON)
VERAPAMIL 40mg/5ml LIQUID SUGAR FREE 150ml
VERAPAMIL 120mg TABLETS
VERAPAMIL 240mg TABLETS M/R
VERAPAMIL 40mg TABLETS
VERAPAMIL 5mg in 2ml INJECTION
VERAPAMIL 80mg TABLETS
VERAPAMIL 120mg CAPSULES M/R (UNIVER)

02.06.03 Other antianginal drugs

IVABRADINE
IVABRADINE 7.5mg TABLETS

Approved for: - ANGINA: 3rd line agent following calcium channel blockers / beta-blockers (1st line agents) and isosorbide mononitrate / nicorandil (2nd line agents); - HEART FAILURE: 3rd line agent in patients intolerant of beta-blockers and ACE-I if HR is still & over 75bpm (doses of both titrated to maximum tolerated (TA267). - CARDIAC COMPUTED TOMOGRAPHY: short regime prior the procedure.

• INAPPROPRIATE SINUS TACHYCARDIA: 3rd line agent after b-blockers and calcium channel blockers. MMTC, September 2012.
IVABRADINE 5mg TABLETS  R  Approved for: - ANGINA: 3rd line agent following calcium channel blockers / beta-blockers (1st line agents) and isosorbide mononitrate / nicorandil (2nd line agents); - HEART FAILURE: 3rd line agent in patients intolerant of beta-blockers and ACE-I if HR is still & over 75bpm (doses of both titrated to maximum tolerated (TA267). - CARDIAC COMPUTED TOMOGRAPHY: short regime prior the procedure.

- INAPPROPRIATE SINUS TACHYCARDIA: 3rd line agent after b-blockers and calcium channel blockers. MMTC,

September 2012

NICORANDIL

NICORANDIL 20mg TABLETS  Y
NICORANDIL 10mg TABLETS  Y

RANOLAZINE

RANOLAZINE 750mg TABLETS M/R  R  For the treatment of chronic angina in patients who have tried at least 2 anti-anginal therapies (at adequate doses) and have ongoing symptoms. Should only be initiated by cardiology consultant or consultant cardiac nurse specialist. MMTC, August 2012.

RANOLAZINE 375mg TABLET M/R  R  For the treatment of chronic angina in patients who have tried at least 2 anti-anginal therapies (at adequate doses) and have ongoing symptoms. Should only be initiated by cardiology consultant or consultant cardiac nurse specialist. MMTC, August 2012.

RANOLAZINE 500mg TABLETS M/R  R  For the treatment of chronic angina in patients who have tried at least 2 anti-anginal therapies (at adequate doses) and have ongoing symptoms. Should only be initiated by cardiology consultant or consultant cardiac nurse specialist. MMTC, August 2012.

02.06.04 Peripheral vasodilators and related drugs

NAFTIDROFURYL
NAFTIDROFURYL 100mg CAPSULES R For the treatment of intermittent claudication as per NICE TA223. MMTC, March 2013.

OXERUTINS
OXERUTINS 250mg CAPSULES Y

PENTOXIFYLLINE
PENTOXIFYLLINE 400mg TABLETS M/R R For use by Gastroenterology Department and Liver patients only; and for the management of patients with a diagnosis of osteoradionecrosis (ORN) of the jaw.

NB: both indications are unlicensed. MMTC, April 2013.

02.07 Sympathomimetics

ADRENALINE
ADRENALINE (EPINEPHRINE) 1:10,000units 1mg IN Y 10ml PRE-FILLED SYRINGE
ADRENALINE (EPINEPHRINE) 1:10,000units 1mg IN Y 10ml SYRINGE
ADRENALINE (EPINEPHRINE) 1:10,000units Y 100microgram IN 1ml INJECTION
ADRENALINE (EPINEPHRINE) 1 in 10,000units 0.5mg Y IN 5ml INJECTION
ADRENALINE (EPINEPHRINE) 1 in 10,000units 1mg Y IN 10ml INJECTION

Ephedrine
EPHEDRINE 30mg in 10ml PRE FILLED SYRINGE R For use in resuscitation of patients in COVID areas and theatres during COVID-19. MMTC

April 2020

METARAMINOL
METARAMINOL 2.5mg IN 5ml INJECTION R For use in intermittent bolus dosing of metaraminol in anaesthetic and critical care areas and in ED resus If preparing continuous infusion, supply 5 mg in 10 mL metaraminol ampoules. Medicines Effectiveness,

September 2019
<table>
<thead>
<tr>
<th>Medicine</th>
<th>Dose</th>
<th>Formulation</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>METARAMINOL</strong></td>
<td>5mg</td>
<td>IN 10ml INJECTION</td>
<td>R Restricted for use in critical care units and emergency departments to prepare metaraminol infusions only. For metaraminol intermittent bolus, use the 2.5 mg in 5 mL vial size if available. Medicines Effectiveness, September 2019</td>
</tr>
<tr>
<td><strong>NORADRENALINE</strong></td>
<td>16mg in 50ml PRE-FILLED SYRINGE (CTASU PREP)</td>
<td>SR For use on critical care areas during COVID-19. Medicines Effectiveness, April 2020</td>
<td></td>
</tr>
<tr>
<td><strong>NORADRENALINE (AS BASE)</strong></td>
<td>4mg in 50ml PRE-FILLED SYRINGE (CTASU PREP)</td>
<td>SR</td>
<td></td>
</tr>
<tr>
<td><strong>NORADRENALINE (NOREPINEPHRINE)</strong></td>
<td>8mg IN 8ml INJECTION</td>
<td>R Ordered during Covid 19 as alternative to PFS</td>
<td></td>
</tr>
</tbody>
</table>

02.07.01 Inotropic sympathomimetics

**DOBUTAMINE**

DOBUTAMINE 250mg IN 50ml INJECTION  Y

**DOPAMINE**

DOPAMINE 200mg IN 5ml INJECTION  Y

**ISOPRENALINE**

ISOPRENALINE SULPHATE 100micrograms IN 2ml INJECTION UNR For use in bradycardia only. Medicines Effectiveness, July 2011.

02.07.02 Vasoconstrictor sympathomimetics

**EPHEDRINE**

EPHEDRINE 30mg IN 1ml INJECTION  Y

**METARAMINOL**

METARAMINOL 10mg IN 1ml INJECTION  Y

**NORADRENALINE**

NORADRENALINE (NOREPINEPHRINE) 4mg IN 4ml INJECTION Y NORADRENALINE(Norepinephrine) 4mg IN 4ml INJECTION Y

NORADRENALINE (as base) 8mg in 50ml PRE-FILLED SYRINGE SR Theatres and adult critical care use only. MAC, July 2010.

NORADRENALINE (as base) 16mg in 50ml INJECTION (vial) SR Theatres and adult critical care use only. MAC, July 2010.
NORADRENALINE (NOREPINEPHRINE) 2mg IN 2ml Y

**OXYCODONE**

- **OXYCODONE 10mg IN 1ml INJECTION** R  For patients allergic or who cannot tolerate morphine. Medicines Effectiveness, March 2013
- **OXYCODONE 20mg IN 2ml INJECTION** R  For patients allergic or who cannot tolerate morphine. Medicines Effectiveness, March 2013
- **OXYCODONE 10mg IN 1ml INJECTION** R  For patients allergic or who cannot tolerate morphine. Medicines Effectiveness, March 2013

Phenylephrine

- **PHENYLEPHRINE 500micrograms IN 10ml PRE-FILLED SYRINGE** R  For use in obstetric anaesthesia only (delivery suite and maternity theatres) MMTC, October 2019
- **PHENYLEPHRINE 10mg IN 1ml INJECTION** Y

**02.08 Anticoagulants and protamine**

**DALTEPARIN**

- **DALTEPARIN SODIUM 10,000units IN 1ml INJECTION Y (AMPOULES)**

**ENOXAPARIN**

- **ENOXAPARIN (INHIXA) 80mg in 0.8ml PRE FILLED SYRINGE** NF
- **ENOXAPARIN (INHIXA) 20mg in 0.2mL PRE FILLED SYRINGE** NF
- **ENOXAPARIN (INHIXA) 100mg in 1mL PRE FILLED SYRINGE** NF
- **ENOXAPARIN (INHIXA) 40mg in 0.4ml PRE FILLED SYRINGE** NF
- **ENOXAPARIN (INHIXA) 60mg in 0.6ml PRE FILLED SYRINGE** NF

**HEPARIN**

- **HEPARIN 500units in 500ml SODIUM CHLORIDE INFUSION 500ml FKB0913G** Y

**TINZAPARIN**

- **TINZAPARIN 10000units IN 0.5ml SYRINGE NF**
TINZAPARIN 16000 units IN 0.8ml SYRINGE
**TRISODIUM CITRATE**

TRISODIUM CITRATE 46.7% PRE-FILLED SYRINGE 2x3ml

TRISODIUM CITRATE 30% PRE-FILLED SYRINGE 2x3ml

Restricted to Oxford Kidney Unit for maintenance of patency of temporary and tunnelled haemodialysis/haemofiltration lines. MMTC, December 2017

**WARFARIN**

WARFARIN 3mg TABLETS

02.08.01 Parenteral anticoagulants

**ARGATROBAN**

ARGATROBAN 250mg IN 2.5ml CONCENTRATE FOR INFUSION


**ARGATROBRAN**

ARGATROBRAN 50mg IN 50ml SOLUTION FOR INFUSION

Alternative anticoagulant for use in heparin-induced thrombocytopenia (HIT) in adults. MMTC, August 2019

**BIVALIRUDIN**

BIVALIRUDIN 250mg INJECTION

For use in Cardiac Catheter laboratories only, as per NICE TA230. MAC, September 2011.

**DALTEPARIN**

DALTEPARIN 7,500units IN 0.3ml SYRINGE

DALTEPARIN 15,000units IN 0.6ml SYRINGE

DALTEPARIN 2,500units IN 0.2ml SYRINGE

DALTEPARIN 12,500units IN 0.5ml SYRINGE

DALTEPARIN 10,000units IN 1ml SYRINGE (GRADUATED)

DALTEPARIN 18,000units IN 0.72ml SYRINGE
DALTEPARIN 10,000 units IN 0.4ml SYRINGE Y
DALTEPARIN 5,000 units IN 0.2ml SYRINGE Y

DANAPAROID
DANAPAROID SODIUM 750 units in 0.6ml INJECTION R


DEFIBROTIDE
DEFIBROTIDE 200mg INJECTION R

For use by Haematology and Oncology (Adults and Paediatrics) for veno-occlusive disease. Medicines Effectiveness, November 2010.

ENOXAPARIN
ENOXAPARIN 40mg PRE FILLED SYRINGE NF
ENOXAPARIN 80mg IN 0.8ml PRE-FILLED SYRINGE NF
ENOXAPARIN 150mg IN 1ml PRE-FILLED SYRINGE NF
ENOXAPARIN 100mg in 1ml SYRINGE NF
ENOXAPARIN 20mg in 0.2ml SYRINGE NF
ENOXAPARIN 60mg in 0.6ml PRE FILLED SYRINGE NF
ENOXAPARIN 120mg PRE FILLED SYRINGE NF
ENOXAPARIN 300mg in 3ml MULTIDOSE VIAL NF

EPOPROSTENOL
EPOPROSTENOL 500 microgram INJECTION R

ADULTS: For use in renal dialysis and for the treatment of pulmonary hypertension (critical care areas only) as per drug license. PAEDIATRICS: For the treatment of pulmonary hypertension in critical care areas only. Medicines Effectiveness, April 2016. Off-label use: For the optimisation of thromboprophylaxis in pancreas transplant patients in the peri- and post-operative period. MMTC, April 2016
**FONDAPARINUX**

<table>
<thead>
<tr>
<th>Dose</th>
<th>Container</th>
<th>Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.5mg IN 0.5ml</td>
<td>PRE-FILLED SYRINGE</td>
<td>For Acute Coronary Syndrome and the acute treatment of DVT or PE in patients with history of HIT. For VTE prevention in patients unable to receive Low Molecular Weight Heparin. MMTC, May 2019.</td>
</tr>
<tr>
<td>5mg IN 0.4ml</td>
<td>PREFILLED SYRINGE</td>
<td>For Acute Coronary Syndrome and the acute treatment of DVT or PE in patients with history of HIT. For VTE prevention in patients unable to receive Low Molecular Weight Heparin. MMTC, May 2019.</td>
</tr>
<tr>
<td>7.5mg IN 0.6ml</td>
<td>PRE-FILLED SYRINGE</td>
<td>For Acute Coronary Syndrome and the acute treatment of DVT or PE in patients with history of HIT. For VTE prevention in patients unable to receive Low Molecular Weight Heparin. MMTC, May 2019.</td>
</tr>
<tr>
<td>10mg IN 0.8ml</td>
<td>PRE-FILLED SYRINGES</td>
<td>For Acute Coronary Syndrome and the acute treatment of DVT or PE in patients with history of HIT. For VTE prevention in patients unable to receive Low Molecular Weight Heparin. MMTC, May 2019.</td>
</tr>
<tr>
<td>1.5mg IN 0.3ml</td>
<td>PRE-FILLED SYRINGE</td>
<td>For Acute Coronary Syndrome and the acute treatment of DVT or PE in patients with history of HIT. For VTE prevention in patients unable to receive Low Molecular Weight Heparin. MMTC, May 2019.</td>
</tr>
</tbody>
</table>

**HEPARIN**

<table>
<thead>
<tr>
<th>Dose</th>
<th>Container</th>
<th>Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>200units in 2ml</td>
<td>FLUSHING SOLUTION (AMPOULES)</td>
<td></td>
</tr>
<tr>
<td>20,000units IN 20ml</td>
<td>INJECTION (AMPOULES)</td>
<td></td>
</tr>
<tr>
<td>5000units in 0.2ml</td>
<td>INJECTION (AMPOULES)</td>
<td></td>
</tr>
<tr>
<td>5000units in 1ml</td>
<td>INJECTION (AMPOULES)</td>
<td></td>
</tr>
<tr>
<td>5000units in 5ml</td>
<td>INJECTION (AMPOULES)</td>
<td></td>
</tr>
<tr>
<td>1000units in 1ml</td>
<td>INJECTION (AMPOULES)</td>
<td></td>
</tr>
</tbody>
</table>

**HEPARINISED SALINE**
<table>
<thead>
<tr>
<th>Drug</th>
<th>Description</th>
<th>Strength</th>
<th>Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>TAUROLIDINE</td>
<td>TAUROLIDINE / CITRATE 4% PORT &amp; CATHETER LOCK SOLUTION 5ml</td>
<td>R</td>
<td>Locking TPN lines. MMTC, August 2014.</td>
</tr>
<tr>
<td>TINZAPARIN</td>
<td>TINZAPARIN 18000units IN 0.9ml SYRINGE</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td></td>
<td>TINZAPARIN 4500units INJECTION SYRINGE</td>
<td>R</td>
<td>For haemodialysis patients only. MAC, August 2011.</td>
</tr>
<tr>
<td></td>
<td>TINZAPARIN 3500units INJECTION SYRINGE</td>
<td>R</td>
<td>For haemodialysis patients only. MAC, August 2011.</td>
</tr>
<tr>
<td></td>
<td>TINZAPARIN 1400units INJECTION SYRINGE</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td></td>
<td>TINZAPARIN 2500units INJECTION SYRINGE</td>
<td>R</td>
<td>For haemodialysis patients only. MAC, August 2011.</td>
</tr>
</tbody>
</table>

**02.08.02 Oral anticoagulants**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Description</th>
<th>Strength</th>
<th>Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACENOCOUMAROL</td>
<td>ACENOCOUMAROL 1mg TABLETS</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>APIXABAN</td>
<td>APIXABAN 2.5mg TABLETS</td>
<td>R</td>
<td>For the prevention of venous thromboembolism after total hip or knee replacement in adults as per NICE TA245; the prevention of stroke and systemic embolism in people with nonvalvular atrial fibrillation as per NICE TA275; and the treatment and secondary prevention of deep vein thrombosis and/or pulmonary embolism. MMTC, August 2015.</td>
</tr>
<tr>
<td></td>
<td>APIXABAN 5mg TABLETS</td>
<td>R</td>
<td>For the prevention of venous thromboembolism after total hip or knee replacement in adults as per NICE TA245; the prevention of stroke and systemic embolism in people with nonvalvular atrial fibrillation as per NICE TA275; and the treatment and secondary prevention of deep vein thrombosis and/or pulmonary embolism. MMTC, August 2015.</td>
</tr>
<tr>
<td></td>
<td>APIXABAN 5mg TABLETS TTO</td>
<td>SR</td>
<td>For use in DVT clinic only. MMTC, May 2015.</td>
</tr>
</tbody>
</table>

**DABIGATRAN**
DABIGATRAN ETEXILATE 75mg CAPSULES
For the prevention of stroke and systemic embolism in atrial fibrillation as per NICE TA249, and for short term use for cardioversion / ablation. Also approved for use as per other NICE TAs following discussion with Dr. Reynolds (MMTC Chair). An individual patient NICE implementation form is required (see PPDU SharePoint). Medicines Effectiveness, August 2013.

DABIGATRAN ETEXILATE 110mg CAPSULES
For the prevention of stroke and systemic embolism in atrial fibrillation as per NICE TA249, and for short term use for cardioversion / ablation. Also approved for use as per other NICE TAs following discussion with Dr. Reynolds (MMTC Chair). An individual patient NICE implementation form is required (see PPDU SharePoint). Medicines Effectiveness, August 2013.

DABIGATRAN ETEXILATE 150mg CAPSULES
For the prevention of stroke and systemic embolism in atrial fibrillation as per NICE TA249, and for short term use for cardioversion / ablation. Also approved for use as per other NICE TAs following discussion with Dr. Reynolds (MMTC Chair). An individual patient NICE implementation form is required (see PPDU SharePoint). Medicines Effectiveness, August 2013.

EDOXABAN

EDOXABAN 60mg TABLETS
For the treatment and prevention of deep vein thrombosis and pulmonary embolism as per NICE TA354; For the prevention of stroke and systemic embolism in people with non-valvular atrial fibrillation as per NICE TA355. MMTC, April 2016
**EDOXABAN 30MG TABLETS**  R  For the treatment and prevention of deep vein thrombosis and pulmonary embolism as per NICE TA354; For the prevention of stroke and systemic embolism in people with non-valvular atrial fibrillation as per NICE TA355. MMTC, April 2016

**PENTOSAN**

| PENTOSAN POLYSULFATE 100mg CAPSULES | NF |

**PHENINDIONE**

| PHENINDIONE 10mg TABLETS | NF |

| PHENINDIONE 25mg TABLETS | Y |

**RIVAROXABAN**

| RIVAROXABAN 15mg TABLETS | R |

For the prevention of stroke and systemic embolism in people with atrial fibrillation as per NICE TA256; for the treatment and prevention of deep vein thrombosis and pulmonary embolism as per TA261 and TA287; and for the prevention of venous thromboembolism after total hip or total knee replacement in adults as per TA170. MMTC, July 2014

| RIVAROXABAN 10mg TABLETS | R |

For the prevention of stroke and systemic embolism in people with atrial fibrillation as per NICE TA256; for the treatment and prevention of deep vein thrombosis and pulmonary embolism as per TA261 and TA287; and for the prevention of venous thromboembolism after total hip or total knee replacement

| RIVAROXABAN 2.5mg TABLETS | R |

For the prevention of adverse outcomes after acute management of acute coronary syndrome as per NICE TA335. And for preventing atherothrombotic events in people with peripheral artery disease as per NICE TA607,
<table>
<thead>
<tr>
<th>Medicine</th>
<th>Formulation</th>
<th>Code</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>RIVAROXABAN 20mg TABLETS</td>
<td>R</td>
<td></td>
<td>For the prevention of stroke and systemic embolism in people with atrial fibrillation as per NICE TA256; for the treatment and prevention of deep vein thrombosis and pulmonary embolism as per TA261 and TA287; and for the prevention of venous thromboembolism after total hip or total knee replacement in adults as per TA170. MMTC, July 2014</td>
</tr>
<tr>
<td>WARFARIN 5mg TABLETS</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WARFARIN 1mg TABLETS</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WARFARIN 500microgram TABLETS</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WARFARIN 1mg/1ml LIQUID 150ml</td>
<td>NF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PROTAMINE SULPHATE 50mg IN 5ml INJECTION</td>
<td>Y</td>
<td></td>
<td>02.08.03 Protamine sulfate</td>
</tr>
<tr>
<td>ASPIRIN 75mg TABLETS E/C (NF)</td>
<td>NF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASPIRIN 75mg TABLETS DISPERSIBLE</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASPIRIN 500mg IN 5ml INJECTION (Provided as LYSINE ASPIRIN 900mg)</td>
<td>UNR</td>
<td>Restricted to Un-ruptured aneurysms. Medicines Effectiveness, February 2013.</td>
<td></td>
</tr>
<tr>
<td>CLOPIDOGREL 75mg TABLETS (GENERIC)</td>
<td>R</td>
<td></td>
<td>For use in: - Stent patients - High risk patients with true aspirin intolerance (not GI upset) - In combination with aspirin, to cover the first 28 days after percutaneous coronary angioplasty - Patients with Acute Coronary Syndromes (ACS) as per TA80 and CG94). - Prevention of occlusive vascular events as per NICE TA210 MAC, September 2010.</td>
</tr>
</tbody>
</table>
CLOPIDOGREL 300mg TABLETS  R  For use by cardiac wards only. Medicines Effectiveness, March 2013.

CLOPIDOGREL 1mg SACHET  NF

DIPYRIDAMOLE

DIPYRIDAMOLE 100mg TABLETS  Y
DIPYRIDAMOLE 25mg TABLETS  Y
DIPYRIDAMOLE 200mg ASPIRIN 25mg M/R CAPSULES (ASASANTIN)  NF
DIPYRIDAMOLE 200mg CAPSULES M/R  R  Prevention of occlusive vascular events as per NICE TA210. MAC, September 2010.

PRASUGREL

PRASUGREL 10mg TABLETS  R  Initiation is restricted to interventional cardiologists and Jan Keenan (Nurse Consultant, Cardiac Medicine). MAC 28.07.09
Restricted for use in accordance with NICETA317. It is to be offered as an option for patients who are allergic to, or have contraindications to clopidogrel or

PRASUGREL 5mg TABLETS  R  Initiation is restricted to interventional cardiologists and Jan Keenan (Nurse Consultant, Cardiac Medicine). MAC 28.07.09
Restricted for use in accordance with NICETA317. It is to be offered as an option for patients who are allergic to, or have contraindications to clopidogrel or

TICAGRELOR

TICAGRELOR 90mg ORODISPERSIBLE TABLETS  R  For use in patients' with NGT only. For treatment of Acute Coronary Syndrome (ACS) as per NICE TA236 and for preventing atherothrombotic events post myocardial infarction as per NICE TA420. MMTC, August 2017

TICAGRELOR 90mg TABLETS  R  For Acute Coronary Syndrome as per NICE TA236. MMTC, November 2012.

TIROFIBAN
TIROFIBAN 12.5mg IN 250ml SOLUTION FOR INFUSION  

For use in cardiac cath labs (CCL) for use during PCI instead of abciximab whilst there is an ongoing supply problem. Likely switch back in March 2018. Medicines Effectiveness, October 2017

02.10 Stable angina, acute coronary syndromes, and fibrinolysis

**TENECTEPLASE**

TEMECTEPLASE 50mg (10,000units) INJECTION  

Restricted for use in Thrombolysis for patients unable to undergo pPCI during COVID-19. MMTC, March 2020

**UROKINASE**

UROKINASE 25,000 international units INJECTION  

Please note this drug is being used for an unlicensed indication. See the Unlicensed Medicines Register Medicines Effectiveness, April 2011

02.10.02 Fibrinolytic drugs

**ALTEPLASE**

ALTEPLASE 20mg INJECTION  

ALTEPLASE 10mg INJECTION  

ALTEPLASE 50mg INJECTION  

ALTEPLASE 2mg INJECTION  

For treatment of occluded central access devices in renal haemodialysis only. MMTC, October 2016

**STREPTOKINASE**

STREPTOKINASE 1,500,000 unit INJECTION  

STREPTOKINASE 250,000 unit INJECTION  

**UROKINASE**

UROKINASE 10,000 international units INJECTION  

For unblocking Hickman lines. Medicines Effectiveness, April 2011

02.11 Antifibrinolytic drugs and haemostatics

**EMICIZUMAB**
<table>
<thead>
<tr>
<th>Drug Description</th>
<th>Status</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMICIZUMAB 60mg IN 0.4ml INJECTION R</td>
<td></td>
<td>Restricted to Haemophilia Consultants for prophylaxis in people with congenital haemophilia A who have acquired factor VIII inhibitors, as per NHS Clinical Commissioning Policy 170067/P, and as prophylaxis in people with severe congenital haemophilia A without factor VIII inhibitors as per NHSE clinical commissioning policy 170134/P MMTC October 2019</td>
</tr>
<tr>
<td>EMICIZUMAB 30mg IN 1ml INJECTION R</td>
<td></td>
<td>Restricted to Haemophilia Consultants for prophylaxis in people with congenital haemophilia A who have acquired factor VIII inhibitors, as per NHS Clinical Commissioning Policy 170067/P, and as prophylaxis in people with severe congenital haemophilia A without factor VIII inhibitors as per NHSE clinical commissioning policy 170134/P MMTC October 2019</td>
</tr>
<tr>
<td>EMICIZUMAB 150mg IN 1ml INJECTION R</td>
<td></td>
<td>Restricted to Haemophilia Consultants for prophylaxis in people with congenital haemophilia A who have acquired factor VIII inhibitors, as per NHS Clinical Commissioning Policy 170067/P, and as prophylaxis in people with severe congenital haemophilia A without factor VIII inhibitors as per NHSE clinical commissioning policy 170134/P MMTC October 2019</td>
</tr>
<tr>
<td>EMICIZUMAB 105mg IN 0.7ml INJECTION R</td>
<td></td>
<td>Restricted to Haemophilia Consultants for prophylaxis in people with congenital haemophilia A who have acquired factor VIII inhibitors, as per NHS Clinical Commissioning Policy 170067/P, and as prophylaxis in people with severe congenital haemophilia A without factor VIII inhibitors as per NHSE clinical commissioning policy 170134/P MMTC October 2019</td>
</tr>
</tbody>
</table>

**SPONGOSTAN**
<table>
<thead>
<tr>
<th>Item</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPONGOSTAN STANDARD 7cm x 5cm x 1cm R</td>
<td>For use by theatres only. Medicines Effectiveness, March 2013.</td>
</tr>
<tr>
<td>SPONGOSTAN SPECIAL 7cm x 5cm x 0.1cm R</td>
<td>For use by theatres only. Medicines Effectiveness, March 2013.</td>
</tr>
<tr>
<td><strong>TRANEXAMIC</strong></td>
<td></td>
</tr>
<tr>
<td>TRANEXAMIC ACID 500mg TABLETS (TTO PACK) 60 SR</td>
<td></td>
</tr>
<tr>
<td>TRANEXAMIC ACID 500mg IN 5ml INJECTION Y</td>
<td></td>
</tr>
<tr>
<td><strong>TRANEXAMIC ACID</strong></td>
<td></td>
</tr>
<tr>
<td>TRANEXAMIC ACID 500mg/5ml LIQUID SR</td>
<td>For the inhibition of fibrinolysis when tablets cannot be tolerated.</td>
</tr>
<tr>
<td>TRANEXAMIC ACID 500mg IN 5ml INJECTION Y</td>
<td>Medicines Effectiveness, June 2017.</td>
</tr>
<tr>
<td>TRANEXAMIC ACID 500mg TABLETS Y</td>
<td></td>
</tr>
<tr>
<td>TRANEXAMIC ACID 5% MOUTHWASH 100ml UNR</td>
<td>To be used by Haemophilia and MaxFax only. Medicines Effectiveness, July</td>
</tr>
<tr>
<td>TRANEXAMIC ACID 1% MOUTHWASH Y</td>
<td>2012.</td>
</tr>
<tr>
<td><strong>02.12  Lipid-regulating drugs</strong></td>
<td></td>
</tr>
<tr>
<td><strong>ACIPIMOX</strong></td>
<td></td>
</tr>
<tr>
<td>ACIPIMOX 250mg CAPSULES NF</td>
<td></td>
</tr>
<tr>
<td><strong>ALIROCUMAB</strong></td>
<td></td>
</tr>
<tr>
<td>ALIROCUMAB 150mg PRE-FILLED PEN R</td>
<td>For the treatment of primary hypercholesterolaemia and mixed dyslipidaem</td>
</tr>
<tr>
<td>ALIROCUMAB 75mg PRE-FILLED PEN R</td>
<td>a as per NICE TA393. MMTC, February 2017</td>
</tr>
<tr>
<td><strong>ATORVASTATIN</strong></td>
<td></td>
</tr>
<tr>
<td>ATORVASTATIN 20mg TABLETS</td>
<td></td>
</tr>
<tr>
<td>ATORVASTATIN 40mg TABLETS</td>
<td></td>
</tr>
<tr>
<td>Medicine</td>
<td>Dosage</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td><strong>ATORVASTATIN</strong></td>
<td></td>
</tr>
<tr>
<td>80mg TABLETS</td>
<td>Y</td>
</tr>
<tr>
<td>10mg TABLETS</td>
<td>Y</td>
</tr>
<tr>
<td><strong>COLESEVELAM</strong></td>
<td></td>
</tr>
<tr>
<td>625mg TABLETS</td>
<td>R</td>
</tr>
<tr>
<td><strong>COLESTYRAMINE</strong></td>
<td></td>
</tr>
<tr>
<td>4g SACHETS</td>
<td>Y</td>
</tr>
<tr>
<td>4g SACHETS SUGAR FREE</td>
<td>Y</td>
</tr>
<tr>
<td><strong>EVOLOCUMAB</strong></td>
<td></td>
</tr>
<tr>
<td>140MG IN 1ML PRE-FILLED PEN</td>
<td>R</td>
</tr>
<tr>
<td><strong>EZETIMIBE</strong></td>
<td></td>
</tr>
<tr>
<td>10mg TABLETS</td>
<td>R</td>
</tr>
<tr>
<td><strong>FENOFIBRATE</strong></td>
<td></td>
</tr>
<tr>
<td>160mg TABLETS</td>
<td>R</td>
</tr>
<tr>
<td><strong>FLUVASTATIN</strong></td>
<td></td>
</tr>
<tr>
<td>80mg TABLETS XL</td>
<td>NF</td>
</tr>
<tr>
<td>40mg CAPSULES</td>
<td>NF</td>
</tr>
<tr>
<td>20mg CAPSULES</td>
<td>NF</td>
</tr>
<tr>
<td><strong>GEMFIBROZIL</strong></td>
<td></td>
</tr>
</tbody>
</table>
GEMFIBROZIL 300mg CAPSULES  
R  For use by Transplant patients only.  Medicines Effectiveness, August 2001

**NICOTINIC ACID**

NICOTINIC ACID 1g TABLETS M/R  NF

**PRAVASTATIN**

PRAVASTATIN 40mg TABLETS  
R  For patients who require treatment with a statin but cannot take simvastatin/atorvastatin due to interactions. Medicines Effectiveness, December 2009.

PRAVASTATIN 20mg TABLETS  
R  For patients who require treatment with a statin but cannot take simvastatin/atorvastatin due to interactions. Medicines Effectiveness, December 2009.

PRAVASTATIN 10mg TABLETS  
R  For patients who require treatment with a statin but cannot take simvastatin/atorvastatin due to interactions. Medicines Effectiveness, December 2009.

**ROSUVASTATIN**

ROSUVASTATIN 10mg TABLETS  
NF

ROSUVASTATIN 40mg TABLETS  
NF

ROSUVASTATIN 5mg TABLETS  
NF

ROSUVASTATIN 20mg TABLETS  
NF

**SIMVASTATIN**

SIMVASTATIN 40mg TABLETS  
Y

SIMVASTATIN 20mg TABLETS  
Y

SIMVASTATIN 10mg TABLETS  
Y

**Fibrates**

**BEZAFIBRATE**

BEZAFIBRATE 400mg TABLETS M/R  
Y

BEZAFIBRATE 200mg TABLETS  
Y

**CIPROFIBRATE**
### FENOFIBRATE

<table>
<thead>
<tr>
<th>Description</th>
<th>Code</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>FENOFIBRATE 67mg CAPSULES (MICRONISED)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>FENOFIBRATE MICRO 267mg CAPSULES (micronised)</td>
<td>R</td>
<td>Restricted to use in endocrinology for slowing progression of diabetic retinopathy. MMTC, February 2019</td>
</tr>
<tr>
<td>FENOFIBRATE 200mg CAPSULES micronised</td>
<td>R</td>
<td>Restricted to use in endocrinology for slowing progression of diabetic retinopathy. MMTC, February 2019</td>
</tr>
</tbody>
</table>

### GEMFIBROZIL

<table>
<thead>
<tr>
<th>Description</th>
<th>Code</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>GEMFIBROZIL 300mg CAPSULES</td>
<td>R</td>
<td>For use by Transplant patients only. Medicines Effectiveness, August 2001.</td>
</tr>
</tbody>
</table>

### 02.13 Local sclerosants

### SODIUM TETRADECYL

<table>
<thead>
<tr>
<th>Description</th>
<th>Code</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>SODIUM TETRADECYL (STD) 3% INJECTION 5ml</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>SODIUM TETRADECYL (STD) 1% (20mg in 2ml) INJECTION 2ml</td>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>

### 02.14 Drugs affecting the ductus arteriosus

### IBUPROFEN

<table>
<thead>
<tr>
<th>Description</th>
<th>Code</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>IBUPROFEN 10mg in 2ml INJECTION (PEDEA)</td>
<td>UNR</td>
<td>For use by SCBU only. Medicines Effectiveness, January 2010.</td>
</tr>
</tbody>
</table>

### 03 Respiratory system

### ZANAMIVIR

<table>
<thead>
<tr>
<th>Description</th>
<th>Code</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>BENRALIZUMAB 30mg PRE FILLED PEN</td>
<td>R</td>
<td>Restricted for use in severe eosinophilic asthma as per NICE TA565. MMTC, April 2019</td>
</tr>
</tbody>
</table>

### 03.01 Bronchodilators

### Budesonide
BUDESONIDE 200mcg FORMOTEROL 6mcg INHALER (Symbicort 200/6) 120dose

OLODATEROL

OLODATEROL 2.5microgram / dose INHALER (RESPIMAT with 60 dose CARTRIDGE)

SALBUTAMOL

SALBUTAMOL 4mg TABLETS

SALBUTAMOL 5mg NEBULES

TIOTROPIUM

TIOTROPIUM 10microgram INHALATION CAPSULES with ZONDA INHALER (30cap pack)

03.01.01 Adrenoceptor agonists

EPHEDRINE

EPHEDRINE 30mg TABLETS

FORMOTEROL

FORMOTEROL 6microgram/dose TURBOHALER 60dose

FORMOTEROL 12microgram/dose TURBOHALER 60dose

FORMOTEROL 12mcg/dose INHALER 100 DOSES

FORMOTEROL 12microgram EASYHALER CFC FREE 120dose

INDACATEROL

INDACATEROL 150micrograms INHALATION POWDER (HARD CAPSULE) with BREEZHALER

INDACATEROL 300micrograms INHALATION POWDER (HARD CAPSULE) with BREEZHALER

SALBUTAMOL

SALBUTAMOL 5mg IN 5ml INJECTION
<table>
<thead>
<tr>
<th>Medicine</th>
<th>Strength/Delivery Method</th>
<th>Availability</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SALBUTAMOL</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>100 microgram/dose INHALER</td>
<td>(200dose) (CFC FREE)</td>
<td>Y</td>
<td>For initiation by Respiratory clinicians only. Medicines Effectiveness, March 2001.</td>
</tr>
<tr>
<td>2.5 mg NEBULES</td>
<td>(20)</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>200 microgram ACCUHALER</td>
<td>(60 dose)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>500 microgram INJECTION</td>
<td></td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>2 mg/5 ml LIQUID</td>
<td></td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td><strong>SALMETEROL</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>50 microgram/dose ACCUHALER</td>
<td>60 dose</td>
<td>R</td>
<td>For patients unable to use the evohaler. To be initiated by Respiratory clinicians only. Medicines Effectiveness, November 2004.</td>
</tr>
<tr>
<td>25 microgram/dose INHALER</td>
<td>(120dose)</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td><strong>TERBUTALINE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.5 mg in 5 ml INJECTION</td>
<td></td>
<td>Y</td>
<td>For the Chest Unit only. Medicines Effectiveness, March 2001</td>
</tr>
<tr>
<td>500 microgram in 1 ml INJECTION</td>
<td></td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>500 microgram/dose TURBOHALER</td>
<td>(100 dose)</td>
<td>R</td>
<td>For the Chest Unit only. Medicines Effectiveness, March 2001</td>
</tr>
<tr>
<td>5 mg in 2 ml RESPULES</td>
<td></td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td><strong>ACLIDINIUM</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>322 microgram INHALER</td>
<td></td>
<td>R</td>
<td>For COPD patients who cannot tolerate tiotropium. For initiation by Respiratory clinicians in outpatient clinics only. MMTC, May 2013.</td>
</tr>
<tr>
<td>340 microgram / FORMOTEROL</td>
<td>12 microgram INHALER (60dose)</td>
<td>R</td>
<td>For the treatment of COPD. Initiation by respiratory consultants only. MMTC, August 2015.</td>
</tr>
<tr>
<td><strong>GLYCOPYRRONIUM</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>44 microgram INHALER &amp;</td>
<td>CAPSULES FOR INHALER</td>
<td>NF</td>
<td></td>
</tr>
</tbody>
</table>
IPRATROPIUM

IPRATROPIUM 20microgram/dose INHALER (200dose) Y

IPRATROPIUM 500microgram in 2ml RESP SOLUTION (2ml vial) Y

IPRATROPIUM 250microgram in 1ml RESP SOLUTION (1ml vial)

TIOTROPIUM


TIOTROPIUM 18micrograms CAPSULES (WITH HANDIHALER) R For initiation by Respiratory clinicians only. Medicines Effectiveness, November 2004.

TIOTROPIUM 2.5microgram RESPIMAT INHALER R For patients unable to use Handihaler®. For initiation by Respiratory clinicians only. MMTC, September 2008.

UMECLIDINIUM

UMECLIDINIUM 55microgram DRY POWDER INHALER 30dose R For the treatment of moderate COPD as per inhaled maintenance treatments of COPD MIL. MMTC, April 2017

03.01.03 Theophylline

AMINOPHYLLINE

AMINOPHYLLINE 250mg in 10ml INJECTION Y

AMINOPHYLLINE 225mg TABLETS M/R Y

AMINOPHYLLINE 350mg TABLETS M/R (PHYLLOCONTIN) Y

THEOPHYLLINE

THEOPHYLLINE 200mg TABLETS M/R (UNIPHYLLIN) Y

THEOPHYLLINE 125mg CAPSULES M/R (SLO-PHYLLIN) Y

THEOPHYLLINE 175mg TABLETS M/R (NUELIN SA) NF

THEOPHYLLINE 250mg CAPSULES M/R (SLO-PHYLLIN) Y

THEOPHYLLINE 250mg TABLETS M/R (NUELIN SA) NF

THEOPHYLLINE 300mg TABLETS M/R (UNIPHYLLIN) Y
THEOPHYLLINE 400mg TABLETS M/R (UNIPHylllin) Y

03.01.04  Compound bronchodilator preparations

**INDACATEROL**
INDACATEROL 85microgram & GLYCOPYRRONIUM  NF
43microgram INHALATION POWDER (HARD

**Tiotropium + Olodaterol**
Tiotropium/Olodaterol 2.5mcg +2.5mcg/PUFF INHALER R
For the treatment of moderate COPD as per inhaled maintenance treatments of COPD MIL. MMTC, April 2017

**Umeclidinium**
Umeclidinium 55micrograms / VILANTEROL R
22micrograms INHALER
For the treatment of moderate COPD as per inhaled maintenance treatments of COPD MIL. MMTC, April 2017

03.01.05  Peak flow meters, inhaler devices and nebulisers

**Aerochamber**
Aerochamber Plus with child mask Y
Aerochamber Plus with infant mask Y
Aerochamber Plus with adult mouthpiece Y
Aerochamber Plus with adult mask R
For continuation or following recommendation by respiratory medicine only. Medicines Effectiveness, May 2016

**Haleraid**
Haleraid 200 dose Y
Haleraid 120 DOSE Y

**Volumatic**
Volumatic spacer paediatric Y

03.02  Corticosteroids

**Beclometasone**
Beclometasone 200microgram INHALER Y
(200dose) CFC FREE
Beclometasone 100microgram EASI-BREATHE R INHALER CFC FREE
For initiation by Respiratory clinicians only. Medicines Effectiveness, January 2008.
<table>
<thead>
<tr>
<th>Drug</th>
<th>Strength</th>
<th>Method</th>
<th>Cause/Effect</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>BECLOMETASONE 100microgram INHALER</td>
<td>Y</td>
<td></td>
<td></td>
<td>For initiation by Respiratory clinicians only. Medicines Effectiveness, January 2008.</td>
</tr>
<tr>
<td>BECLOMETASONE 50microgram INHALER</td>
<td>Y</td>
<td></td>
<td></td>
<td>For initiation by Respiratory clinicians only. Medicines Effectiveness, January 2008.</td>
</tr>
<tr>
<td>BECLOMETASONE 100microgram BA-AUTO INHALER (200dose)</td>
<td>R</td>
<td></td>
<td></td>
<td>For initiation by Respiratory clinicians only. Medicines Effectiveness, January 2008.</td>
</tr>
<tr>
<td>BECLOMETASONE 50microgram EASI-BREATHE INHALER CFC FREE</td>
<td>R</td>
<td></td>
<td></td>
<td>For initiation by Respiratory clinicians only. Medicines Effectiveness, January 2008.</td>
</tr>
<tr>
<td>BECLOMETASONE / FORMOTEROL 200micrograms / 6micrograms DRY POWDER INHALER 120dose</td>
<td>R</td>
<td></td>
<td></td>
<td>For the maintenance management of asthma in adults as per MIL. MMTC, December 2017</td>
</tr>
<tr>
<td>BECLOMETASONE / FORMOTEROL 200micrograms / 6micrograms INHALER 120dose</td>
<td>R</td>
<td></td>
<td></td>
<td>For the maintenance management of asthma in adults as per MIL. MMTC, December 2017</td>
</tr>
<tr>
<td>BECLOMETASONE 200mcg DRY POWDER INHALER (EASYHALER)</td>
<td>NF</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BECLOMETASONE/ FORMOTEROL 100micrograms/6micrograms DRY POWDER</td>
<td>R</td>
<td></td>
<td></td>
<td>For the maintenance management of asthma in adults as per MIL. MMTC, December 2017</td>
</tr>
<tr>
<td><strong>BECLOMETASONE + GLYCOPPYRRONIUM +</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BECLOMETASONE 87micrograms / GLYCOPPYRRONIUM 5micrograms / FORMOTEROL</td>
<td>R</td>
<td></td>
<td></td>
<td>For the treatment of COPD. To be initiation by Respiratory clinicians only. MMTC, March 2018</td>
</tr>
<tr>
<td><strong>BECLOMETHASONE + FORMOTEROL</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BECLOMEMATHASONE/FORMOTEROL 100micriograms/6micrograms INHALER</td>
<td>R</td>
<td></td>
<td></td>
<td>For the treatment of: - COPD as per MILV10N7 Guidelines for the inhaled maintenance treatments of COPD; - For the maintenance management of asthma in adults as per MIL. MMTC, December 2017</td>
</tr>
</tbody>
</table>

**BUDESONIDE**
<table>
<thead>
<tr>
<th>BUDESONIDE 200mcg FORMOTEROL 6mcg TURBOHALER (Symbicort 200/6)</th>
<th>R</th>
<th>For the treatment of: - COPD as per MILV10N7 Guidelines for the inhaled maintenance treatments of COPD; - For the maintenance management of asthma in adults as per MIL. MMTC, December 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUDESONIDE 1mg in 2ml RESPULES</td>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>
FLUTICASONE 500microgram/dose ACCUHALER (60 R dose) For patients unable to use the evohaler. To be initiated by Respiratory clinicians only. Medicines Effectiveness, August 2010.

FLUTICASONE 2mg IN 2ml NEBULES NF

FLUTICASONE 100microgram ACCUHALER (60 dose) NF

FLUTICASONE 250microgram/dose ACCUHALER (60 R doses) For patients unable to use the evohaler. To be initiated by Respiratory clinicians only. Medicines Effectiveness, August 2010

FLUTICASONE 50microgram EVOHALER (120dose) Y

FLUTICASONE / SALMETEROL 100microgram/50microgram ACCUHALER R For patients unable to use the evohaler. To be initiated by Respiratory clinicians only. Medicines Effectiveness, November 2004.

FLUTICASONE 250microgram EVOHALER (120dose) Y

FLUTICASONE / FORMOTEROL 125micrograms/5micrograms INHALER NF

FLUTICASONE FUROATE 184micrograms / VILANTEROL 22micrograms INHALER R For the maintenance management of asthma in adults as per MIL. MMTC, December 2017

FLUTICASONE 92micrograms / VILANTEROL 22micrograms INHALER R For the treatment of: - COPD as per MILV10N7 Guidelines for the inhaled maintenance treatments of COPD; - For the maintenance management of asthma in adults as per MIL. MMTC, December 2017

**FLUTICASONE + FORMOTEROL**

**FLUTICASONE + SALMETEROL**

FLUTICASONE / SALMETEROL 50microgram/25microgram EVOHALER 120dose R To be initiated by Respiratory clinicians only. Medicines Effectiveness, November 2004.
FLUTICASONE / SALMETEROL
500microgram/50microgram ACCUHALER

R
For patients unable to use the evohaler. To be initiated by Respiratory clinicians only. Medicines Effectiveness, November 2004.

FLUTICASONE / SALMETEROL
250micrograms/25microgram EVOHALER 120dose

R
To be initiated by Respiratory clinicians only. Medicines Effectiveness, November 2004.

FLUTICASONE / SALMETEROL
250microgram/50microgram ACCUHALER

R
For patients unable to use the evohaler. To be initiated by Respiratory clinicians only. Medicines Effectiveness, November 2004.

FLUTICASONE / SALMETEROL
125microgram/25microgram EVOHALER 120dose

R
To be initiated by Respiratory clinicians only. Medicines Effectiveness, November 2004.

FLUTICASONE / SALMETEROL 500microgram / 50microgram INHALER 60dose (AIRFLUSAL)

R
For patients unable to use the evohaler. To be initiated by Respiratory clinicians only. Medicines Effectiveness, November 2004.

FLUTICASONE + UMECLIDINIMUM + VILANTEROL

FLUTICASONE 92micrograms / UMECLIDINIMUM 55micrograms / VILANTEROL 22micrograms

R
For the treatment of COPD. To be initiation by Respiratory clinicians only. MMTC, March 2018

MOMETASONE

MOMETASONE FUROATE 400microgram DRY NF POWDER INHALER (30 DOSE)

SALMETEROL + FLUTICASONE

SALMETEROL 25micrograms / FLUTICASONE 125micrograms INHALER (AIRFLUSAL)

R
To be initiated by Respiratory clinicians only. Medicines Effectiveness, November 2004.

SALMETEROL 25micrograms / FLUTICASONE 250micrograms INHALER (AIRFLUSAL)

R
To be initiated by Respiratory clinicians only. Medicines Effectiveness, November 2004.

TINZAPARIN

TINZAPARIN 8000units IN 0.4ml SYRINGE NF

TINZAPARIN 20,000iu IN 2ml VIAL NF

03.03  Cromoglicate and related therapy, leukotriene receptor antagonists, and phosphodiesterase type-4

MONTELUKAST
MONTELUKAST 4mg GRANULES R For prophylaxis of asthma in paediatric patients only. To be initiated by Respiratory clinicians only. Medicines Effectiveness, March 2001.

MONTELUKAST 4mg CHEWABLE TABLETS R For prophylaxis of asthma in paediatric patients unable to manage montelukast chewable tablets. To be initiated by Respiratory clinicians only. MMTC, January 2013.

MONTELUKAST 5mg CHEWABLE TABLETS R For prophylaxis of asthma in paediatric patients only. To be initiated by Respiratory clinicians only. Medicines Effectiveness, March 2001.

MONTELUKAST 10mg TABLETS R For prophylaxis of asthma. To be initiated by Respiratory clinicians only. Medicines Effectiveness, March 2001.

MONTELUKAST 5mg CHEWABLE TABLETS R For prophylaxis of asthma in paediatric patients only. To be initiated by Respiratory clinicians only. Medicines Effectiveness, March 2001.

NEDOCROMIL
NEDOCROMIL 2mg/dose INHALER NF

ROFLUMILAST
ROFLUMILAST 500microgram TABLETS R For the treatment of chronic obstructive pulmonary disease as per NICE TA461. NB: please note shared care arrangements with primary care. MMTC, August 2017

SODIUM CROMOGLICATE
SODIUM CROMOGLICATE 5mg/dose INHALER NF (112dose)

ULIPRISTAL ACETATE
ULIPRISTAL ACETATE 5MG TABLETS NF

03.04 Antihistamines, hyposensitisation, and allergic emergencies

ADRENALINE
ADRENALINE (EPINEPHRINE) 1 in 1000units 5mg IN Y
5ml INJECTION

ADRENALINE (EPINEPHRINE) 0.3mg PEN (EPIPEN - Y Pk2) TWO strengths of Epipen available, please ensure you select the CORRECT one. AE

19.09.08
ADRENALINE (EPINEPHRINE) 300microgram PRE-FILLED PEN (JEXT) R
For use in areas who usually use EpiPen 0.3mg auto-injector whilst there is a supply problem ongoing. Medicines Effectiveness, April 2018

DARUNAVIR
LEVOCETIRIZINE HYDROCHLORIDE 2.5mg/5ml LIQUID NF

DIPHENHYDRAMINE
diphenhydramine 25mg TABLETS NF

RESLIZUMAB
RESLIZUMAB 100mg IN 1ml INJECTION R For treatment of severe eosinophilic asthma as per NICE TA479. MMTC, January 2018
RESLIZUMAB 25mg IN 2.5ml INJECTION R For treatment of severe eosinophilic asthma as per NICE TA479. MMTC, January 2018

03.04.01 Antihistamines

ACRIVASTIN
ACRIVASTIN 8mg CAPSULES NF

ALIMEMAZINE
ALIMEMAZINE 10mg TABLETS Y
ALIMEMAZINE 7.5mg/5ml LIQUID Y
ALIMEMAZINE FORTE 30mg/5ml LIQUID Y

CETIRIZINE
CETIRIZINE 10mg TABLETS Y
CETIRIZINE 5mg/5ml LIQUID Y

CHLORPHENAMINE
CHLORPHENAMINE 4mg TABLETS Y
CHLORPHENAMINE 10mg IN 1ml INJECTION Y
CHLORPHENAMINE 2mg/5ml LIQUID Y

CLEMASTINE
CLEMASTINE 1mg TABLETS NF

CYPROHEPTADINE
<table>
<thead>
<tr>
<th>Medicine</th>
<th>Formulation</th>
<th>Use</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>CYPROHEPTADINE</td>
<td>4mg TABLETS R</td>
<td>For use as part of paediatric oncology anti-emetic policy. Medicines Effectiveness, February 2013.</td>
<td></td>
</tr>
<tr>
<td><strong>FEXOFENADINE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FEXOFENADINE</td>
<td>30mg TABLETS R</td>
<td>For use by the ENT department only. Formulary options are cetirizine and loratadine. Medicines Effectiveness, March 2013.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FEXOFENADINE</td>
<td>180mg TABLETS R</td>
<td>For use by the ENT department only. Formulary options are cetirizine and loratadine. Medicines Effectiveness, March 2013.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FEXOFENADINE</td>
<td>120mg TABLETS R</td>
<td>For use by the ENT department only. Formulary options are cetirizine and loratadine. Medicines Effectiveness, March 2013.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HYDROXYZINE</td>
<td>10mg TABLETS Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>25mg TABLETS Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>KETOTIFEN</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KETOTIFEN</td>
<td>1mg TABLETS NF</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>LORATADINE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LORATADINE</td>
<td>10mg TABLETS Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5mg/5ml LIQUID Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MIZOLASTINE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MIZOLASTINE</td>
<td>10mg TABLETS M/R NF</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PROMETHAZINE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PROMETHAZINE</td>
<td>10mg TABLETS Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5mg/5ml LIQUID Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>25mg TABLETS Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>25mg IN 1ml INJECTION Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>RUPATADINE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**TERFENADINE**

TERFENADINE 60mg TABLETS NF

03.04.02 Allergen immunotherapy

**BEE PHARMALGEN**

BEE PHARMALGEN VENOM 100mcg IN 1ml R

For the treatment of bee and wasp venom allergy as per NICE TA246. February 2012.

**BEE VENOM**

BEE VENOM 100; 1,000; 10,000; 100,000 SQ-units/ml Y INJECTION (4 VIAL INITIAL PACK - ALUTARD)

BEE VENOM MAINTENANCE 100,000 SQ-units/ml Y INJECTION (ALUTARD)

For the treatment of bee and wasp venom allergy as per NICE TA246. February 2012

**DAP PENICILLIN**

DAP PENICILLINS DIAGNOSTIC TEST 0.04mg/0.5mg UNR INJECTION (6 PACK)

For use by Immunology. Medicines Effectiveness, March 2013.

**GRASS and TREE POLLEN EXTRACT**

GRASS and TREE POLLEN EXTRACT INJECTION R

For use by Dermatology/Immunology only. Medicines Effectiveness, March 2013.

**GRASS POLLEN EXTRACT**

GRASS POLLEN EXTRACT 75,000 UNITS TABLETS R 30

For treatment of allergic rhinitis in paediatrics (initiated by allergy team) only. MMTC November 2018

**MEPOLIZUMAB**

MEPOLIZUMAB 100mg PRE FILLED PEN R

For the treatment of refractory eosinophilic asthma in adults (as per NICE TA431) and children over 6 years old (as per NHSE commissioning statement 170001/P). MMTC, March 2019

MEPOLIZUMAB 100mg IN 10ml INJECTION R

For the treatment of refractory eosinophilic asthma in adults (as per NICE TA431) and children over 6 years old (as per NHSE commissioning statement 170001/P). MMTC, March 2019

**OMALIZUMAB**
OMALIZUMAB 150mg IN 1.2ml PRE-FILLED SYRINGE R
For the treatment of severe persistent allergic asthma as per NICE TA133 (Respiratory Consultants only), and for patients with previously treated chronic spontaneous urticarial as per NICE TA339 (Immunology Consultants only). MMTC, May 2015.

OMALIZUMAB 75mg in 0.5ml PRE-FILLED SYRINGE R
For the treatment of severe persistent allergic asthma as per NICE TA133 (Respiratory Consultants only), and for patients with previously treated chronic spontaneous urticarial as per NICE TA339 (Immunology Consultants only). MMTC, May 2015.

WASP VENOM
WASP VENOM 100; 1,000; 10,000; 100,000 SQ-units/ml INJECTION (4 VIAL INITIAL PACK -

WASP VENOM MAINTENANCE 100,000 SQ-units/ml INJECTION (ALUTARD) Y For the treatment of bee and wasp venom allergy as per NICE TA246. February 2012

WASP VENOM KIT
WASP PHARMALGEN VENOM 100microgram in 1ml R For the treatment of bee and wasp venom allergy as per NICE TA246. February 2012.

03.04.03 Allergic emergencies

ADRENALINE
ADRENALINE (EPINEPHRINE) 150microgram PRE FILLED PEN
Ordered as a substitute for Epipen Junior during shortage. Medicines Effectiveness. October 2018

ADRENALINE (EPINEPHRINE) 0.3mg PEN (EPIPEN) Y

ADRENALINE (EPINEPHRINE) 0.15mg PEN (EPIPEN) Y

ADRENALINE (EPINEPHRINE) 1 in 1000 (1mg in 1ml) Y INJECTION

ADRENALINE (EPINEPHRINE) 1 in 1000 1mg in 1ml SYRINGE (ANAPHYLAXIS)

C1 ESTERASE
C1 ESTERASE INHIBITOR TIM 500 units R For the Treatment of Acute Attacks in Hereditary Angioedema as per NHSE Policy Statement NHSCB/B09/P/b. NB: long-term prophylaxis requires an IFR. MMTC, June 2013.

C1 ESTERASE INHIBITOR 1500 international units INJECTION (BERINERT) R For the Treatment of Acute Attacks in Hereditary Angioedema as per NHSE Policy Statement NHSCB/B09/P/b. NB: long-term prophylaxis requires an IFR. MMTC, June 2013.

C1 ESTERASE INHIBITOR 500 units INJECTION (CINRYZE) with administration set R For the Treatment of Acute Attacks in Hereditary Angioedema as per NHSE Policy Statement NHSCB/B09/P/b. NB: long-term prophylaxis requires an IFR. MMTC, June 2013.

EPIPEN

EPIPEN TRAINER Y

ICATIBANT

ICATIBANT 30mg IN 3ml PRE-FILLED SYRINGE R For the treatment of Acute Attacks in Hereditary Angioedema as per NHS England Policy NHSCB/B09/P/b. MMTC, May 2013.

03.05 Respiratory stimulants and pulmonary surfactants

03.05.01 Respiratory stimulants

CAFFEINE

CAFFEINE CITRATE 20mg in 1ml (CAFFEINE BASE 10mg/ml) INJECTION R Restricted to apnoea in neonates and infants. Medicines Effectiveness, July 2011

DOXAPRAM

DOXAPRAM 100mg IN 5ml INJECTION Y For use in resuscitation of patients in COVID areas and theatres during COVID-19. MMTC

03.05.02 Pulmonary surfactants

PORACTANT

PORACTANT ALFA 120mg IN 1.5ml endotracheopulmonary suspension vials R For the treatment and prophylaxis of neonatal respiratory distress syndrome. MAC, May 2010.
03.07  Mucolytics

CARBOCISTEINE

CARBOCISTEINE 375mg CAPSULES  R  For use as per NICE guidelines. Medicines Effectiveness, December 2004.

CARBOCISTEINE 250mg/5ml LIQUID  R  For use as per NICE guidelines in patients with swallowing difficulties or feeding tube only. Medicines Effectiveness, December 2004.

DORNASE ALFA

DORNASE ALFA 2.5mg (2500units) IN 2.5ml NEBULISER SOLUTION  R  For cystic fibrosis patients with associated spirometric monitoring; and for loculated empyema (unlicensed indication - to be used under direction from Dr Naj Rahman only, Pleural Consultant). Medicines Effectiveness, September 2013.

MANNITOL

MANNITOL (BIDA PACK) 40mg CAPULES + INHALER  R  For the treatment of cystic fibrosis as per NICE TA266. FOR TRIAL DOSES ONLY. MMTC, April 2013.

SODIUM CHLORIDE

SODIUM CHLORIDE 7% NEBULES  R  For CF and bronchiectasis patients only on Geoffrey Harris Ward (CH) or Melanies (JR). WARNING - High Strength Product Do NOT issue as ward stock - issue to individually named patients only. MMTC, September 2010.

03.08  Aromatic inhalations

EUCALYPTUS OIL

EUCALYPTUS OIL 500ml  Y

03.09  Cough preparations
03.09.01 Cough suppressants

**PHOLCODINE**

PHOLCODINE 5mg/5ml LINCTUS 200ml  Y

03.10 Systemic nasal decongestants

**PSEUDOEPHEDRINE**

PSEUDOEPHEDRINE 30mg/5ml LIQUID  Y

PSEUDOEPHEDRINE 60mg TABLETS  Y

03.11 Antifibrotics

**NINTEDANIB**

NINTEDANIB 150mg CAPSULES  R  OFEV Brand only - For the treatment of idiopathic pulmonary fibrosis as per NICE TA379. MMTC, March 2016

NINTEDANIB 100mg CAPSULES  R  OFEV Brand only - For the treatment of idiopathic pulmonary fibrosis as per NICE TA379. MMTC, March 2016

**PIRFENIDONE**

PIRFENIDONE 267mg CAPSULES (2 WEEK INITIATION PACK)  R  For treating idiopathic pulmonary fibrosis as per NICE TA504. MMTC, February 2018

PIRFENIDONE 267mg CAPSULES  R  For treating idiopathic pulmonary fibrosis as per NICE TA504. MMTC, February 2018

04 Central nervous system

Melatonin

MELATONIN 5mg/5ml LIQUID (NEOMEL)  SR  For use prior to EEGs and sleep management in paediatric patients only. MMTC, March 2016

**MIDAZOLAM**
**04.01 Hypnotics and anxiolytics**

**LORAZEPAM**

<table>
<thead>
<tr>
<th>Lorazepam 2.5mg Tablets</th>
<th>NF</th>
</tr>
</thead>
</table>

**TELOTRISTAT**

<table>
<thead>
<tr>
<th>Sodium Valproate 50mg Granules M/R</th>
<th>NF</th>
</tr>
</thead>
</table>

**04.01.01 Hypnotics**

**CHLORAL**

<table>
<thead>
<tr>
<th>Chloral Hydrate 50mg Suppositories</th>
<th>SR</th>
<th>For the sedation of paediatrics prior painless procedures. Medicines Effectiveness, May 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chloral Hydrate 25mg Suppositories</td>
<td>SR</td>
<td>For the sedation of paediatrics prior painless procedures. Medicines Effectiveness, May 2017</td>
</tr>
<tr>
<td>Chloral Hydrate 100mg Suppositories</td>
<td>SR</td>
<td>For the sedation of paediatrics prior painless procedures. Medicines Effectiveness, May 2017</td>
</tr>
</tbody>
</table>

**CLOMETHIAZOLE**

<table>
<thead>
<tr>
<th>Clomethiazole 192mg Capsules</th>
<th>R</th>
<th>For sedation only. NOT to be used for acute alcohol withdrawal. Medicines Effectiveness, August 2001.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clomethiazole 250mg/5ml Liquid</td>
<td>R</td>
<td>For sedation only. NOT to be used for acute alcohol withdrawal. Medicines Effectiveness, August 2001.</td>
</tr>
</tbody>
</table>

**FLURAZEPAM**

<table>
<thead>
<tr>
<th>Flurazepam 15mg Capsules</th>
<th>NF</th>
</tr>
</thead>
</table>

**LOPRAZOLAM**

<table>
<thead>
<tr>
<th>Loprazolam 1mg Tablets</th>
<th>NF</th>
</tr>
</thead>
</table>

**MELATONIN**

<table>
<thead>
<tr>
<th>Melatonin 2mg Tablets M/R</th>
<th>R</th>
<th>For sleep management in paediatric patients only. MMTC, March 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NITRAZEPAM</strong></td>
<td>NITRAZEPAM 5mg TABLETS</td>
<td>Y</td>
</tr>
<tr>
<td>----------------</td>
<td>-------------------------</td>
<td>---</td>
</tr>
<tr>
<td><strong>SODIUM OXYBATE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SODIUM OXYBATE 500mg/ml LIQUID 180ml</td>
<td>R</td>
<td>For use by Consultant Neurologists only following an IFR approval from OCCG. Prescription must be on sodium oxybate-specific form. Medicines Effectiveness, March 2013.</td>
</tr>
<tr>
<td><strong>TEMAZEPAM</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TEMAZEPAM 10mg/5ml LIQUID S/F</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>TEMAZEPAM 10mg TABLETS</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td><strong>TRICLOFOS SODIUM</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRICLOFOS SODIUM 500mg/5ml LIQUID</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td><strong>ZOLPIDEM</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ZOLPIDEM TARTRATE 5mg TABLETS</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>ZOLPIDEM 10MG TABLETS</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td><strong>ZOPICLONE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ZOPICLONE 3.75mg TABLETS</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>ZOPICLONE 7.5mg TABLETS</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>04.01.02</td>
<td>Anxiolytics</td>
<td></td>
</tr>
<tr>
<td><strong>ALCOHOL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALCOHOL ABSOLUTE 5ml INJECTION</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>ALCOHOL ABSOLUTE 2ml INJECTION</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td><strong>BUSPIRONE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BUSPIRONE 5mg TABLETS</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td><strong>CHLORDIAZEPOXIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHLORDIAZEPOXIDE 10mg CAPSULES</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>CHLORDIAZEPOXIDE 5mg CAPSULES</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td><strong>CLORAZEPATE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLORAZEPATE DIPOTASSIUM 15mg CAPSULES</td>
<td>NF</td>
<td></td>
</tr>
</tbody>
</table>
DIAZEPAM

DIAZEPAM 2mg/5ml LIQUID Y
DIAZEPAM 10mg RECTAL TUBES Y
DIAZEPAM 2mg TABLETS Y
DIAZEPAM 10mg TABLETS Y
DIAZEPAM EMULSION 10mg IN 2ml INJECTION Y
DIAZEPAM 5mg/5ml LIQUID Y
DIAZEPAM 10mg IN 2ml INJECTION Y
DIAZEPAM 5mg TABLETS Y

LORAZEPAM

LORAZEPAM 2mg IN 1ml INJECTION UNR Ordered as replacement for Lorazepam 4mg in 1mL Medicines Effectiveness October 2018
LORAZEPAM 1mg TABLETS Y
LORAZEPAM 4mg IN 1ml INJECTION Y

OXAZEPAM

OXAZEPAM 10mg TABLETS NF

04.01.03 Barbiturates

AMOBARBITAL

AMOBABRITAL 60mg CAPSULES UNNF

AMYLOBARBITONE

AMYLOBARBITONE SODIUM (AMOBARBITAL SODIUM) 500mg INJECTION UNR Restricted for Wada intra arterial testing only. Medicines Effectiveness. May 2018

MEPROBAMATE

MEPROBAMATE 400mg TABLETS NF

04.02 Drugs used in psychoses and related disorders

04.02.01 Antipsychotic drugs

QUETIAPINE

QUETIAPINE 200mg MR TABLETS NF
04.02 Drugs used in psychoses and related disorders

Brivaracetam

BRIVARACETAM 25MG TABLETS R For the treatment of drug resistant partial onset seizures (3rd line option). For initiation by neurologists only. MMTC, January 2017

ELTROMBOBAG

ELTROMBOBAG 75mg TABLETS R For treating chronic immune (idiopathic) thrombocytopenic purpura as per NICE TA293. (Also included under Medicines for Children Policy) available for paediatrics. MMTC August 2019

NORADRENALINE

NORADRENALINE 4mg IN 50ml INJECTION (VIALS) Y

PALIPERIDONE

PALIPERIDONE 100mg INJECTION PRE-FILLED NF SYRINGE

PHENYTOIN

PHENYTOIN 50mg TABLETS UNR Restricted for established patients during supply problem

04.02.01 Antipsychotic drugs

AMISULPRIDE

AMISULPRIDE 200mg TABLETS R For continuation of therapy as per the Mental Health Trust. Medicines Effectiveness, July 2012.

AMISULPRIDE 500mg/5ml LIQUID NF

AMISULPRIDE 50mg TABLETS R For continuation of therapy as per the Mental Health Trust. Medicines Effectiveness, July 2012.

ARIPIPRAZOLE

ARIPIPRAZOLE 5mg TABLETS R For continuation of therapy as per the Mental Health Trust. MMTC, November 2013.

ARIPIPRAZOLE 15mg TABLETS ORODISPERSIBLE NF
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Strength/Dosage</th>
<th>Availability</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARIPIPRAZOLE 15mg TABLETS</td>
<td>R</td>
<td>For continuation of therapy as per the Mental Health Trust. MMTC, November 2013.</td>
<td></td>
</tr>
<tr>
<td>ARIPIPRAZOLE 10mg TABLETS</td>
<td>R</td>
<td>For continuation of therapy as per the Mental Health Trust. MMTC, November 2013.</td>
<td></td>
</tr>
<tr>
<td>ARIPIPRAZOLE 1mg/ml ORAL SOLUTION 150ml</td>
<td>NF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asenapine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASENAPINE 10MG SUBLINGUAL TABLETS</td>
<td>NF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHLORPROMAZINE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHLORPROMAZINE 100mg TABLETS</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHLORPROMAZINE 25mg TABLETS</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHLORPROMAZINE 25mg/5ml LIQUID</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHLORPROMAZINE 50mg TABLETS</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHLORPROMAZINE 50mg/2ml INJECTION</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FLUPENTIXOL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FLUPENTIXOL 3MG TABLETS</td>
<td>NF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HALOPERIDOL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HALOPERIDOL 500microgram CAPSULES</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HALOPERIDOL 5mg IN 1ml INJECTION</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HALOPERIDOL 10mg/5ml LIQUID</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HALOPERIDOL 5mg TABLETS</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HALOPERIDOL 1.5mg TABLETS</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEVOMEPROMAZINE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEVOMEPROMAZINE 6mg TABLETS</td>
<td>UNR</td>
<td>For Refractory Nausea and Vomiting in Paediatric and Palliative patients only. Medicines Effectiveness, February 2020</td>
<td></td>
</tr>
<tr>
<td>LEVOMEPROMAZINE 25mg TABLETS</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEVOMEPROMAZINE 25mg IN 1ml INJECTION</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicine</td>
<td>Strength</td>
<td>Formulation</td>
<td>Notes</td>
</tr>
<tr>
<td>--------------------</td>
<td>---------------------------</td>
<td>------------------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>OLANZAPINE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>OLANZAPINE 10mg ORODISPERSIBLE TABLETS</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td></td>
<td>OLANZAPINE 15mg TABLETS</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td></td>
<td>OLANZAPINE 10mg TABLETS</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td></td>
<td>OLANZAPINE ORODISPERSIBLE 10mg TABLETS</td>
<td>R</td>
<td>For palliative or end of life care patients with swallowing difficulties and for patients with feeding tubes only. MMTC, June 2014.</td>
</tr>
<tr>
<td></td>
<td>OLANZAPINE 2.5mg TABLETS</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td></td>
<td>OLANZAPINE 5mg TABLETS</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td></td>
<td>OLANZAPINE ORODISPERSIBLE 15mg TABLETS</td>
<td>R</td>
<td>For palliative or end of life care patients with swallowing difficulties and for patients with feeding tubes only. MMTC, June 2014.</td>
</tr>
<tr>
<td></td>
<td>OLANZAPINE 10mg in 2ml INJECTION</td>
<td>UNR</td>
<td>For NBM patients who cannot tolerate haloperidol. MAC, May 2011.</td>
</tr>
<tr>
<td></td>
<td>OLANZAPINE ORODISPERSIBLE 5mg TABLETS</td>
<td>R</td>
<td>For palliative or end of life care patients with swallowing difficulties and for patients with feeding tubes only. MMTC, June 2014.</td>
</tr>
<tr>
<td><strong>PERICYAZINE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PERICYAZINE 10mg/5ml SYRUP</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PERICYAZINE 2.5mg TABLETS</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td><strong>PROMAZINE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PROMAZINE 25mg/5ml LIQUID 150ml</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PROMAZINE 25mg TABLETS</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td><strong>QUETIAPINE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>QUETIAPINE 100mg TABLETS</td>
<td>R</td>
<td>For use by or on recommendation from a Consultant in Mental Health only and for continuation of therapy. Medicines Effectiveness, April 2007.</td>
</tr>
<tr>
<td>QUETIAPINE 200mg TABLETS</td>
<td>R</td>
<td>For use by or on recommendation from a Consultant in Mental Health only and for continuation of therapy. Medicines Effectiveness, April 2007.</td>
<td></td>
</tr>
<tr>
<td>--------------------------</td>
<td>---</td>
<td>----------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>QUETIAPINE 300mg TABLETS M/R</td>
<td>NF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>QUETIAPINE 50mg TABLETS M/R</td>
<td>NF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>QUETIAPINE 150mg TABLETS</td>
<td>R</td>
<td>For use by or on recommendation from a Consultant in Mental Health only and for continuation of therapy. Medicines Effectiveness, April 2007.</td>
<td></td>
</tr>
<tr>
<td>QUETIAPINE 300mg TABLET</td>
<td>R</td>
<td>For use by or on recommendation from a Consultant in Mental Health only and for continuation of therapy. Medicines Effectiveness, April 2007.</td>
<td></td>
</tr>
<tr>
<td>QUETIAPINE 25mg TABLETS</td>
<td>R</td>
<td>For use by or on recommendation from a Consultant in Mental Health only and for continuation of therapy. Medicines Effectiveness, April 2007.</td>
<td></td>
</tr>
</tbody>
</table>

**RISPERIDONE**

<table>
<thead>
<tr>
<th>RISPERIDONE 2mg TABLETS</th>
<th>Y</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>RISPERIDONE 3mg TABLETS</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>RISPERIDONE 500microgram TABLETS</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>RISPERIDONE 1mg TABLETS</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>RISPERIDONE 500microgram ORODISPERSIBLE TABLETS</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>RISPERIDONE 2mg ORODISPERSIBLE TABLETS</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>RISPERIDONE 5mg/5ml LIQUID</td>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>

**SULPIRIDE**

| SULPIRIDE 200mg/5ml LIQUID | R | For use by or on the recommendation of a Consultant in Mental Health only. Medicines Effectiveness, June 2007. |
SULPIRIDE 200mg TABLETS R For use by or on the recommendation of a Consultant in Mental Health only. Medicines Effectiveness, June 2007.

SULPIRIDE 400mg TABLETS R For use by or on the recommendation of a Consultant in Mental Health only. Medicines Effectiveness, June 2007.

**TRIFLUOPERAZINE**

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRIFLUOPERAZINE 5mg/5ml LIQUID 150ml</td>
<td>Y</td>
</tr>
<tr>
<td>TRIFLUOPERAZINE 5mg TABLETS</td>
<td>Y</td>
</tr>
<tr>
<td>TRIFLUOPERAZINE 1mg/5ml LIQUID 200ml</td>
<td>Y</td>
</tr>
<tr>
<td>TRIFLUOPERAZINE 1mg TABLETS</td>
<td>Y</td>
</tr>
<tr>
<td>TRIFLUOPERAZINE 10mg CAPSULES M/R</td>
<td>Y</td>
</tr>
<tr>
<td>TRIFLUOPERAZINE 15mg CAPSULES M/R</td>
<td>Y</td>
</tr>
</tbody>
</table>

**ZUCLOPENTHIXOL**

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>ZUCLOPENTHIXOL ACETATE 50mg IN 1ml INJECTION NF</td>
<td></td>
</tr>
<tr>
<td>ZUCLOPENTHIXOL 10mg TABLETS</td>
<td>Y</td>
</tr>
<tr>
<td>ZUCLOPENTHIXOL 2mg TABLETS</td>
<td>Y</td>
</tr>
</tbody>
</table>

**04.02.02 Antipsychotic depot injections**

**FLUPENTIXOL**

FLUPENTIXOL DECANOATE 20mg in 1ml INJECTION NF

**FLUPHENAZINE**

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>FLUPHENAZINE DECANOATE 100mg IN 1ml INJECTION</td>
<td>R</td>
</tr>
</tbody>
</table>

**HALOPERIDOL**

HALOPERIDOL DECANOATE 100mg IN 1ml INJECTION NF

**OLANZAPINE**

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>OLANZAPINE 7.5mg TABLETS</td>
<td>Y</td>
</tr>
</tbody>
</table>

**PALIPERIDONE**
Syringe

Paliperidone 150mg injection pre-filled NF syringe

Paliperidone 75mg injection pre-filled NF syringe

Risperidone

Risperidone 37.5mg depot injection NF

Risperidone 50mg depot injection NF

Risperidone 25mg depot injection NF

Zuclopenthixol

Zuclopenthixol decanoate 500mg in 1ml NF injection

Zuclopenthixol decanoate 200mg in 1ml NF injection

04.02.03 Antidepressant drugs

Valproic acid

Valproic acid 500mg tablets E/C R For use by or on the recommendation of a Consultant Mental Health only and for continuation of therapy. Medicines Effectiveness, February 2008

Valproic acid 250mg tablets E/C R For use by or on the recommendation of a Consultant Mental Health only and for continuation of therapy. Medicines Effectiveness, February 2008.

04.02.03 Antimanic drugs

Lithium

Lithium carbonate (Liskonum) 450mg M/R NF tablets

Lithium carbonate 200mg MR tablets (Priadel) R For continuation therapy or initiation following advice of a psychiatrist only. Medicines Effectiveness, December 2010.

Lithium citrate 5.4mmol/5ml liquid (Li-Liquid) R For continuation therapy or initiation following advice of a psychiatrist only. Medicines Effectiveness, December 2010.
LITHIUM CARBONATE 400mg M/R TABLETS (PRIADEL) R For continuation therapy or initiation following advice of a psychiatrist only. Medicines Effectiveness, December 2010.
LITHIUM CARBONATE 400mg M/R TABLETS (CAMCOLIT) R
For continuation therapy or initiation following advice of a psychiatrist only. Medicines Effectiveness, December 2010.

LITHIUM CARBONATE 250mg TABLETS (CAMCOLIT) R
For continuation therapy or initiation following advice of a psychiatrist only. Medicines Effectiveness, December 2010.

VALPROIC ACID
VALPROIC ACID 500mg TABLETS E/C R
For use by or on the recommendation of a Consultant Mental Health only and for continuation of therapy. Medicines Effectiveness, February 2008.

04.02.03 Drugs used for mania and hypomania

LITHIUM
LITHIUM CITRATE 520mg/5ml LIQUID NF

04.02. Drugs used in psychoses and related disorders

04.02.01 Antipsychotic drugs > Second-generation antipsychotic drugs

ARIPIPRAZOLE
ARIPIPRAZOLE 7.5mg IN 1ml INJECTION NF

04.03 Antidepressant drugs

04.03.01 Tricyclic and related antidepressant drugs

TRIMIPRAMINE
TRIMIPRAMINE 25mg TABLETS R
For continuation of therapy or initiation by psychological medicine only. MMTC, October 2016

04.03 Antidepressant drugs

ATOMOXETINE
ATOMOXETINE 20mg/5ml ORAL SOLUTION (3 x 100ml) NF
ATOMOXETINE 10mg CAPSULES NF

04.03.01 Tricyclic and related antidepressant drugs

FLUPENTIXOL
FLUPENTIXOL 500microgram TABLETS Y
<table>
<thead>
<tr>
<th>Tricyclic and related antidepressant drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AMITRIPTYLINE</strong></td>
</tr>
<tr>
<td>AMITRIPTYLINE 25mg TABLETS</td>
</tr>
<tr>
<td>AMITRIPTYLINE 10mg TABLETS</td>
</tr>
<tr>
<td>AMITRIPTYLINE 50mg TABLETS</td>
</tr>
<tr>
<td>AMITRIPTYLINE 25mg/5ml LIQUID S/F</td>
</tr>
<tr>
<td><strong>CLOMIPRAMINE</strong></td>
</tr>
<tr>
<td>CLOMIPRAMINE 50mg CAPSULES</td>
</tr>
<tr>
<td>CLOMIPRAMINE 10mg CAPSULES</td>
</tr>
<tr>
<td>CLOMIPRAMINE 25mg CAPSULES</td>
</tr>
<tr>
<td><strong>DOSULEPIN</strong></td>
</tr>
<tr>
<td>DOSULEPIN 25mg CAPSULES</td>
</tr>
<tr>
<td>DOSULEPIN 75mg TABLETS</td>
</tr>
<tr>
<td><strong>DOXEPIN</strong></td>
</tr>
<tr>
<td>DOXEPIN 25mg CAPSULES</td>
</tr>
</tbody>
</table>
IMIPRAMINE 10mg TABLETS R For continuation of therapy or initiation by psychological medicine only. MMTC, October 2016

IMIPRAMINE 25mg TABLETS R For continuation of therapy or initiation by psychological medicine only. MMTC, October 2016

IMIPRAMINE 25mg/5ml LIQUID SUGAR FREE R For continuation of therapy or initiation by psychological medicine only. MMTC, October 2016

LOFEPRAMINE

LOFEPRAMINE 70mg/5ml LIQUID Y
LOFEPRAMINE 70mg TABLETS Y

MIANSERIN

MIANSERIN 10mg TABLETS Y

MOTIVAL

MOTIVAL TABLETS (NF) NF

NORTRIPTYLINE

NORTRIPTYLINE 25mg TABLETS Y
NORTRIPTYLINE 10mg TABLETS Y

TRAZODONE

TRAZODONE 50mg/5ml LIQUID NF
TRAZODONE 100mg CAPSULES Y
TRAZODONE 50mg CAPSULES Y

TRIMIPRAMINE

TRIMIPRAMINE 50mg CAPSULES R For continuation of therapy or initiation by psychological medicine only. MMTC, October 2016

TRIPTAFEN

TRIPTAFEN 25mg/2mg TABLETS NF

04.03.02 Monoamine-oxidase inhibitors

ISOCARBOXAZID
ISOCARBOXAZID 10mg TABLETS NF

**MOCLOBEMIDE**

MOCLOBEMIDE 150mg TABLETS R

For use by Consultant Psychiatrist only. Medicines Effectiveness, March 2013.

**PHENELZINE**

PHENELZINE 15mg TABLETS Y

**TRANYLCYPROMINE**

TRANYLCYPROMINE 10mg TABLETS Y

04.03.03 Selective serotonin re-uptake inhibitors

**CITALOPRAM**

CITALOPRAM 10mg TABLETS Y

CITALOPRAM 40mg/ml ORAL DROPS 15ml Y

CITALOPRAM 20mg TABLETS Y

**ESCITALOPRAM**

ESCITALOPRAM 5mg TABLETS NF

ESCITALOPRAM 10mg TABLETS NF

ESCITALOPRAM 20mg TABLETS NF

**PAROXETINE**

PAROXETINE 30mg TABLETS Y

PAROXETINE 20mg TABLETS Y

PAROXETINE 10mg/5ml LIQUID SUGAR FREE Y

**SERTRALINE**

SERTRALINE 50mg TABLETS Y

SERTRALINE 100mg TABLETS Y

04.03.04 Other antidepressant drugs

**AGOMELATINE**

AGOMELATINE 25mg TABLETS NF

**DULOXETINE**
<table>
<thead>
<tr>
<th>Product</th>
<th>Strength</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>DULOXETINE 60mg CAPSULES</td>
<td>R</td>
<td>For painful diabetic neuropathy following the recommendation by a Pain or Diabetes specialist. MMTC, July 2013.</td>
</tr>
<tr>
<td>DULOXETINE 30mg CAPSULES</td>
<td>R</td>
<td>For painful diabetic neuropathy following the recommendation by a Pain or Diabetes specialist. MMTC, July 2013.</td>
</tr>
<tr>
<td>DULOXETINE 40mg CAPSULES</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>DULOXETINE 20mg CAPSULES</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>FLUOXETINE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FLUOXETINE 20mg CAPSULES</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>FLUOXETINE 20mg/5ml LIQUID</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>FLUPENTIXOL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FLUPENTIXOL DECANOATE 200mg/ML SOLUTION</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>FLUPENTIXOL 1mg TABLETS</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>FLUPENTIXOL DECANOATE 100mg in 1ml INJECTION</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>FLUPHENAZINE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FLUPHENAZINE HYDROCHLORIDE 1mg TABLETS</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>FLUVOXAMINE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FLUVOXAMINE 50mg TABLETS</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>MIRTAZAPINE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MIRTAZAPINE 75mg/5ml LIQUID 66ml</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>MIRTAZAPINE 45mg TABLETS</td>
<td>R</td>
<td>For use in established patients, as per MILV3N1 Initiating antidepressants for the treatment of depression in adults in hospital or on the recommendation by psychogeriatricians or psychiatrists only. MMTC,</td>
</tr>
</tbody>
</table>
MIRTAZAPINE 30mg ORODISPERSIBLE TABLETS  R
Restricted to patients with swallowing difficulties or feeding-tubes. For use in established patients, as per MILV3N1 Initiating antidepressants for the treatment of depression in adults in hospital or on the recommendation by psychogeriatricians or psychiatrists only. MMTC, October 2017

MIRTAZAPINE 45mg ORODISPERSIBLE TABLETS  R
Restricted to patients with swallowing difficulties or feeding-tubes. For use in established patients, as per MILV3N1 Initiating antidepressants for the treatment of depression in adults in hospital or on the recommendation by psychogeriatricians or psychiatrists only. MMTC, October 2017

MIRTAZAPINE 15mg ORODISPERSIBLE TABLETS  R
Restricted to patients with swallowing difficulties or feeding-tubes. For use in established patients, as per MILV3N1 Initiating antidepressants for the treatment of depression in adults in hospital or on the recommendation by psychogeriatricians or psychiatrists only. MMTC, October 2017

MIRTAZAPINE 15mg TABLETS  R
For use in established patients, as per MILV3N1 Initiating antidepressants for the treatment of depression in adults in hospital or on the recommendation by psychogeriatricians or psychiatrists only. MMTC,

MIRTAZAPINE 30mg TABLETS  R
For use in established patients, as per MILV3N1 Initiating antidepressants for the treatment of depression in adults in hospital or on the recommendation by psychogeriatricians or psychiatrists only. MMTC,

TRYPTOPHAN

TRYPTOPHAN 500mg TABLETS  NF
VENLAFAXINE
<table>
<thead>
<tr>
<th>Drug</th>
<th>Formulation</th>
<th>Usage Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>VENLAFAXINE 75mg TABLETS</td>
<td>R</td>
<td>For initiation by a psychiatrist or a psychogeriatrician only. Medicines Effectiveness, December 2002.</td>
</tr>
<tr>
<td>VENLAFAXINE 37.5mg TABLETS</td>
<td>R</td>
<td>For initiation by a psychiatrist or a psychogeriatrician only. Medicines Effectiveness, December 2002.</td>
</tr>
<tr>
<td>VENLAFAXINE 75mg CAPSULES XL</td>
<td>R</td>
<td>For initiation by a psychiatrist or a psychogeriatrician only. Medicines Effectiveness, December 2002.</td>
</tr>
<tr>
<td>VENLAFAXINE 150mg CAPSULES XL</td>
<td>R</td>
<td>For initiation by a psychiatrist or a psychogeriatrician only. Medicines Effectiveness, December 2002.</td>
</tr>
<tr>
<td>VENLAFAXINE 37.5mg TABLETS M/R</td>
<td>R</td>
<td>For initiation by a psychiatrist or a psychogeriatrician only. Medicines Effectiveness, December 2002.</td>
</tr>
</tbody>
</table>

### 04.03 Antidepressant drugs

#### 04.03.04 Other antidepressant drugs

**VORTIOXETINE**

VORTIOXETINE 5mg TABLETS R Approved for continuation of treatment for major depressive episodes in adults as per NICE TA367 MMTC, December 2018

### 04.04 CNS stimulants and drugs used for attention deficit hyperactivity disorder

**CAFFEINE**

CAFFEINE CITRATE 20mg/ml (100mg/5ml) LIQUID Y

**DEXAMFETAMINE**

DEXAMFETAMINE 5mg TABLETS NF

**LISDEXAMFETAMINE**

LISDEXAMFETAMINE 30mg CAPSULES NF

LISDEXAMFETAMINE 20mg CAPSULES NF
LISDEXAMFETAMINE 50mg CAPSULES NF To be prescribed at Oxford Health NHS Foundation Trust only.

**METHYLPHENIDATE**

METHYLPHENIDATE 10mg TABLETS NF
METHYLPHENIDATE 5mg TABLETS NF
METHYLPHENIDATE 27mg M/R TABLETS NICETA Approved for use as per NICE TA only. An individual patient NICE implementation form is required (see PPDU SharePoint). Medicines Effectiveness, March 2013
METHYLPHENIDATE 30mg M/R CAPSULES NF
METHYLPHENIDATE 36mg TABLETS M/R NF
METHYLPHENIDATE MR 10MG CAPSULES NF
METHYLPHENIDATE 20mg TABLETS NF
METHYLPHENIDATE 18mg TABLETS M/R NF
METHYLPHENIDATE MR 20mg CAPSULES NF

**MODAFINIL**

MODAFINIL 100mg TABLETS R Patients with proven diagnosis of narcolepsy Medicines Advisory Committee, September 2010.

**REBOXETINE**

REBOXETINE 4mg TABLETSNF

**RIOCIGUAT**

RIOCIGUAT 1.5MG TABLETS NF

04.04 CNS stimulants and other drugs used for attention deficit hyperactivity disorder

**ATOMOXETINE**

ATOMOXETINE 18mg CAPSULES NF

04.05 Drugs used in the treatment of obesity

**DIAMORPHINE**
DIAMORPHINE 1600microgram/DOSE NASAL SPRAY R For Acute severe pain in pediatric patients within the Emergency Department. MMTC, January 2019

DIAMORPHINE 720microgram/DOSE NASAL SPRAY R For Acute severe pain in pediatric patients within the Emergency Department. MMTC, January 2019

04.05.01 Anti-obesity drugs acting on the gastro-intestinal tract

**ORLISTAT**

**ORLISTAT 120mg CAPSULES** NF

04.06 Drugs used in nausea and vertigo

**APREPITANT**

**APREPITANT 125mg & 80mg CAPSULES 3 DAY PACK** R To prevent nausea and vomiting associated with highly emetogenic chemotherapy not responding to standard antiemetic therapy. It may be used as first line in: a) Head and Neck patients receiving 2 cycles neoadjuvant CF; b) Sarcoma patients receiving highly emetic chemotherapy.

NB: its use in children is off-label (approved by MMTC). And for use in primary prophylaxis of CINV during COVID-19 pandemic

**APREPITANT 80mg CAPSULES** R To prevent nausea and vomiting associated with highly emetogenic chemotherapy not responding to standard antiemetic therapy. It may be used as first line in: a) Head and Neck patients receiving 2 cycles neoadjuvant CF; b) Sarcoma patients receiving highly emetic chemotherapy. THIS PACK SIZE IS FOR SMALL PAEDIATRIC PATIENTS ONLY. NB: its use in children is off-label (approved by MMTC). MMTC, May 2014.

**BETAHISTINE**

**BETAHISTINE 16mg TABLETS** Y

**BETAHISTINE 8mg TABLETS** Y

**CINNARIZINE**
CINNARIZINE 15mg TABLETS

CINNARIZINE + DIMENHYDRINATE
CINNARIZINE + DIMENHYDRINATE 20mg/40mg TABLETS

CYCLIZINE
CYCLIZINE 50mg IN 1ml INJECTION
CYCLIZINE 50mg IN 1ml INJECTION
CYCLIZINE 50mg TABLETS

DIHYDROCODEINE
DIHYDROCODEINE 30mg TABLETS TTO 28pk
DIHYDROCODEINE 30MG TABLETS TTO 14’S

DOMPERIDONE
DOMPERIDONE 10mg TABLETS
DOMPERIDONE 5mg/5ml LIQUID

DROPERIDOL
DROPERIDOL 5mg in 2ml INJECTION

GRANISETRON
GRANISETRON 3.1MG/24HR PATCHES

HYOSCINE HIDROBROMIDE
HYOSCINE 1.5mg PATCHES

HYOSCINE HYDROBROMIDE
HYOSCINE HYDROBROMIDE 300microgram TABLETS

IVEMEND
FOSAPREPITANT 150mg INJECTION 10ml VIAL

METOCLOPRAMIDE

For NBM patients to prevent nausea and vomiting associated with highly emetogenic chemotherapy not responding to standard antiemetic therapy.

MAC, December 2011.
METOCLOPRAMIDE 5mg/5ml LIQUID Y
METOCLOPRAMIDE 10mg TABLETS Y
METOCLOPRAMIDE 10mg IN 2ml INJECTION Y
METOCLOPRAMIDE 100mg IN 20ml INJECTION Y

NABILONE

NABILONE 1mg CAPSULES NF

NETUPITANT + PALONOSETRON

NETUPITANT 300mg / PALONOSETRON NF
500microgram CAPSULES

ONDANSETRON

ONDANSETRON 4mg MELTS R For paediatrics and patients with swallowing difficulties only. Medicines Effectiveness, November 2013.
ONDANSETRON 4mg TABLETS Y
ONDANSETRON 4mg IN 2ml INJECTION Y
ONDANSETRON 4mg/5ml LIQUID SUGAR FREE R For small doses in only. Medicines Effectiveness, November 2013.
ONDANSETRON 8mg TABLETS Y
ONDANSETRON 8mg IN 4ml INJECTION Y

Palonosetron

PALONOSETRON 250microgram in 5ml INJECTION NF
PALONOSETRON 500microgram CAPSULE NF

PROCHLORPERAZINE

PROCHLORPERAZINE 12.5mg IN 1ml INJECTION Y
PROCHLORPERAZINE 3mg BUCCAL TABLETS Y
PROCHLORPERAZINE 5mg/5ml SYRUP Y
PROCHLORPERAZINE 5mg TABLETS Y

04.07 Analgesics
**ASPIRIN**

ASPIRIN 300mg TABLETS TTO PACK 32  
SR  
For areas allowed to keep TTO packs. Medicines Effectiveness, February 2013.

**BUPIVACAINE**

BUPIVACAINE 0.25% INFUSION BAGS 250ml  
SR  
For analgesia in adult and paediatric surgery. Medicines Effectiveness, February 2013.

**BUPIVACAINE + FENTANYL**

BUPIVACAINE 0.1% + FENTANYL 2micrograms/ml  
SYRINGE 10ml  
SR  
For epidural analgesia in Maternity, adult and paediatric surgery. Medicines Effectiveness, March 2013.

BUPIVACAINE 0.1% & FENTANYL 2microgram/ml IN  
SOD CHLOR 0.9% 250ml  
SR  
For epidural analgesia in Maternity, adult and paediatric surgery. Medicines Effectiveness, March 2013.

**BUPRENORPHINE**

BUPRENORPHINE 15microgram/hour PATCHES  
R  
Restricted to use for pain relief in patients with renal impairment on recommendation of Palliative care or Pain team only. MMTC, April 2019

**CODEINE PHOSPHATE**

CODEINE PHOSPHATE 10mg SUPPOSITORY  
R  
For paediatric use only. Medicines Effectiveness, August 2000.

**DIAMORPHINE**

DIAMORPHINE 490mg IN SODIUM CHLORIDE 0.9%  
250ml RESERVOIR (CADD-LEGACY PCA MODEL)  
SR  
For Patient S.A.E (Haematology) only. Medicines Effectiveness, March 2013

DIAMORPHINE 560mg IN SODIUM CHLORIDE 0.9%  
250ml RESERVOIR (CADD-LEGACY PCA MODEL)  
SR  
For Patient S.A.E (Haematology) only. Medicines Effectiveness, March 2013

**FENTANYL**

FENTANYL 100microgram/DOSE NASAL SPRAY  
NF  

**LEVOBUPIVACAINE + FENTANYL**

LEVOBUPIVACAINE 0.1% & FENTANYL 2mcg/ml IN  
SOD CHLORIDE 0.9% EPIDURAL INFUSION 250ml  
UNR  
For use in maternity areas only. All other areas to use bupivacaine & fentanyl mixtures only at the
moment.
LEVOBUPIVACAINE 0.1% & FENTANYL 5 micrograms/ml in SOD CHLORIDE 0.9% 250ml SR For post-op epidural analgesia. Medicines Effectiveness, December 2013.

LEVOBUPIVACAINE 0.1% & FENTANYL 4 micrograms/ml in SOD CHLORIDE 0.9% 500ml SR For epidural analgesia in adult and paediatric surgery. Medicines Effectiveness, March 2013.

Morphine
MORPHINE SULPHATE 10mg in 10ml INJECTION Y

Paracetamol
PARACETAMOL 100mg IN 10ml PAEDIATRIC INJECTION R Restricted to neonates and infants under 10kg, for children over 10 kg use 50ml vials. MMTC, May 2020

TRAMADOL
TRAMADOL 100mg IN 2ml INJECTION R For use by NOC only. For post-operative pain only. Medicines Effectiveness, April 2004

04.07.01 Non-opioid analgesics and compound analgesic preparations

ASPIRIN
ASPIRIN 150mg SUPPOSITORIES R Restricted for use in acute stroke or other emergency antiplatelet Rx in patients with unsafe swallow. Medicines Effectiveness, September 2015

ASPIRIN DISPENSIBLE 300mg TABLETS Y
ASPIRIN 300mg SUPPOSITORIES R Restricted for use in acute stroke or other emergency antiplatelet Rx in patients with unsafe swallow. Medicines Effectiveness, September 2015

CO-CODAMOL
CO-CODAMOL 30/500mg TABLETS NF
CO-CODAMOL 8/500mg TABLETS Y
CO-CODAMOL 30/500mg TABLETS EFFERVESCENT Y
CO-CODAMOL 8/500mg TABLETS EFFERVESCENT Y

CO-DYDRAMOL
**NEFOPAM**

NEFOPAM HYDROCHLORIDE 30mg TABLETS Y

**PARACETAMOL**

<table>
<thead>
<tr>
<th>Description</th>
<th>Code</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>PARACETAMOL 60mg SUPPOSITORIES</td>
<td>R</td>
<td>Paracetamol suppositories are considerably more expensive than oral and injectable preparations. The rectal route should only be used in patients with no oral/enteral route or absorption and in whom the provision of intravenous access is impossible or inappropriate. Medicines Effectiveness, June 2009.</td>
</tr>
<tr>
<td>PARACETAMOL 500mg TABLETS</td>
<td>R</td>
<td>For use in MDS (Nomad) boxes only. PPDU, November 2011.</td>
</tr>
<tr>
<td>PARACETAMOL 500mg TABLETS</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>PARACETAMOL 500mg SUPPOSITORIES</td>
<td>R</td>
<td>Paracetamol suppositories are considerably more expensive than oral and injectable preparations. The rectal route should only be used in patients with no oral/enteral route or absorption and in whom the provision of intravenous access is impossible or inappropriate. Medicines Effectiveness, June 2009.</td>
</tr>
<tr>
<td>PARACETAMOL 500mg IN 50ml INFUSION</td>
<td>R</td>
<td>For patients requiring pain relief but who have no reliable enteral route of administration. The infusion is considerably more expensive than oral preparations and owing to its 100% bioavailability there may be a higher risk of toxicity in organ impairment. Stop any inappropriate use as per recommended on the Therapeutic Substitution MIL. Medicines Effectiveness, June 2009.</td>
</tr>
</tbody>
</table>
PARACETAMOL 30mg SUPPOSITORIES R Paracetamol suppositories are considerably more expensive than oral and injectable preparations. The rectal route should only be used in patients with no oral/enteral route or absorption and in whom the provision of intravenous access is impossible or inappropriate. Medicines Effectiveness, June 2009.

PARACETAMOL 250mg/5ml LIQUID Y

PARACETAMOL 240mg SUPPOSITORIES R Paracetamol suppositories are considerably more expensive than oral and injectable preparations. The rectal route should only be used in patients with no oral/enteral route or absorption and in whom the provision of intravenous access is impossible or inappropriate. Medicines Effectiveness, June 2009.

PARACETAMOL 125mg SUPPOSITORIES R Paracetamol suppositories are considerably more expensive than oral and injectable preparations. The rectal route should only be used in patients with no oral/enteral route or absorption and in whom the provision of intravenous access is impossible or inappropriate. Medicines Effectiveness, June 2009.

PARACETAMOL 120mg/5ml LIQUID (sugar free) Y

PARACETAMOL 120mg SACHETS (12) R For Oxfordshire ambulance service only. Medicines Effectiveness, March 2013.

PARACETAMOL 1000mg IN 100ml INFUSION R For patients requiring pain relief but who have no reliable enteral route of administration. The infusion is considerably more expensive than oral preparations and owing to its 100% bioavailability there may be a higher risk of toxicity in organ impairment. Stop any inappropriate use as per recommended on the Therapeutic Substitution MIL. Medicines Effectiveness, June 2009.
<table>
<thead>
<tr>
<th>Medicine</th>
<th>Code</th>
<th>Description and Restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>PARACETAMOL 500mg TABLETS</td>
<td>R</td>
<td>For use in MDS (Nomad) boxes only. PPDU, November 2011.</td>
</tr>
<tr>
<td>PARACETAMOL SOLUBLE 500mg TABLETS</td>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>

**TRAMADOL**

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Code</th>
<th>Description and Restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRAMADOL 50mg DISPERSIBLE TABLETS</td>
<td>R</td>
<td>For patients with swallowing difficulties or feeding tubes only. Medicines Effectiveness, March 2013.</td>
</tr>
<tr>
<td>TRAMADOL 50mg CAPSULES</td>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>

**04.07.02 Opioid analgesics**

**BUPRENORPHINE**

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Code</th>
<th>Description and Restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUPRENORPHINE 52.5microgram/hour PATCHES</td>
<td>R</td>
<td>Restricted to use for pain relief in patients with renal impairment on recommendation of Palliative care or Pain team only. MMTC, April 2019</td>
</tr>
<tr>
<td>BUPRENORPHINE 20microgram/hour PATCHES (WEEKLY)</td>
<td>R</td>
<td>Restricted to use for pain relief in patients with renal impairment on recommendation of Palliative care or Pain team only. MMTC, April 2019</td>
</tr>
<tr>
<td>BUPRENORPHINE 5microgram/hour PATCHES (WEEKLY)</td>
<td>R</td>
<td>Restricted to use for pain relief in patients with renal impairment on recommendation of Palliative care or Pain team only. MMTC, April 2019</td>
</tr>
<tr>
<td>BUPRENORPHINE 70microgram/hour PATCH</td>
<td>R</td>
<td>Restricted to use for pain relief in patients with renal impairment on recommendation of Palliative care or Pain team only. MMTC, April 2019</td>
</tr>
<tr>
<td>BUPRENORPHINE 35microgram/hour PATCHES</td>
<td>R</td>
<td>Restricted to use for pain relief in patients with renal impairment on recommendation of Palliative care or Pain team only. MMTC, April 2019</td>
</tr>
<tr>
<td>BUPRENORPHINE 10microgram/hour PATCHES (WEEKLY)</td>
<td>R</td>
<td>Restricted to use for pain relief in patients with renal impairment on recommendation of Palliative care or Pain team only. MMTC, April 2019</td>
</tr>
</tbody>
</table>
**BUPRENORPHINE 200microgram SUBLINGUAL TABLETS**

R For continuation of treatment of opioid dependence only. Medicines Effectiveness, March 2010.

**CODEINE**

**CODEINE PHOSPHATE 15mg/5ml LIQUID S/F**

R For use when codeine 25mg in 5mL oral solution is unavailable in patients who require medication administration via enteral tubes. Medicines Effectiveness, January 2019

**CODEINE PHOSPHATE**

**CODEINE PHOSPHATE 30mg TABLETS**

Y

**CODEINE PHOSPHATE 5mg SUPPOSITORY**

Y

**CODEINE PHOSPHATE 30mg SUPPOSITORY**

R For NBM patients only. Medicines Effectiveness, March 2013.

**CODEINE PHOSPHATE 3mg SUPPOSITORY (1g mould size) (12)**

R For paediatric use only. Medicines Effectiveness, December 2003.

**CODEINE PHOSPHATE 15mg TABLETS**

Y

**CODEINE PHOSPHATE 25mg/5ml LIQUID**

Y

**DIAMORPHINE**

**DIAMORPHINE 460mg in SODIUM CHLORIDE 0.9% 250ml RESERVOIR (CADD-LEGACY PCA MODEL**

SR For patient S.A.E. (Haematology) only. Medicines Effectiveness, March 2013

**DIAMORPHINE 480mg IN SODIUM CHLORIDE 0.9% 250ml RESERVOIR (CADD-LEGACY PCA MODEL**

SR For patient S.A.E. (Haematology) only. Medicines Effectiveness, March 2013

**DIAMORPHINE 520mg IN SODIUM CHLORIDE 0.9% 250ml RESEVOIR (CADD-LEGACY PCA MODEL**

SR For patient S.A.E. (Haematology) only. Medicines Effectiveness, March 2013

**DIAMORPHINE 400mg IN SODIUM CHLORIDE 0.9% 250ml RESERVOIR (CADD-LEGACY PCA MODEL**


**DIAMORPHINE 650mg IN SODIUM CHLORIDE 0.9% 250ml RESERVOIR (CADD-LEGACY PCA MODEL**


**DIAMORPHINE 100mg INJECTION**

Y
<table>
<thead>
<tr>
<th>Drug Formulation</th>
<th>Quantity</th>
<th>Container</th>
<th>Model</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAMORPHINE 10mg INJECTION</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIAMORPHINE 190mg IN SODIUM CHLORIDE 0.9% SR</td>
<td>250ml</td>
<td>RESERVOIR</td>
<td>CADD-LEGACY PCA MODEL</td>
<td>For patient S.A.E. (Haematology) only. Medicines Effectiveness, March 2013.</td>
</tr>
<tr>
<td>DIAMORPHINE 210mg IN SODIUM CHLORIDE 0.9% SR</td>
<td>250ml</td>
<td>RESERVOIR</td>
<td>CADD-LEGACY PCA MODEL</td>
<td>For patient S.A.E. (Haematology) only. Medicines Effectiveness, March 2013.</td>
</tr>
<tr>
<td>DIAMORPHINE 600mg IN SODIUM CHLORIDE 0.9% SR</td>
<td>250ml</td>
<td>RESERVOIR</td>
<td>CADD-LEGACY PCA MODEL</td>
<td>For patient S.A.E. (Haematology) only. Medicines Effectiveness, March 2013.</td>
</tr>
<tr>
<td>DIAMORPHINE 5mg INJECTION</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIAMORPHINE 550mg IN SODIUM CHLORIDE 0.9% SR</td>
<td>250ml</td>
<td>RESERVOIR</td>
<td>CADD-LEGACY PCA MODEL</td>
<td>For patient S.A.E. (Haematology) only. Medicines Effectiveness, March 2013.</td>
</tr>
<tr>
<td>DIAMORPHINE 380mg IN SODIUM CHLORIDE 0.9% SR</td>
<td>250ml</td>
<td>RESERVOIR</td>
<td>CADD-LEGACY PCA MODEL</td>
<td>For patient S.A.E. (Haematology) only. Medicines Effectiveness, March 2013.</td>
</tr>
<tr>
<td>DIAMORPHINE 10mg TABLETS</td>
<td>NF</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIAMORPHINE 250mg IN SODIUM CHLORIDE 0.9% SR</td>
<td>250ml</td>
<td>RESERVOIR</td>
<td>CADD-LEGACY PCA MODEL</td>
<td>For patient S.A.E. (Haematology) only. Medicines Effectiveness, March 2013.</td>
</tr>
<tr>
<td>DIAMORPHINE 300mg IN SODIUM CHLORIDE 0.9% SR</td>
<td>250ml</td>
<td>RESERVOIR</td>
<td>CADD-LEGACY PCA MODEL</td>
<td>For patient S.A.E. (Haematology) only. Medicines Effectiveness, March 2013.</td>
</tr>
<tr>
<td>DIAMORPHINE 30mg INJECTION</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIAMORPHINE 500mg IN SODIUM CHLORIDE 0.9% SR</td>
<td>250ml</td>
<td>RESERVOIR</td>
<td>CADD-LEGACY PCA MODEL</td>
<td>For patient S.A.E. (Haematology) only. Medicines Effectiveness, March 2013.</td>
</tr>
<tr>
<td>DIAMORPHINE 450mg IN SODIUM CHLORIDE 0.9% SR</td>
<td>250ml</td>
<td>RESERVOIR</td>
<td>CADD-LEGACY PCA MODEL</td>
<td>For patient S.A.E. (Haematology) only. Medicines Effectiveness, March 2013.</td>
</tr>
<tr>
<td>DIAMORPHINE 500mg INJECTION</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIAMORPHINE 350mg IN SODIUM CHLORIDE 0.9% SR</td>
<td>250ml</td>
<td>RESERVOIR</td>
<td>CADD-LEGACY PCA MODEL</td>
<td>For patient S.A.E. (Haematology) only. Medicines Effectiveness, March 2013.</td>
</tr>
<tr>
<td>DIAMORPHINE 80mg IN SODIUM CHLORIDE 0.9% SR</td>
<td>250ml</td>
<td>RESERVOIR</td>
<td>CADD-LEGACY PCA MODEL</td>
<td>For patient S.A.E. (Haematology) only. Medicines Effectiveness, March 2013.</td>
</tr>
<tr>
<td>Medication &amp; Dosage</td>
<td>Administration</td>
<td>Notes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------</td>
<td>----------------</td>
<td>-------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIAMORPHINE 420mg IN SODIUM CHLORIDE 0.9%</td>
<td>SR 250ml RESERVOIR (CADD-LEGACY PCA MODEL)</td>
<td>For patient S.A.E. (Haematology) only. Medicines Effectiveness, March 2013.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIAMORPHINE 50mg IN SODIUM CHLORIDE 0.9%</td>
<td>SR 250ml RESERVOIR (CADD-LEGACY PCA MODEL)</td>
<td>For patient S.A.E. (Haematology) only. Medicines Effectiveness, March 2013.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIAMORPHINE 60mg IN SODIUM CHLORIDE 0.9%</td>
<td>SR 250ml RESERVOIR (CADD-LEGACY PCA MODEL)</td>
<td>For patient S.A.E. (Haematology) only. Medicines Effectiveness, March 2013.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIAMORPHINE 70mg IN SODIUM CHLORIDE 0.9%</td>
<td>UNR 250ml RESERVOIR (CADD-LEGACY PCA MODEL)</td>
<td>For patient S.A.E. (Haematology) only. Medicines Effectiveness, March 2013.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIAMORPHINE 720microgram/DOSE NASAL SPRAY</td>
<td>NF</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIAMORPHINE 200mg IN SODIUM CHLORIDE 0.9%</td>
<td>SR 250ml RESERVOIR (CADD-LEGACY PCA MODEL)</td>
<td>For patient S.A.E. (Haematology) only. Medicines Effectiveness, March 2013.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DICONAL**

**DICONAL TABLETS NF**

**DIHYDROCODEINE**

- DIHYDROCODEINE 60mg TABLETS M/R | NF |
- DIHYDROCODEINE 30mg TABLETS | Y |
- DIHYDROCODEINE 120mg TABLETS M/R | NF |

**FENTANYL**

- FENTANYL 50micrograms/DOSE NASAL SPRAY (10-DOSE) | R |
  For the treatment of acute pain in children in palliative care under the care of Helen House. It would be used in teenage patients receiving end of life care where oral morphine is too slow or not effective for breakthrough pain. MMTC, March 2018 |
- FENTANYL 400microgram SUBLINGUAL TABLETS | NF |
- FENTANYL 400microgram LOZENGES | R |
  For the management of breakthrough pain following recommendation by acute pain and palliative care consultants. Medicines Effectiveness, April 2017 |
<table>
<thead>
<tr>
<th>Product Description</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>FENTANYL 100 microgram/hour PATCHES (MATRIX)</td>
<td>R</td>
</tr>
<tr>
<td>Initiation on advice from the Acute or Chronic Pain Teams only. Medicines Effectiveness, March 2010.</td>
<td></td>
</tr>
<tr>
<td>FENTANYL 1200 microgram LOZENGE (3)</td>
<td>R</td>
</tr>
<tr>
<td>For the management of breakthrough pain following recommendation by acute pain and palliative care consultants. Medicines Effectiveness, April 2017</td>
<td></td>
</tr>
<tr>
<td>FENTANYL 12 microgram/hour PATCHES (MATRIX)</td>
<td>R</td>
</tr>
<tr>
<td>Initiation on advice from the Acute or Chronic Pain Teams only. Medicines Effectiveness, March 2010.</td>
<td></td>
</tr>
<tr>
<td>FENTANYL 1600 microgram LOZENGES</td>
<td>R</td>
</tr>
<tr>
<td>For the management of breakthrough pain following recommendation by acute pain and palliative care consultants. Medicines Effectiveness, April 2017</td>
<td></td>
</tr>
<tr>
<td>FENTANYL 200 microgram LOZENGES</td>
<td>R</td>
</tr>
<tr>
<td>For the management of breakthrough pain following recommendation by acute pain and palliative care consultants. Medicines Effectiveness, April 2017</td>
<td></td>
</tr>
<tr>
<td>FENTANYL 200 microgram LOZENGES (30)</td>
<td>R</td>
</tr>
<tr>
<td>For the management of breakthrough pain following recommendation by acute pain and palliative care consultants. Medicines Effectiveness, April 2017</td>
<td></td>
</tr>
<tr>
<td>FENTANYL 25 microgram/hour PATCHES (MATRIX)</td>
<td>R</td>
</tr>
<tr>
<td>Initiation on advice from the Acute or Chronic Pain Teams only. Medicines Effectiveness, March 2009.</td>
<td></td>
</tr>
<tr>
<td>FENTANYL 100 microgram SUBLINGUAL TABLETS</td>
<td>NF</td>
</tr>
<tr>
<td>FENTANYL 600 microgram LOZENGES (3)</td>
<td>R</td>
</tr>
<tr>
<td>For the management of breakthrough pain following recommendation by acute pain and palliative care consultants. Medicines Effectiveness, April 2017</td>
<td></td>
</tr>
<tr>
<td>FENTANYL 200 microgram SUBLINGUAL TABLETS</td>
<td>NF</td>
</tr>
<tr>
<td>FENTANYL 600 microgram SUBLINGUAL TABLETS</td>
<td>NF</td>
</tr>
<tr>
<td>Medicine</td>
<td>Formulation</td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td><strong>Fentanyl</strong></td>
<td></td>
</tr>
<tr>
<td>50 microgram/hour Patches (Matrix)</td>
<td>R</td>
</tr>
<tr>
<td>75 micrograms Patches (Matrix)</td>
<td>R</td>
</tr>
<tr>
<td>800 microgram Lozenges (3)</td>
<td>R</td>
</tr>
<tr>
<td>800 microgram Sublingual Tablets</td>
<td>NF</td>
</tr>
<tr>
<td>800 microgram Buccal Tablets</td>
<td>NF</td>
</tr>
<tr>
<td>400 microgram Lozenges (30)</td>
<td>R</td>
</tr>
<tr>
<td>600 microgram Buccal Tablets</td>
<td>NF</td>
</tr>
<tr>
<td>200 mcg Buccal Tablets</td>
<td>NF</td>
</tr>
<tr>
<td><strong>Hydromorphone</strong></td>
<td></td>
</tr>
<tr>
<td>2.6 mg Capsules</td>
<td>NF</td>
</tr>
<tr>
<td>8 mg Capsules M/R</td>
<td>NF</td>
</tr>
<tr>
<td>2 mg Capsules M/R</td>
<td>NF</td>
</tr>
<tr>
<td>24 mg Capsules M/R</td>
<td>NF</td>
</tr>
<tr>
<td>1.3 mg Capsules</td>
<td>NF</td>
</tr>
<tr>
<td>900 mg IN 45ml Intrathecal Injection</td>
<td>SNF</td>
</tr>
<tr>
<td>16 mg Capsules M/R</td>
<td>NF</td>
</tr>
<tr>
<td>4 mg Capsules MR</td>
<td>NF</td>
</tr>
<tr>
<td><strong>Meptazinol</strong></td>
<td></td>
</tr>
<tr>
<td>200 mg Tablets</td>
<td>Y</td>
</tr>
<tr>
<td>Medicine</td>
<td>Formulation</td>
</tr>
<tr>
<td>----------</td>
<td>-------------</td>
</tr>
<tr>
<td>MEPTAZINOL</td>
<td>100mg IN 1ml INJECTION</td>
</tr>
<tr>
<td>METHADONE</td>
<td>50mg IN 1ml INJECTION</td>
</tr>
<tr>
<td>METHADONE</td>
<td>5mg TABLETS</td>
</tr>
<tr>
<td>METHADONE</td>
<td>10mg IN 1ml INJECTION</td>
</tr>
<tr>
<td>MORPHINE</td>
<td>SULPHATE 100mg/5ml ORAL SOLUTION</td>
</tr>
<tr>
<td>MORPHINE</td>
<td>SULPHATE 100mg IN 50ml INJECTION</td>
</tr>
<tr>
<td>MORPHINE</td>
<td>SULPHATE 100mg TABLETS M/R</td>
</tr>
<tr>
<td>MORPHINE</td>
<td>SULPHATE 100mg CAPSULES M/R</td>
</tr>
<tr>
<td>MORPHINE</td>
<td>SULPHATE 100mg/5ml ORAL SOLUTION</td>
</tr>
<tr>
<td>MORPHINE</td>
<td>SULPHATE 5mg TABLETS M/R</td>
</tr>
<tr>
<td>MORPHINE</td>
<td>SULPHATE 60mg TABLETS M/R</td>
</tr>
<tr>
<td>MORPHINE</td>
<td>SULPHATE 60mg CAPSULES M/R</td>
</tr>
<tr>
<td>MORPHINE</td>
<td>SULPHATE 50mg TABLETS</td>
</tr>
<tr>
<td>MORPHINE</td>
<td>SULPHATE 90mg CAPSULES M/R</td>
</tr>
<tr>
<td>MORPHINE</td>
<td>SULPHATE 200mg CAPSULES M/R</td>
</tr>
<tr>
<td>MORPHINE</td>
<td>SULPHATE 200mg CAPSULES M/R (24hr NF PREP)</td>
</tr>
<tr>
<td>MORPHINE</td>
<td>SULPHATE 20mg SACHETS MR</td>
</tr>
<tr>
<td>MORPHINE</td>
<td>SULPHATE 60mg SACHETS M/R</td>
</tr>
<tr>
<td>MORPHINE</td>
<td>SULPHATE 20mg TABLETS</td>
</tr>
</tbody>
</table>

For patients with swallowing difficulties or where capsules are specified. Medicines Effectiveness, May 2005.

For patients with swallowing difficulties. Medicines Effectiveness, June 2005.

For patients with swallowing difficulties. Medicines Effectiveness, June 2005.
MORPHINE SULPHATE 30mg CAPSULES M/R R For patients with swallowing difficulties. Medicines Effectiveness, June 2005.

MORPHINE SULPHATE 30mg CAPSULES M/R NF

MORPHINE SULPHATE 30mg in 1ml INJECTION Y

MORPHINE SULPHATE 30mg SUPPOSITORIES Y

MORPHINE SULPHATE 30mg TABLETS M/R Y

MORPHINE SULPHATE 50mg IN 50ml IV INFUSION Y (vials)

MORPHINE SULPHATE 60mg IN 2ml INJECTION Y

MORPHINE SULPHATE 10mg CAPSULES M/R R For patients with swallowing difficulties or where capsules are specified. Medicines Effectiveness, May 2005.

MORPHINE SULPHATE 10mg IN 1ml INJECTION Y

MORPHINE SULPHATE 10mg SUPPOSITORIES Y

MORPHINE SULPHATE 10mg TABLETS Y (SEVREDOL)

MORPHINE SULPHATE 10mg TABLETS M/R Y

MORPHINE SULPHATE 10mg/5ml ORAL SOLUTION Y

MORPHINE SULPHATE 10mg/5ml ORAL SOLUTION Y

MORPHINE SULPHATE 15mg SUPPOSITORIES Y

MORPHINE SULPHATE 1mg IN 1ml INJECTION Y

MORPHINE SULPHATE 15mg TABLETS M/R Y

MORPHINE + CLONIDINE

MORPHINE 500mg and CLONIDINE 12.5mg SNF INTRATHECAL PRE-FILLED SYRINGE 25ml

MORPHINE 500mg and CLONIDINE 15mg SNF INTRATHECAL PRE-FILLED SYRINGE 25ml

OXYCODONE

OXYCODONE 40mg TABLETS M/R R For patients allergic or who cannot tolerate morphine. Medicines Effectiveness, March 2013.
<table>
<thead>
<tr>
<th>Product Description</th>
<th>Code</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>OXYCODONE 50mg/5ml CONCENTRATE LIQUID</td>
<td>R</td>
<td>For patients allergic or who cannot tolerate morphine. Medicines Effectiveness, March 2013.</td>
</tr>
<tr>
<td>OXYCODONE 50mg/ml INJECTION</td>
<td>R</td>
<td>For high-dose syringe drivers in Sobell House ONLY for patients allergic or who cannot tolerate morphine. It should not be used for outliers in any other clinical areas. MAC, April 2012</td>
</tr>
<tr>
<td>OXYCODONE 5mg CAPSULES (OXYNORM)</td>
<td>R</td>
<td>For patients allergic or who cannot tolerate morphine. Medicines Effectiveness, March 2013.</td>
</tr>
<tr>
<td>OXYCODONE 5mg/5ml LIQUID</td>
<td>R</td>
<td>For patients allergic or who cannot tolerate morphine and have swallowing difficulties. Medicines Effectiveness, March 2013</td>
</tr>
<tr>
<td>OXYCODONE 5mg TABLETS M/R</td>
<td>R</td>
<td>For patients allergic or who cannot tolerate morphine. Medicines Effectiveness, March 2013.</td>
</tr>
<tr>
<td>OXYCODONE 80mg TABLETS M/R</td>
<td>R</td>
<td>For patients allergic or who cannot tolerate morphine. Medicines Effectiveness, March 2013.</td>
</tr>
<tr>
<td>OXYCODONE 20mg TABLETS M/R</td>
<td>R</td>
<td>For patients allergic or who cannot tolerate morphine. Medicines Effectiveness, March 2013.</td>
</tr>
<tr>
<td>OXYCODONE 10mg CAPSULES (OXYNORM)</td>
<td>R</td>
<td>For patients allergic or who cannot tolerate morphine. Medicines Effectiveness, March 2013.</td>
</tr>
<tr>
<td>OXYCODONE 10mg TABLETS M/R</td>
<td>R</td>
<td>For patients allergic or who cannot tolerate morphine. Medicines Effectiveness, March 2013.</td>
</tr>
<tr>
<td>OXYCODONE 20mg CAPSULES (OXYNORM)</td>
<td>R</td>
<td>For patients allergic or who cannot tolerate morphine. Medicines Effectiveness, March 2013.</td>
</tr>
</tbody>
</table>
OXYCODONE 20mg in 2ml INJECTION  R  For patients allergic or who cannot tolerate morphine. Medicines Effectiveness, March 2013.

**OXYCODONE + NALOXONE**

OXYCODONE/NALOXONE 10mg/5mg TABLETS M/R  NF

OXYCODONE/NALOXONE 20mg/10mg TABLETS  M/R  NF

**PENTAZOCINE**

PENTAZOCINE 50mg CAPSULES  Y

**TAPENTADOL**

TAPENTADOL 100mg M/R TABLETS  NF

TAPENTADOL 50mg TABLETS  NF

TAPENTADOL 50mg M/R TABLETS  NF

**TRAMADOL**

TRAMADOL 100mg TABLETS M/R  R  For use by NOC only. For post-operative pain only. Medicines Effectiveness, April 2004.

TRAMADOL 150mg CAPSULES M/R  R  For use by NOC only. For post-operative pain only. Medicines Effectiveness, April 2004.

TRAMADOL 100mg in 2ml INJECTION  R  For use by NOC only. For post-operative pain only. Medicines Effectiveness, April 2004.

04.07.04  Antimigraine drugs

**CLONIDINE**

CLONIDINE 25microgram TABLETS  Y

**MIGRALEVE**

MIGRALEVE (PINK PACK) TABLETS  Y

**PIZOTIFEN**

PIZOTIFEN 1.5mg TABLETS  Y

PIZOTIFEN 500microgram TABLETS  Y

**RIZATRIPTAN**

RIZATRIPTAN 10mg MELTS  Y
RIZATRIPTAN 10mg ORODISPERSIBLE TABLETS Y

**SUMATRIPTAN**

- SUMATRIPTAN 100mg TABLETS NF
- SUMATRIPTAN 6mg IN 0.5ml PRE FILLED SYRINGE Y (Pack of 2 syringes)
- SUMATRIPTAN 50mg TABLETS NF
- SUMATRIPTAN 20mg/0.1ml NASAL SPRAY NF
- SUMATRIPTAN 10mg/0.1ml NASAL SPRAY NF

**ZOLMITRIPTAN**

- ZOLMITRIPTAN 2.5mg TABLETS NF

04.08 Antiepileptic drugs

**DIAZEPAM**

- DIAZEPAM 2.5mg RECTAL TUBES Y

**GABAPENTIN**

- GABAPENTIN 100mg CAPSULES R For use by Neurology, pain relief and palliative care only. Medicines Effectiveness, March 2003.

- GABAPENTIN 250mg/5ml ORAL SOLUTION R For treatment of epilepsy: in paediatric patients and adults who are unsuitable for capsules or have an enteral tube in situ. Medicines Effectiveness, December 2019

- GABAPENTIN 300mg CAPSULES R For use by Neurology, pain relief and palliative care only. Medicines Effectiveness, March 2003.

**LAMOTRIGINE**

- LAMOTRIGINE 5mg DISPERSIBLE TABLETS Y

**MIDAZOLAM**

- MIDAZOLAM 100mg IN 50ml PRE- FILLED SYRINGE R For use in Critical Care Areas only during COVID-19. CTG March 2020

**PHENYTOIN**
<table>
<thead>
<tr>
<th>Medicine</th>
<th>Formulation</th>
<th>Code</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHENYTOIN 30mg/5ml SUSPENSION</td>
<td>UNR</td>
<td></td>
<td>To be used in place of the licensed product during supply problem only. Medicines Effectiveness August 2019</td>
</tr>
<tr>
<td>PHENYTOIN 30mg/5ml LIQUID</td>
<td>UNR</td>
<td></td>
<td>To be used in place of the licensed product during supply problem only. Medicines Effectiveness August 2019</td>
</tr>
</tbody>
</table>

**PREGABALIN**

PREGABALIN 150mg CAPSULES R For adjunctive treatment of epilepsy. Initiation by Consultant Neurologist only. For neuropathic Pain following the advice form the Pain Relief Unit. Medicines Effectiveness, August 2009.

**TOPIRAMATE**

TOPIRAMATE 25mg SPRINKLE PREP CAPSULES Y

04.08.01 Control of epilepsy

**BRIVARACETAM**

BRIVARACETAM 50mg/5ml LIQUID 300ml NF

**ESLICARB AZEPINE**

ESLICARB AZEPINE 250mg/5ml LIQUID R

**LAMOTRIGINE**

LAMOTRIGINE 50mg TABLETS Y

**SODIUM VALPROATE**

SODIUM VALPROATE 500mg TABLETS M/R (CHRONO) R Restricted for initiation of treatment for: Bipolar disorder by psychological medicine; Epilepsy by neurologist or paediatric medicine. If female under 55 years, may only be on advice of Consultant Neurologist for epilepsy (not paediatric medicine) or consultant in psychological medicine. MMTC, December 2018
SODIUM VALPROATE 200mg TABLETS M/R (CHRONO)

Restricted for initiation of treatment for: Bipolar disorder by psychological medicine; Epilepsy by neurologist or paediatric medicine. If female under 55 years, may only be on advice of Consultant Neurologist for epilepsy (not paediatric medicine) or consultant in psychological medicine. MMTC, December 2018

SODIUM VALPROATE 500mg TABLETS E.C

Restricted for initiation of treatment for: Bipolar disorder by psychological medicine; Epilepsy by neurologist or paediatric medicine. If female under 55 years, may only be on advice of Consultant Neurologist for epilepsy (not paediatric medicine) or consultant in psychological medicine. MMTC, December 2018

SODIUM VALPROATE 100mg CRUSHABLE TABLETS

Restricted for initiation of treatment for: Bipolar disorder by psychological medicine; Epilepsy by neurologist or paediatric medicine. If female under 55 years, may only be on advice of Consultant Neurologist for epilepsy (not paediatric medicine) or consultant in psychological medicine. MMTC, December 2018

SODIUM VALPROATE 200mg TABLETS E.C

Restricted for initiation of treatment for: Bipolar disorder by psychological medicine; Epilepsy by neurologist or paediatric medicine. If female under 55 years, may only be on advice of Consultant Neurologist for epilepsy (not paediatric medicine) or consultant in psychological medicine. MMTC, December 2018

04.08.01 Control of the epilepsies

CARBAMAZEPINE

CARBAMAZEPINE 400mg TABLETS M/R  Y

CARBAMAZEPINE 400mg TABLETS  Y

CARBAMAZEPINE 100mg/5ml LIQUID  Y
<table>
<thead>
<tr>
<th>Medicine</th>
<th>Formulation</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CARBAMAZEPINE</strong></td>
<td>100mg TABLETS</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>200mg TABLETS</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>200mg TABLETS M/R</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>250mg SUPPOSITORIES R</td>
<td>R</td>
</tr>
<tr>
<td></td>
<td>125mg SUPPOSITORIES R</td>
<td>R</td>
</tr>
<tr>
<td><strong>CLOBAZAM</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLOBAZAM 10mg TABLETS</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>CLOBAZAM 10mg/5ml LIQUID</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td><strong>CLONAZEPAM</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLONAZEPAM 500microgram TABLETS</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>CLONAZEPAM 2mg TABLETS</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>CLONAZEPAM 500microgram/5ml LIQUID</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td><strong>DIAZEPAM</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIAZEPAM 5mg RECTAL TUBES</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td><strong>ESLICARBAZEPINE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ESLICARBAZEPINE 800mg TABLETS</td>
<td>R</td>
<td>For adjunctive treatment in adults as a 3rd line treatment those who have failed treatment with at least 3 drugs. MMTC, December</td>
</tr>
<tr>
<td><strong>ETHOSUXIMIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ETHOSUXIMIDE 250mg CAPSULES</td>
<td>R</td>
<td>For initiation by Neurology only. Medicines Effectiveness, August 2001.</td>
</tr>
<tr>
<td>ETHOSUXIMIDE 250mg/5ml LIQUID</td>
<td>R</td>
<td>For initiation by Neurology only. Medicines Effectiveness, August 2001.</td>
</tr>
<tr>
<td><strong>GABAPENTIN</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medication</td>
<td>Formulation</td>
<td>Code</td>
</tr>
<tr>
<td>----------------------------</td>
<td>--------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td><strong>GABAPENTIN</strong></td>
<td>400mg CAPSULES</td>
<td>R</td>
</tr>
<tr>
<td><strong>LACOSAMIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LACOSAMIDE 10mg/ml SYRUP</td>
<td>R</td>
<td></td>
</tr>
<tr>
<td>LACOSAMIDE 200mg TABLETS F/C</td>
<td>R</td>
<td></td>
</tr>
<tr>
<td>LACOSAMIDE 50mg TABLET F/C</td>
<td>R</td>
<td></td>
</tr>
<tr>
<td>LACOSAMIDE 100mg TABLETS F/C</td>
<td>R</td>
<td></td>
</tr>
<tr>
<td>LACOSAMIDE 200mg in 20ml INJECTION</td>
<td>R</td>
<td></td>
</tr>
<tr>
<td><strong>LAMOTRIGINE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LAMOTRIGINE 25MG TABLETS</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>LAMOTRIGINE 25mg DISPERSIBLE TABLETS</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>LAMOTRIGINE 25mg TABLETS</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>LAMOTRIGINE 100mg TABLETS</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>LAMOTRIGINE 100mg DISPERSIBLE TABLETS</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>LAMOTRIGINE 200mg TABLETS</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td><strong>LEVETIRACETAM</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEVETIRACETAM 250mg TABLETS</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>LEVETIRACETAM 500mg/5ml LIQUID</td>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>

November 2017
LEVETIRACETAM 500mg in 5ml INFUSION R Initiation by a Consultant Neurologist and for patients who are unable to take/absorb their current oral levetiracetam therapy. Medicines Effectiveness, 2007.

LEVETIRACETAM 1g TABLETS Y

LEVETIRACETAM 500mg TABLETS Y

OXCARBAZEPINE

OXCARBAZEPINE 300mg TABLETS R To be initiated by Consultant Neurologists only. Medicines Effectiveness, March 2013.

OXCARBAZEPINE 150mg TABLETS R To be initiated by Consultant Neurologists only. Medicines Effectiveness, March 2013.

OXCARBAZEPINE 300mg/5ml LIQUID R To be initiated by Consultant Neurologists only. For patients with swallowing difficulties or feeding tubes only. Medicines Effectiveness, March 2013.

PERAMPANEL

PERAMPANEL 10mg TABLETS R For initiation by epileptologists only as adjunctive therapy in the treatment of partial-onset seizures, with or without secondary generalisation, in patients with epilepsy aged 12 years and older. MMTC, March 2013

PERAMPANEL 4mg TABLETS R For initiation by epileptologists only as adjunctive therapy in the treatment of partial-onset seizures, with or without secondary generalisation, in patients with epilepsy aged 12 years and older. MMTC, March 2013

PERAMPANEL 2mg TABLETS R For initiation by epileptologists only as adjunctive therapy in the treatment of partial-onset seizures, with or without secondary generalisation, in patients with epilepsy aged 12 years and older. MMTC, March 2013
<table>
<thead>
<tr>
<th>Product Description</th>
<th>Strength</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERAM PANEL 8mg TABLETS</td>
<td>R</td>
<td>For initiation by epileptologists only as adjunctive therapy in the treatment of partial-onset seizures, with or without secondary generalisation, in patients with epilepsy aged 12 years and older. MMTC, March 2013.</td>
</tr>
<tr>
<td>PERAM PANEL 6mg TABLETS</td>
<td>R</td>
<td>For initiation by epileptologists only as adjunctive therapy in the treatment of partial-onset seizures, with or without secondary generalisation, in patients with epilepsy aged 12 years and older. MMTC, March 2013.</td>
</tr>
<tr>
<td>PERAM PANEL 12mg TABLETS</td>
<td>R</td>
<td>For initiation by epileptologists only as adjunctive therapy in the treatment of partial-onset seizures, with or without secondary generalisation, in patients with epilepsy aged 12 years and older. MMTC, March 2013.</td>
</tr>
</tbody>
</table>

**PHENOBARBITAL**

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Strength</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHENOBARBITAL SODIUM 60mg IN 1ml INJECTION</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>PHENOBARBITAL 15mg/5ml LIQUID (ALCOHOL FREE) 100ml</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>PHENOBARBITAL 30mg TABLETS</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>PHENOBARBITAL BASE 50mg/5ml LIQUID (ALCOHOL FREE) 50ml</td>
<td>SR</td>
<td>For paediatric use only. Medicines Effectiveness, March 2013.</td>
</tr>
<tr>
<td>PHENOBARBITAL 15mg TABLETS</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>PHENOBARBITAL SODIUM 200mg IN 1ml INJECTION</td>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>

**PHENYTOIN**

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Strength</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHENYTOIN SODIUM 100mg CAPSULES</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>PHENYTOIN SODIUM 300mg CAPSULES</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>PHENYTOIN SODIUM 50mg CAPSULES</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>PHENYTOIN 30mg/5ml LIQUID</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>PHENYTOIN SODIUM 25mg CAPSULES</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Product</td>
<td>Availability</td>
<td>Notes</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
<td>---------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>PHENYTOIN 250mg in 5ml INJECTION</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Product Description</td>
<td>Regimen</td>
<td>Description</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------------</td>
<td>---------</td>
<td>-------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>RUFINAMIDE 100mg TABLETS</td>
<td>R</td>
<td>For use in Lennox-Gastaut Syndrome in children who do not respond to other treatment. MAC, September 2008.</td>
</tr>
<tr>
<td>RUFINAMIDE 400mg TABLETS</td>
<td>R</td>
<td>For use in Lennox-Gastaut Syndrome in children who do not respond to other treatment. MAC, September 2008.</td>
</tr>
<tr>
<td>RUFINAMIDE 40mg IN 1ml ORAL SUSPENSION 460ml</td>
<td>R</td>
<td>For use in Lennox-Gastaut Syndrome in children who do not respond to other treatment. MAC, September 2008.</td>
</tr>
</tbody>
</table>

**SODIUM VALPROATE**

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Regimen</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>SODIUM VALPROATE 300mg IN 3ml INJECTION</td>
<td>R</td>
<td>Restricted for initiation of treatment for: Bipolar disorder by psychological medicine; Epilepsy by neurologist or paediatric medicine. If female under 55 years, may only be on advice of Consultant Neurologist for epilepsy (not paediatric medicine) or consultant in psychological medicine. MMTC, December 2018</td>
</tr>
<tr>
<td>SODIUM VALPROATE 500mg TABLETS E.C</td>
<td>R</td>
<td>Restricted for initiation of treatment for: Bipolar disorder by psychological medicine; Epilepsy by neurologist or paediatric medicine. If female under 55 years, may only be on advice of Consultant Neurologist for epilepsy (not paediatric medicine) or consultant in psychological medicine. MMTC, December 2018</td>
</tr>
<tr>
<td>SODIUM VALPROATE 200mg/5ml LIQUID Sugar Free</td>
<td>R</td>
<td>Restricted for initiation of treatment for: Bipolar disorder by psychological medicine; Epilepsy by neurologist or paediatric medicine. If female under 55 years, may only be on advice of Consultant Neurologist for epilepsy (not paediatric medicine) or consultant in psychological medicine. MMTC, December 2018</td>
</tr>
<tr>
<td>Medicine</td>
<td>Formulation</td>
<td>Code</td>
</tr>
<tr>
<td>------------------------------</td>
<td>------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>SODIUM VALPROATE 250mg GRANULES M/R</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>SODIUM VALPROATE 500mg GRANULES M/R</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>SODIUM VALPROATE 200mg TABLETS M/R (CHRONO)</td>
<td>R</td>
<td></td>
</tr>
<tr>
<td>SODIUM VALPROATE 100mg GRANULES M/R</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>SODIUM VALPROATE 1g GRANULES M/R</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>SODIUM VALPROATE 150mg SR CAPSULES</td>
<td>NF</td>
<td></td>
</tr>
</tbody>
</table>

**STIRIPENTOL**

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Formulation</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>STIRIPENTOL 250mg SACHETS</td>
<td>R</td>
<td></td>
</tr>
<tr>
<td>STIRIPENTOL 500mg CAPSULES</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>STIRIPENTOL 250mg CAPSULES</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>STIRIPENTOL 500mg SACHETS</td>
<td>R</td>
<td></td>
</tr>
</tbody>
</table>

**TIAGABINE**

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Formulation</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>TIAGABINE 5mg TABLETS</td>
<td>R</td>
<td></td>
</tr>
</tbody>
</table>

**TOPIRAMATE**

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Formulation</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOPIRAMATE 100mg TABLETS</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>TOPIRAMATE 15mg SPRINKLE PREP CAPSULES</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>TOPIRAMATE 50mg TABLETS</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>TOPIRAMATE 25mg TABLETS</td>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>

**VIGABATRIN**

Restricted for initiation of treatment for: Bipolar disorder by psychological medicine; Epilepsy by neurologist or paediatric medicine. If female under 55 years, may only be on advice of Consultant Neurologist for epilepsy (not paediatric medicine) or consultant in psychological medicine. MMTC, December 2018

For initiation by Consultant Neurologists only. Medicines Effectiveness, March 2008.

For use by Consultant Neurologists only. Medicines Effectiveness, December 2003.
<table>
<thead>
<tr>
<th>Drug</th>
<th>Formulation</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>VIGABATRIN 500mg</td>
<td>TABLETS</td>
<td>Y</td>
</tr>
<tr>
<td>VIGABATRIN 500mg</td>
<td>SACHETS</td>
<td>Y</td>
</tr>
<tr>
<td><strong>ZONISAMIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ZONISAMIDE 50mg</td>
<td>CAPSULES</td>
<td>R</td>
</tr>
<tr>
<td></td>
<td>To be initiated by Consultant</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Neurologists only. Medicines</td>
<td></td>
</tr>
<tr>
<td>ZONISAMIDE 100mg</td>
<td>CAPSULES</td>
<td>R</td>
</tr>
<tr>
<td></td>
<td>To be initiated by Consultant</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Neurologists only. Medicines</td>
<td></td>
</tr>
<tr>
<td>ZONISAMIDE 25mg</td>
<td>CAPSULES</td>
<td>R</td>
</tr>
<tr>
<td></td>
<td>To be initiated by Consultant</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Neurologists only. Medicines</td>
<td></td>
</tr>
</tbody>
</table>

**04.08.02**  
*Drugs used in status epilepticus*

**CLONAZEPAM**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Formulation</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLONAZEPAM 1mg IN 1ml</td>
<td>INJECTION</td>
<td>UNR</td>
</tr>
<tr>
<td>(UNLICENSED FRENCH IMPORT)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>For use by Paediatric-Neurology,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Neonatology and PITU to control</td>
<td></td>
</tr>
<tr>
<td></td>
<td>seizures when other treatments</td>
<td></td>
</tr>
<tr>
<td></td>
<td>failed (e.g. Phenobarbiati,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Phenytoin). Medicines</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Effectiveness, December 2013</td>
<td></td>
</tr>
<tr>
<td>CLONAZEPAM 1mg IN 1ml</td>
<td>INJECTION</td>
<td>UNR</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>For use by Paediatric-Neurology,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Neonatology and PITU to control</td>
<td></td>
</tr>
<tr>
<td></td>
<td>seizures when other treatments</td>
<td></td>
</tr>
<tr>
<td></td>
<td>failed (e.g. Phenobarbiati,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Phenytoin). Medicines</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Effectiveness, December 2013</td>
<td></td>
</tr>
</tbody>
</table>

**MIDAZOLAM**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Formulation</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>MIDAZOLAM 10mg in 2ml</td>
<td>PRE-FILLED BUCCAL SYRINGE</td>
<td>R</td>
</tr>
<tr>
<td></td>
<td>For treatment of epileptic fits in</td>
<td></td>
</tr>
<tr>
<td></td>
<td>children and for oral sedation in</td>
<td></td>
</tr>
<tr>
<td></td>
<td>children undergoing stressful</td>
<td></td>
</tr>
<tr>
<td></td>
<td>procedures or as a pre-med.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>MMTC, December 2016</td>
<td></td>
</tr>
<tr>
<td>MIDAZOLAM 2.5mg in 0.5ml</td>
<td>PRE-FILLED BUCCAL SYRINGE</td>
<td>R</td>
</tr>
<tr>
<td></td>
<td>For treatment of epileptic fits in</td>
<td></td>
</tr>
<tr>
<td></td>
<td>children and for oral sedation in</td>
<td></td>
</tr>
<tr>
<td></td>
<td>children undergoing stressful</td>
<td></td>
</tr>
<tr>
<td></td>
<td>procedures or as a pre-med.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>MMTC, December 2016</td>
<td></td>
</tr>
<tr>
<td>MIDAZOLAM 5mg in 1ml</td>
<td>PRE-FILLED BUCCAL SYRINGE</td>
<td>R</td>
</tr>
<tr>
<td></td>
<td>For treatment of epileptic fits in</td>
<td></td>
</tr>
<tr>
<td></td>
<td>children and for oral sedation in</td>
<td></td>
</tr>
<tr>
<td></td>
<td>children undergoing stressful</td>
<td></td>
</tr>
<tr>
<td></td>
<td>procedures or as a pre-med.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>MMTC, December 2016</td>
<td></td>
</tr>
</tbody>
</table>
MIDAZOLAM 7.5mg in 1.5ml PRE-FILLED BUCCAL SYRINGE R For treatment of epileptic fits in children and for oral sedation in children undergoing stressful procedures or as a pre-med. MMTC, December 2016

PARALDEHYDE
PARALDEHYDE AND OLIVE OIL ENEMA 30ml Y

04.08 Antiepileptic drugs

04.08.01 Control of epilepsy

SODIUM VALPROATE
SODIUM VALPROATE 300mg TABLETS M/R (CHRONO) R Restricted for initiation of treatment for: Bipolar disorder by psychological medicine; Epilepsy by neurologist or paediatric medicine. If female under 55 years, may only be on advice of Consultant Neurologist for epilepsy (not paediatric medicine) or consultant in psychological medicine. MMTC, December 2018

BRIVARACETAM
BRIVARACETAM 50mg TABLETS R For the treatment of drug resistant partial onset seizures (3rd line option). For initiation by neurologists only. MMTC, January 2017

BRIVARACETAM 100mg TABLETS R For the treatment of drug resistant partial onset seizures (3rd line option). For initiation by neurologists only. MMTC, January 2017

04.09 Drugs used in parkinsonism and related disorders

OPICAPONE
OPICAPONE 50mg CAPSULES NF

04.09.01 Dopaminergic drugs

ROPINIROLE
<table>
<thead>
<tr>
<th>Drug</th>
<th>Formulation</th>
<th>Availability</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROPINIROLE 2mg TABLETS</td>
<td>R</td>
<td></td>
<td>For initiation by a Consultant Neurologist only for the treatment of severe and persistent symptoms of Restless Leg Syndrome (RLS) and Periodic Leg Movements During Sleep (PLMS) as per APCO Shared Care Protocol and Parkinson’s Disease MAC, April 2009.</td>
</tr>
<tr>
<td>04.09.01 Dopaminergic drugs used in Parkinson’s disease</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**AMANTADINE**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Formulation</th>
<th>Availability</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMANTADINE 50mg/5ml LIQUID</td>
<td>R</td>
<td></td>
<td>For Parkinson’s Disease only in patients unable to use capsules. Medicines Effectiveness, January 2015.</td>
</tr>
<tr>
<td>AMANTADINE 100mg CAPSULES</td>
<td>R</td>
<td></td>
<td>For Parkinson’s Disease only. Medicines Effectiveness, January 2015.</td>
</tr>
</tbody>
</table>

**APOMORPHINE**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Formulation</th>
<th>Availability</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>APOMORPHINE 30mg in 3ml PEN (FREE STARTER PACK)</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>APOMORPHINE 30mg IN 3ml PEN</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>APOMORPHINE 2mg TABLETS</td>
<td>NF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>APOMORPHINE 50mg in 10ml PRE-FILLED SYRINGE</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>APOMORPHINE 50mg in 5ml INJECTION</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CABERGOLINE**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Formulation</th>
<th>Availability</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>CABERGOLINE 2mg TABLETS (20)</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CABERGOLINE 1mg TABLETS (20)</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CO-BENELDOPA**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Formulation</th>
<th>Availability</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>CO-BENELDOPA 12.5/50 CAPSULES (MADOPAR 62.5)</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CO-BENELDOPA 25/100 CAPSULES M/R (MADOPAR CR)</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CO-BENELDOPA 25/100 TABLETS DISPERSIBLE (MADOPAR 125)</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CO-BENELDOPA 50/200mg CAPSULES (MADOPAR 250)</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CO-BENELDOPA 12.5/50 TABLETS DISPERSIBLE (MADOPAR 62.5)</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CO-BENELDOPA 25/100 CAPSULES (MADOPAR 125)</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### CO-CARELDOPA

<table>
<thead>
<tr>
<th>Description</th>
<th>Y</th>
</tr>
</thead>
<tbody>
<tr>
<td>CO-CARELDOPA 25/100mg TABLETS</td>
<td></td>
</tr>
<tr>
<td>CO-CARELDOPA 25/250mg TABLETS</td>
<td></td>
</tr>
<tr>
<td>CO-CARELDOPA 25mg/100mg TABLETS M/R</td>
<td></td>
</tr>
<tr>
<td>CO-CARELDOPA 10/100mg TABLETS</td>
<td></td>
</tr>
<tr>
<td>CO-CARELDOPA 50/200mg TABLETS M/R</td>
<td></td>
</tr>
<tr>
<td>CO-CARELDOPA 12.5/50mg TABLETS (SINEMET 62.5)</td>
<td></td>
</tr>
</tbody>
</table>

### ENTACAPONE

<table>
<thead>
<tr>
<th>Description</th>
<th>Y</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENTACAPONE 200mg TABLETS</td>
<td></td>
</tr>
</tbody>
</table>

### LEVODOPA

<table>
<thead>
<tr>
<th>Description</th>
<th>NF</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEVODOPA 175MG / CARBIDOPA 43.75MG / ENTACAPONE 200MG TABLETS</td>
<td></td>
</tr>
<tr>
<td>LEVODOPA 75mg CARBIDOPA 18.75mg ENTACAPONE 200mg TABLETS</td>
<td></td>
</tr>
</tbody>
</table>

### LEVODOPA + CARBIDOPA + ENTACAPONE

<table>
<thead>
<tr>
<th>Description</th>
<th>NF</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEVODOPA 100mg CARBIDOPA 25mg ENTACAPONE 200mg TABLETS</td>
<td></td>
</tr>
<tr>
<td>LEVODOPA 125mg CARBIDOPA 31.25mg ENTACAPONE 200mg TABLETS</td>
<td></td>
</tr>
<tr>
<td>LEVODOPA 150mg CARBIDOPA 37.5mg ENTACAPONE 200mg TABLETS</td>
<td></td>
</tr>
<tr>
<td>LEVODOPA 200mg CARBIDOPA 50mg ENTACAPONE 200mg TABLETS</td>
<td></td>
</tr>
<tr>
<td>LEVODOPA 50mg CARBIDOPA 12.5mg ENTACAPONE 200mg TABLETS</td>
<td></td>
</tr>
</tbody>
</table>

### PERGOLIDE

<table>
<thead>
<tr>
<th>Description</th>
<th>Y</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERGOLIDE 250microgram TABLETS</td>
<td></td>
</tr>
<tr>
<td>PERGOLIDE 50microgram TABLETS</td>
<td></td>
</tr>
<tr>
<td>PERGOLIDE 1mg TABLETS</td>
<td></td>
</tr>
</tbody>
</table>

### PRAMIPEXOLE


<table>
<thead>
<tr>
<th>Product Description</th>
<th>Administration</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRAMIPEXOLE 700microgram TABLETS</td>
<td>R</td>
<td>For initiation by a Consultant Neurologist only. - Treatment of severe and persistent symptoms of Restless Leg Syndrome (RLS) and Periodic Leg Movements During Sleep (PLMS) as per APCO Shared Care Protocol. - Parkinson’s Disease MAC, April 2009.</td>
</tr>
<tr>
<td>PRAMIPEXOLE 1.57mg M/R TABLETS</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>PRAMIPEXOLE 520microgram TABLETS M/R</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>PRAMIPEXOLE 3.15mg TABLETS M/R</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>PRAMIPEXOLE 260micrograms M/R TABLETS</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>PRAMIPEXOLE 180microgram TABLETS</td>
<td>R</td>
<td>For initiation by a Consultant Neurologist only. - Treatment of severe and persistent symptoms of Restless Leg Syndrome (RLS) and Periodic Leg Movements During Sleep (PLMS) as per APCO Shared Care Protocol. - Parkinson’s Disease MAC, April 2009.</td>
</tr>
<tr>
<td>PRAMIPEXOLE 1.05mg M/R TABLETS</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>PRAMIPEXOLE 350microgam TABLETS</td>
<td>R</td>
<td>For initiation by a Consultant Neurologist only. - Treatment of severe and persistent symptoms of Restless Leg Syndrome (RLS) and Periodic Leg Movements During Sleep (PLMS) as per APCO Shared Care Protocol. - Parkinson’s Disease MAC, April 2009.</td>
</tr>
<tr>
<td>PRAMIPEXOLE 88microgram TABLETS</td>
<td>R</td>
<td>For initiation by a Consultant Neurologist only. - Treatment of severe and persistent symptoms of Restless Leg Syndrome (RLS) and Periodic Leg Movements During Sleep (PLMS) as per APCO Shared Care Protocol. - Parkinson’s Disease MAC, April 2009.</td>
</tr>
<tr>
<td>PRAMIPEXOLE 2.62mg TABLETS M/R</td>
<td>NF</td>
<td></td>
</tr>
</tbody>
</table>

**RASAGILINE**
<table>
<thead>
<tr>
<th>Medicine</th>
<th>Strength</th>
<th>Code</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RASAGILINE 1mg TABLETS</strong></td>
<td>R</td>
<td></td>
<td>Second line to selegiline for Parkinson’s Disease. Specialist initiation only. MMTC, September 2013.</td>
</tr>
<tr>
<td><strong>ROPINIROLE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ROPINIROLE 4mg TABLETS M/R</td>
<td>NF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ROPINIROLE 1mg TABLETS</td>
<td>R</td>
<td></td>
<td>For initiation by a Consultant Neurologist only for the treatment of severe and persistent symptoms of Restless Leg Syndrome (RLS) and Periodic Leg Movements During Sleep (PLMS) as per APCO Shared Care Protocol and Parkinson’s Disease MAC, April 2009.</td>
</tr>
<tr>
<td>ROPINIROLE 250microgram TABLETS</td>
<td>R</td>
<td></td>
<td>For initiation by a Consultant Neurologist only for the treatment of severe and persistent symptoms of Restless Leg Syndrome (RLS) and Periodic Leg Movements During Sleep (PLMS) as per APCO Shared Care Protocol and Parkinson’s Disease MAC, April 2009.</td>
</tr>
<tr>
<td>ROPINIROLE 2mg TABLETS</td>
<td>R</td>
<td></td>
<td>For initiation by a Consultant Neurologist only for the treatment of severe and persistent symptoms of Restless Leg Syndrome (RLS) and Periodic Leg Movements During Sleep (PLMS) as per APCO Shared Care Protocol and Parkinson’s Disease MAC, April 2009.</td>
</tr>
<tr>
<td>ROPINIROLE STARTER PACK</td>
<td>R</td>
<td></td>
<td>For initiation by a Consultant Neurologist only, - Treatment of severe and persistent symptoms of Restless Leg Syndrome (RLS) and Periodic Leg Movements During Sleep (PLMS) as per APCO Shared Care Protocol, - Parkinson’s Disease MAC, April 2009.</td>
</tr>
<tr>
<td>ROPINIROLE 500microgram TABLETS</td>
<td>R</td>
<td></td>
<td>For initiation by a Consultant Neurologist only for the treatment of severe and persistent symptoms of Restless Leg Syndrome (RLS) and Periodic Leg Movements During Sleep (PLMS) as per APCO Shared Care Protocol and Parkinson’s Disease MAC, April 2009.</td>
</tr>
</tbody>
</table>
ROPINIROLE XL 2mg TABLETS NF

ROPINIROLE 5mg TABLETS R For initiation by a Consultant Neurologist only for the treatment of severe and persistent symptoms of Restless Leg Syndrome (RLS) and Periodic Leg Movements During Sleep (PLMS) as per APCO Shared Care Protocol and Parkinson’s Disease MAC, April 2009.

ROPINIROLE 8mg TABLETS M/R NF

ROTIGOTINE

ROTIGOTINE 4mg per 24hour PATCHES R For patients with Parkinson’s or Restless Legs Syndrome who get insufficient response or cannot tolerate ropinirole, or patients who are unable to take their usual oral therapy (i.e.: nil by mouth, where NG access is not possible or appropriate) - Revert to the patient’s usual oral therapy when the patient recovers the ability to swallow. MMTC, May 2013.

ROTIGOTINE 6mg per 24hour PATCHES R For patients with Parkinson’s or Restless Legs Syndrome who get insufficient response or cannot tolerate ropinirole, or patients who are unable to take their usual oral therapy (i.e.: nil by mouth, where NG access is not possible or appropriate) - Revert to the patient’s usual oral therapy when the patient recovers the ability to swallow. MMTC, May 2013.

ROTIGOTINE 8mg per 24hour PATCHES R For patients with Parkinson’s or Restless Legs Syndrome who get insufficient response or cannot tolerate ropinirole, or patients who are unable to take their usual oral therapy (i.e.: nil by mouth, where NG access is not possible or appropriate) - Revert to the patient’s usual oral therapy when the patient recovers the ability to swallow. MMTC, May 2013.
For patients with Parkinson’s or Restless Legs Syndrome who get insufficient response or cannot tolerate ropinirole, or patients who are unable to take their usual oral therapy (i.e.: nil by mouth, where NG access is not possible or appropriate) - Revert to the patient’s usual oral therapy when the patient recovers the ability to swallow. MMTC, May 2013.

- ROTIGOTINE 1mg per 24hour PATCHES
- ROTIGOTINE 2mg per 24hour PATCHES

SELEGILINE

- SELEGILINE 10mg TABLETS
- SELEGILINE 1.25mg ORODISPERSIBLE TABLETS NF
- SELEGILINE 5mg TABLETS

04.09.02 Antimuscarinic drugs used in parkinsonism

PROCYCLIDINE

- PROCYCLIDINE 10mg IN 2ml INJECTION
- PROCYCLIDINE 5mg IN 5ml LIQUID (SUGAR FREE)
- PROCYCLIDINE 5mg TABLETS

TRIHEXYPHENIDYL

- TRIHEXYPHENIDYL 2mg TABLETS
- TRIHEXYPHENIDYL 5mg TABLETS

04.09.03 Drugs used in essential tremor, chorea, tics, and related disorders

BOTULINUM

- BOTULINUM A TOXIN 100units INJECTION (XEOMIN) R

As per NICE TA260. For other indications, see botulinum toxin table. Medicines Effectiveness, July 2009.
BOTULINUM A TOXIN 200units INJECTION (BOTOX) R

BOTULINUM A TOXIN 50units INJECTION (BOTOX) R

BOTULINUM TOXIN
BOTULINUM TOXIN TYPE B 10,000 units in 2ml NF INJECTION

BOTULINUM A TOXIN 100units INJECTION (BOTOX) R

BOTULINUM A TOXIN 300units INJECTION (DYSPORT) R

BOTULINUM A TOXIN 500units INJECTION (DYSPORT) R

BOTULINUM A TOXIN 50units INJECTION (XEOMIN) R

PIRACETAM
PIRACETAM 333.3mg/ml LIQUID Y
PIRACETAM 1.2g TABLETS Y
PIRACETAM 800mg TABLETS Y

RILUZOLE
RILUZOLE 50mg TABLETS F/C R

TETRABENAZINE
TETRABENAZINE 25mg TABLETS Y

As per NICE TA260. For other indications, see botulinum toxin table. Medicines Effectiveness, July 2009.

As per NICE TA260. For other indications, see botulinum toxin table. Medicines Effectiveness, July 2009.

As per NICE TA260. For other indications, see botulinum toxin table. Medicines Effectiveness, July 2009.

As per NICE TA260. For other indications, see botulinum toxin table. Medicines Effectiveness, July 2009.

As per NICE TA260. For other indications, see botulinum toxin table. Medicines Effectiveness, July 2009.

As per NICE TA260. For other indications, see botulinum toxin table. Medicines Effectiveness, July 2009.

As per NICE TA260. For other indications, see botulinum toxin table. Medicines Effectiveness, July 2009.

As per NICE TA260. For other indications, see botulinum toxin table. Medicines Effectiveness, July 2009.

As per NICE TA260. For other indications, see botulinum toxin table. Medicines Effectiveness, July 2009.

For Amyotrophic lateral sclerosis (ALS) form of Motor Neurone Disease (MND) as per NICE TA20. Should only be initiated by Consultant Neurologists with expertise in the management of MND. Medicines Effectiveness, February 2005.
**04.09.03 Torsion dystonias and other involuntary movements**

**RILUZOLE**

RILUZOLE 25mg/5ml ORAL SUSPENSION  NF

**04.10 Drugs used in substance dependence**

**ACAMPROSATE**

ACAMPROSATE 333mg TABLETS E.C  R  For Gastroenterology use on a consultant request only. Medicines Effectiveness, February 2013.

**BUPRENORPHINE**

BUPRENORPHINE 8MG ORAL LYOPHILISATE TABLETS  NF  Espranor is not interchangeable with other buprenorphine product

BUPRENORPHINE 2mg SUBLINGUAL TABLETS  R  For continuation of treatment of opioid dependence only. Medicines Effectiveness, March 2010.

BUPRENORPHINE 8mg SUBLINGUAL TABLETS  R  For continuation of treatment of opioid dependence only. Medicines Effectiveness, March 2010.

BUPRENORPHINE 400microgram SUBLINGUAL TABLETS  R  For continuation of treatment of opioid dependence only. Medicines Effectiveness, March 2010.

**BUPROPION**

BUPROPION 150mg TABLETS M/R  NF

**DISULFIRAM**

DISULFIRAM 200mg TABLETS  Y

**LOFEXIDINE**

LOFEXIDINE 200micrograms TABLETS F/C  NF

**METHADONE**

METHADONE 10mg/ml LIQUID  Y

METHADONE 1mg/1ml LIQUID S/F  Y

**NALMEFENE**
**NALMFENE 18mg TABLETS**

Nalmefene is an option for reducing alcohol consumption, for people with alcohol dependence, as per NICE TA325.

MMTC, August 2018

**NALTREXONE**

NALTREXONE 50mg TABLETS

For Hepatology use in treatment of pruritus due to cholestatic liver disease only. NOT for Opioid dependence.

Medicines Effectiveness, November 2004.

**NICOTINE**

**NICOTINE 15mg/16hours PATCHES (NICORETTE INVISI PATCH)**

As per NRT Medicines Information Leaflet. Medicines Effectiveness, February 2013.

**NICOTINE 10mg/16hours PATCHES (NICORETTE)**

**NICOTINE 2mg MICROtabs**

**NICOTINE 2mg CHEWING GUM**

**NICOTINE 25mg/16hours PATCHES (NICORETTE INVISI PATCH)**

Use 24 hour patches and remove after 16 hours as per NRT MIL.

MMTC, September 2018

**NICOTINE 15mg INHALATOR STARTER PACK**

As per NRT Medicines Information Leaflet. Medicines Effectiveness, February 2013.

**NICOTINE 15mg INHALATOR REFILL PACK (36)**

As per NRT Medicines Information Leaflet. Medicines Effectiveness, February 2013.

**NICOTINE 1.5mg MINI LOZENGE SUGAR FREE (60)**

As per NRT Medicines Information Leaflet. Medicines Effectiveness, February 2013.

**NICORETTE 4mg MINI LOZENGE SUGAR FREE (60)**

As per NRT Medicines Information Leaflet. Medicines Effectiveness, February 2013.

**NICOTINE 4mg CHEWING GUM**

**NIQUITIN**

**NICOTINE 14mg/24hours TRANSDERMAL PATCHES**

As per NRT Medicines Information Leaflet. Medicines Effectiveness, February 2013.
NICOTINE 7mg/24hours TRANSDERMAL PATCHES  R As per NRT Medicines Information Leaflet. Medicines Effectiveness, February 2013

NICOTINE 21mg/24hours TRANSDERMAL PATCHES  R As per NRT Medicines Information Leaflet. Medicines Effectiveness, February 2013.

VARENICLINE

VARENICLINE 1mg TABLETS  R For continuation of therapy started in community only, as per NICE TA123. MMTC, April 2013.

VARENICLINE 11 x 500mcg & 14 x 1mg TABLETS  R For continuation of therapy started in community only, as per NICE TA123. MMTC, April 2013.

04.11 Drugs for dementia

DONEPEZIL

DONEPEZIL 5mg TABLETS  R For the management of managing mild to moderate Alzheimer’s disease as per NICE TA217 and the Primary Care Prescribing Protocol to Support the Diagnosis and Management of People with Dementia. To be initiated by specialists in the care of patients with dementia (i.e. psychiatrists including those specializing in learning disability, neurologists, and physicians specializing in the care of older people). MMTC, March 2017

DONEPEZIL 10mg TABLETS  R For the management of managing mild to moderate Alzheimer’s disease as per NICE TA217 and the Primary Care Prescribing Protocol to Support the Diagnosis and Management of People with Dementia. To be initiated by specialists in the care of patients with dementia (i.e. psychiatrists including those specializing in learning disability, neurologists, and physicians specializing in the care of older people). MMTC, March 2017

GALANTAMINE
<table>
<thead>
<tr>
<th>Pack Size</th>
<th>Strength</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>GALANTAMINE 8mg CAPSULE M/R</td>
<td>R</td>
<td>For the management of managing mild to moderate Alzheimer’s disease as per NICE TA217 and the Primary Care Prescribing Protocol to Support the Diagnosis and Management of People with Dementia. To be initiated by specialists in the care of patients with dementia (i.e. psychiatrists including those specializing in learning disability, neurologists, and physicians specializing in the care of older people). MMTC, March 2017</td>
</tr>
<tr>
<td>GALANTAMINE 12mg TABLETS</td>
<td>R</td>
<td>For the management of managing mild to moderate Alzheimer’s disease as per NICE TA217 and the Primary Care Prescribing Protocol to Support the Diagnosis and Management of People with Dementia. To be initiated by specialists in the care of patients with dementia (i.e. psychiatrists including those specializing in learning disability, neurologists, and physicians specializing in the care of older people). MMTC, March 2017</td>
</tr>
<tr>
<td>GALANTAMINE 8mg TABLETS</td>
<td>R</td>
<td>For the management of managing mild to moderate Alzheimer’s disease as per NICE TA217 and the Primary Care Prescribing Protocol to Support the Diagnosis and Management of People with Dementia. To be initiated by specialists in the care of patients with dementia (i.e. psychiatrists including those specializing in learning disability, neurologists, and physicians specializing in the care of older people). MMTC, March 2017</td>
</tr>
</tbody>
</table>
GALANTAMINE 16mg CAPSULES M/R R For the management of managing mild to moderate Alzheimer’s disease as per NICE TA217 and the Primary Care Prescribing Protocol to Support the Diagnosis and Management of People with Dementia. To be initiated by specialists in the care of patients with dementia (i.e. psychiatrists including those specializing in learning disability, neurologists, and physicians specializing in the care of older people). MMTC, March 2017

GALANTAMINE 24mg CAPSULES M/R R For the management of managing mild to moderate Alzheimer’s disease as per NICE TA217 and the Primary Care Prescribing Protocol to Support the Diagnosis and Management of People with Dementia. To be initiated by specialists in the care of patients with dementia (i.e. psychiatrists including those specializing in learning disability, neurologists, and physicians specializing in the care of older people). MMTC, March 2017

GLYCERIN

GLYCERIN BP INJECTION 5ml Y

MEMANTINE

MEMANTINE 10mg/ml ORAL DROPS R For the management of managing mild to moderate Alzheimer’s disease in those who cannot take acetylcholinesterase (AChE) inhibitor as per NICE TA217 and the Primary Care Prescribing Protocol to Support the Diagnosis and Management of People with Dementia. To be initiated by specialists in the Memory Clinic only. MMTC, March 2017

March 2017
MEMANTINE HYDROCHLORIDE 10mg TABLETS R For the management of managing mild to moderate Alzheimer’s disease in those who cannot take acetylcholinesterase (AChE) inhibitor as per NICE TA217 and the Primary Care Prescribing Protocol to Support the Diagnosis and Management of People with Dementia. To be initiated by specialists in the Memory Clinic only. MMTC, March 2017

MEMANTINE TABLET INITIATION PACK R For the management of managing mild to moderate Alzheimer’s disease in those who cannot take acetylcholinesterase (AChE) inhibitor as per NICE TA217 and the Primary Care Prescribing Protocol to Support the Diagnosis and Management of People with Dementia. To be initiated by specialists in the Memory Clinic only. MMTC, March 2017

RIVASTIGMINE

RIVASTIGMINE 13.3mg/24hr TRANSDERMAL PATCHES R For the management of managing mild to moderate Alzheimer’s disease as per NICE TA217 and the Primary Care Prescribing Protocol to Support the Diagnosis and Management of People with Dementia. To be initiated by specialists in the care of patients with dementia (i.e. psychiatrists including those specializing in learning disability, neurologists, and physicians specializing in the care of older people). MMTC, March 2017

RIVASTIGMINE 10mg in 5ml LIQUID 120ml R For patients with swallowing difficulties or feeding tubes. For the management of managing mild to moderate Alzheimer’s disease as per NICE TA217 and the Primary Care Prescribing Protocol to Support the Diagnosis and Management of People with Dementia. To be initiated by specialists in the care of patients with dementia (i.e. psychiatrists including those specializing in learning disability, neurologists, and physicians specializing in the care of older people). MMTC, March 2017
RIVASTIGMINE 1.5mg CAPSULES R For the management of managing mild to moderate Alzheimer’s disease as per NICE TA217 and the Primary Care Prescribing Protocol to Support the Diagnosis and Management of People with Dementia. To be initiated by specialists in the care of patients with dementia (i.e. psychiatrists including those specializing in learning disability, neurologists, and physicians specializing in the care of older people). MMTC, March 2017

RIVASTIGMINE 3mg CAPSULES R For the management of managing mild to moderate Alzheimer’s disease as per NICE TA217 and the Primary Care Prescribing Protocol to Support the Diagnosis and Management of People with Dementia. To be initiated by specialists in the care of patients with dementia (i.e. psychiatrists including those specializing in learning disability, neurologists, and physicians specializing in the care of older people). MMTC, March 2017

RIVASTIGMINE 4.5mg CAPSULES R For the management of managing mild to moderate Alzheimer’s disease as per NICE TA217 and the Primary Care Prescribing Protocol to Support the Diagnosis and Management of People with Dementia. To be initiated by specialists in the care of patients with dementia (i.e. psychiatrists including those specializing in learning disability, neurologists, and physicians specializing in the care of older people). MMTC, March 2017
RIVASTIGMINE 4.6mg/24hr TRANSDERMAL PATCHES
R Patches are restricted strictly for those unable to swallow. For the management of managing mild to moderate Alzheimer’s disease as per NICE TA217 and the Primary Care Prescribing Protocol to Support the Diagnosis and Management of People with Dementia. To be initiated by specialists in the care of patients with dementia (i.e. psychiatrists including those specializing in learning disability, neurologists, and physicians specializing in the care of older people). MMTC, March 2017

RIVASTIGMINE 9.5mg/24h TRANSDERMAL PATCH R Patches are restricted strictly for those unable to swallow. For the management of managing mild to moderate Alzheimer’s disease as per NICE TA217 and the Primary Care Prescribing Protocol to Support the Diagnosis and Management of People with Dementia. To be initiated by specialists in the care of patients with dementia (i.e. psychiatrists including those specializing in learning disability, neurologists, and physicians specializing in the care of older people). MMTC, March 2017

05 Infections

BEDAQUILINE

BEDAQUILINE 100mg TABLETS R Pulmonary multidrug-resistant tuberculosis (MDR-TB) Approved ASG and MMTC Aug 2015

BENZATHINE BENZYLPCNICILLIN

BENZATHINE BENZYLPCNICILLIN 2.4million units INJECTION R For the treatment of early and latent Syphilis. For use by Genito-Urinary Medicine only. It is also available following approval/prescribing by:- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar. Antimicrobials Steering Group, January 2012

CEFEPIME
CEFEPIME 2g INJECTION R For treatment of Gram-negative bacterial infections with MDR in adults. This antimicrobial requires approval/prescribing by: - Microbiology/ID consultant only. ASG, September 2019

Doxycycline

DOXYCYCLINE 100mg CAPSULES TTO 14s SR (Unlicensed) For areas allowed to keep TTO packs. As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by:

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar.

Antimicrobials Steering Group, January 2012

EFAVIRENZ

EFAVIRENZ 600mg TABLETS R

EMTRICITABINE

BICTEGRAVIR 50mg/ EMTRICITABINE 200mg/ TENOFOVIR ALAFENAMIDE 25mg TABLETS

LEVOFLOXACIN

LEVOFLOXACIN 500mg IN 100ml INJECTION NF

MEROPENEM + VABORBACTAM

MEROPENEM 1g / VABORBACTAM 1g INJECTION R For treatment of Gram negative multi-drug-resistant infections on advice of Micro/ID only. ASG, January 2020

POSACONAZOLE

POSACONAZOLE 100mg TABLETS E/C R For the treatment of invasive fungal infection refractory to fluconazole / voriconazole, following approval/prescribing by:- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar. For prophylaxis of invasive fungal infections in Patients receiving remission-induction chemotherapy for acute myelogenous leukemia (AML) or myelodysplastic syndromes (MDS) expected to result in prolonged neutropenia, following approval/prescribing by:- Haematology/Oncology consultant or registrar. MMTC, January 2014
Vancomycin

VANCOMYCIN 1g INJECTION Y

05.01.07 Some other antibacterials

VANCOMYCIN

VANCOMYCIN 500mg INJECTION Y

05.01 Antibacterial drugs

CEFAZOLIN

CEFAZOLIN 1G VIALS UNR

For the second line treatment of MSSA, available following approval/prescribing by: - Microbiology/ID consultant or registrar MMTC August 2018

CEFTOLOZANE

CEFTOLOZANE 1g & TAZOBACTAM 500mg INJECTION R

For the treatment of: -hospital acquired pneumonia -intra-abdominal infections -sepsis -UTI For initiation following recommendation by Micro/ID only. MMTC, April 2017

CO-TRIMOXAZOLE

CO-TRIMOXAZOLE 480mg IN 5ml INJECTION UNR

Please check patient being discharged on IV antibiotics is staying within Oxfordshire and thus have a postcode starting with ‘OX’. (As per instruction from Ted Baker Medical Director Sep 11).

DAPTOMYCIN

DAPTOMYCIN 500mg INFUSION R

For use following Micro/ID recommendation for treatment of MRSA or VRE when alternatives (eg vancomycin, teicoplanin or linezolid) are contraindicated or there is resistance to these drugs. MMTC, June 2013. Please check patient being discharged on IV antibiotics is staying within Oxfordshire and thus have a postcode starting with ‘OX’. (As per instruction from Ted Baker Medical Director Sep 11).
DAPTOMYCIN 350mg INFUSION R For treatment of MRSA or VRE when alternatives (eg vancomycin, teicoplanin or linezolid) are contraindicated or there is resistance to these drugs. MMTC, June 2013.

NITROFURANTOIN

NITROFURANTOIN 25mg/5ml LIQUID NF

OFLOXACIN

OFLOXACIN 200MG/100ML INJECTION NF

PROCAINE PENICILLIN

PROCAINE PENICILLIN 1.2million units INJECTION UNR This antimicrobial requires prescribing by: - Genito-urinary medicine consultant or registrar. This antimicrobial requires approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

VANCOMYCIN

VANCOMYCIN HYDROCHLORIDE 125mg / 5mL LIQUID 150ml UNR For Clostridium difficile infection (CDI) in patients with swallowing difficulties or feeding tubes as per MicroGuide. MMTC, October 2018

05.01 01 Penicillins

PIPERACILLIN + TAZOBACTAM

PIPERACILLIN/TAZOBACTAM 2.25g INJECTION R

05.01.01 Penicillins

AMOXICILLIN

AMOXICILLIN 500mg INJECTION Y As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by:

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.
AMOXICILLIN 500mg CAPSULES  Y  As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by:
- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

AMOXICILLIN 125mg/5ml LIQUID 100ml  Y  As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by:
- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

AMOXICILLIN 250mg CAPSULES  Y  As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by:
- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

AMOXICILLIN 3g SACHET S/F  Y  As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by:
- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

AMOXICILLIN 250mg/5ml LIQUID 100ml  Y  As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by:
- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

AMOXICILLIN 500mg INJECTION - PAEDIATRIC STOCK (BOWMED)  R  For use in Paediatric areas only. Medicines Effectiveness, July 2014.

AZTREONAM
AZTREONAM 1g INJECTION R For use by the Respiratory Unit (adult and children) only. It is also available following approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

**BENZATHINE BENZYLPCICILLIN**

BENZATHINE BENZYLPCICILLIN 2.4million units INJECTION UNR For the treatment of early and latent Syphilis. For use by Genito-Urinary Medicine only. It is also available following approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

**BENZYLPCICILLIN**

BENZYLPCICILLIN 600mg INJECTION Y As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

BENZYLPCICILLIN 1.2g INJECTION Y

**CO-AMOXICLAV**

CO-AMOXICLAV DUO 400/57 LIQUID 70ml NF

CO-AMOXICLAV 1000/200 (1.2g) INJECTION amoxicillin 1g & clavulanic acid 200mg Y As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

CO-AMOXICLAV 125/31 in 5ml (Paed) LIQUID S/F 100ml Y As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.
CO-AMOXICLAV 250/62 in 5ml LIQUID SUGAR FREE Y 100ml

- Microbiology>ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

CO-AMOXICLAV 500/100 (600mg) INJECTION amoxicillin 500mg & clavulanic acid 100mg (600mg)

- Microbiology>ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

CO-AMOXICLAV 500/125mg TABLETS

- Microbiology>ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

FLUCLOXACILLIN

FLUCLOXACILLIN 500mg INJECTION Y

- Microbiology>ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

FLUCLOXACILLIN 250mg CAPSULES

- Microbiology>ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

FLUCLOXACILLIN 1g INJECTION

- Microbiology>ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.
FLUCLOXACILLIN 125mg/5ml LIQUID 100ml  Y  As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by:

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

FLUCLOXACILLIN 250mg/5ml LIQUID 100ml  Y

FLUCLOXACILLIN 500mg CAPSULES  Y  As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by:

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

PHENOXYMETHYLPENICILLIN

PHENOXYMETHYLPENICILLIN 250mg/5ml LIQUID 100ml  Y  As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by:

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

PHENOXYMETHYLPENICILLIN 250mg TABLETS  Y  As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by:

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

PHENOXYMETHYLPENICILLIN 250mg TABLETS TTO SR For areas allowed to keep TTO packs. As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by:

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

PHENOXYMETHYLPENICILLIN 125mg/5ml LIQUID 100ml  Y  As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by:

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.
PIPERACILLIN + TAZOBACTAM

PIPERACILLIN/TAZOBACTAM 4.5g INJECTION  R
For neutropenic fever empirical treatment (with gentamicin). It is also available following approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

PIPERACILLIN/TAZOBACTAM 2.25g INJECTION  R
For neutropenic fever empirical treatment (with gentamicin). It is also available following approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

PIPERACILLIN/TAZOBACTAM 4.5g INJECTION  R
This antimicrobial is approved for: Neutropenic fever empirical treatment (with gentamicin) It is also available following approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar ASG Jan 2009.

PIVMECILLINAM

PIVMECILLINAM 200mg TABLETS  R
Used as an alternative option for treatment of non-severe lower UTI in female (non-pregnant) and male patients, where susceptibility tests have shown resistance to other formulary antibiotics. MMTC, June 2013.

TEMOCILLIN

TEMOCILLIN 1g INJECTION  R
This antimicrobial requires approval/prescribing by: - Cystic Fibrosis consultants (adults). It is also available following approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

05.01.02 Cephalosporins, carbapenems and other beta-lactams

CEFTAZIDIME
CEFTAZIDIME 2g / AVIBACTAM 0.5g INJECTION R For MDR gram negative organisms following recommendation by Micro/ID only. MMTC, June 2017

**CEFTRIAXONE**

CEFTRIAXONE 1g INJECTION R

This antimicrobial is approved for: 
Bacterial meningitis: - empirical treatment (+/- amoxicillin);- prophylaxis of meningococcal meningitis in pregnant women 2nd-line treatment of severe infections /surgical prophylaxis (after co-amoxiclav iv). It is also available following approval/prescribing by: Microbiology/ID consultant or registrar Paediatric ID consultant or registrar. NB: Avoid in neonates and infants under 3 months gestational age. ASG Jan 2009

05.01.02 Cephalosporins, carbapenems and other beta-lactams

**BENZYL-PENICILLIN**

BENZYL-PENICILLIN 600mg INJECTION Y

**CEFAZOLIN**

CEFAZOLIN 1g INJECTION R

**CEFOXITIN**

CEFOXITIN 1g INJECTION R

For the treatment of non-tuberculous mycobacteria (NTM) in adult patients with cystic fibrosis. MMTC, July 2010

**CEFUROXIME**

CEFUROXIME 250mg INJECTION R

CEFUROXIME 250mg INJECTION R

This antimicrobial requires prescribing by: - Paediatric consultant or registrar. It is also available following approval/prescribing by: - Microbiology/ID consultant or registrar. Antimicrobial Steering Group, January 2012

05.01.02 Cephalosporins, carbapenems, and other beta-lactams

**AZTREONAM**
AZTREONAM 2g INJECTION  R  For use by the Respiratory Unit (adult and children) only. It is also available following approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

CEFACLOR

CEFACLOR 125mg/5ml LIQUID  NF

CEFALEXIN

CEFALEXIN 125mg/5ml LIQUID 100ml S/F  Y  As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by:

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

CEFALEXIN 250mg CAPSULES  Y  As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by:

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

CEFALEXIN 250mg/5ml LIQUID 100ml  Y  As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by:

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

CEFALEXIN 500mg CAPSULES  Y  As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by:

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

CEFIXIME
CEFIXIME 200MG TABLETS

This antimicrobial requires approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar

Antimicrobials Steering Group, June 2014.

CEFOTAXIME

CEFOTAXIME 500mg INJECTION

As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by:

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar

Antimicrobials Steering Group, January 2012.

CEFTAROLINE FOSAMIL

CEFTAROLINE FOSAMIL (AS ACETATE) 600MG INJECTION

For the treatment of complicated skin infections in adults, including MRSA. This antimicrobial requires approval/prescribing by:

- Microbiology/ID consultant only.

ASG, September 2019

For the treatment of complicated skin infections in adults, including MRSA. This antimicrobial requires approval/prescribing by:

- Microbiology/ID consultant only.

ASG, September 2019

Ceftazidime

CEFTAZIDIME 2g INJECTION

This antimicrobial requires prescribing by:

- Respiratory Unit (adult and children)
- Neurosciences (empirical treatment of neurosurgical infections).

It is also available following approval/prescribing by:

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar

Antimicrobials Steering Group, January 2012.

Please check patient being discharged on IV antibiotics is staying within Oxfordshire and thus have a postcode starting with ‘OX’.
CEFTAZIDIME 500mg INJECTION  R  This antimicrobial requires prescribing by:  - Respiratory Unit (adult and children)  - Neurosciences (empirical treatment of neurosurgical infections). It is also available following approval/prescribing by:

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

CEFTAZIDIME 1g INJECTION  Y

CEFTRIAXONE

CEFTRIAXONE 250mg INJECTION  Y  As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by:

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

CEFTRIAXONE 1g INJECTION  Y

CEFTRIAXONE 2g INJECTION  Y  As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by:

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012

CEFTRIAXONE

CEFTRIAXONE 250mg INJECTION  R  This antimicrobial requires prescribing by:  - Paediatric consultant or registrar It is also available following approval/prescribing by:  - Microbiology/ID consultant or registrar Antimicrobials Steering Group, January 2012.

CEFTRIAXONE 750mg INJECTION  R  Only for Surgical prophylaxis in Adults as per Trust Guidelines or when recommended by Micro / ID. MMTC August 2019

CEFUROXIME

CEFUROXIME 250mg INJECTION  R  This antimicrobial requires prescribing by:  - Paediatric consultant or registrar It is also available following approval/prescribing by:  - Microbiology/ID consultant or registrar Antimicrobials Steering Group, January 2012.

CEFUROXIME 750mg INJECTION  R  Only for Surgical prophylaxis in Adults as per Trust Guidelines or when recommended by Micro / ID. MMTC August 2019

ERTAPENEM
<table>
<thead>
<tr>
<th>Drug</th>
<th>Formulation</th>
<th>Approval/Prescribing By</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ERTAPENEM 1g INJECTION</strong></td>
<td>R</td>
<td>For home or outpatient IV therapy following approval/prescribing by:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Antimicrobials Steering Group, January 2009.</td>
</tr>
<tr>
<td><strong>IMIPENEM</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IMIPENEM / CILASTATIN 500mg</td>
<td>R</td>
<td>Approved for Treatment of non-tuberculous mycobacteria (NTM) in adult patients with cystic</td>
</tr>
<tr>
<td>INJECTION (20ml vials)</td>
<td></td>
<td>fibrosis. Or approval/prescribing by CF consultants. MAC, March 2011</td>
</tr>
<tr>
<td><strong>MEROPENEM</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEROPENEM 500mg INJECTION</td>
<td>Y</td>
<td>As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>by:</td>
</tr>
<tr>
<td>MEROPENEM 1g INJECTION</td>
<td>Y</td>
<td>As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>by:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Antimicrobials Steering Group, January 2012.</td>
</tr>
<tr>
<td><strong>TICARCILLIN</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TICARCILLIN 3g / CLAVULANIC</td>
<td>R</td>
<td>This antimicrobial requires approval/prescribing by: Cystic Fibrosis consultants</td>
</tr>
<tr>
<td>ACID 200mg INJECTION</td>
<td></td>
<td>(adults). It is also available following approval/prescribing by: Microbiology/ID</td>
</tr>
<tr>
<td></td>
<td></td>
<td>consultant or registrar - Paediatric ID consultant or registrar Antimicrobials</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Steering Group, January 2012.</td>
</tr>
</tbody>
</table>

05.01.03 Tetracycline

DOXYCYCLINE
DOXYCYCLINE HYCLATE 100mg IN 5ml INJECTION UNR  For the treatment of rickettsia, legionella and following recommendation by Micro/ID where the oral route is not appropriate. All use must have Micro/ID approval. MMTC, August 2017

05.01.03 Tetracyclines

**DEMECLOCYCLINE**

DEMECLOCYCLINE 150mg CAPSULES Y

**DOXYCYCLINE**

DOXYCYCLINE 100mg CAPSULES TTO 14’s SR For areas allowed to keep TTO packs. As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by:

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

DOXYCYCLINE 100mg CAPSULES Y As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by:

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

DOXYCYCLINE 50mg CAPSULES Y As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by:

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

DOXYCYCLINE 100mg DISPERSIBLE TABLETS Y Patients with feeding tubes or swallowing difficulties only. As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by:

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

**LYMECYCLINE**
LYMECYCLINE 408mg CAPSULES R For continuation of treatment of Bullous pemphigoid and other rarer immunobullous diseases in patients under the care of dermatology only. Initiation of treatment should be completed by GP. MMTC, January 2017

MINOCYCLINE

MINOCYCLINE 100mg TABLETS R This antimicrobial requires approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

MINOCYCLINE 100mg CAPSULES M/R R This antimicrobial requires approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

MINOCYCLINE 50mg TABLETS R This antimicrobial requires approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

OXYTETRACYCLINE

OXYTETRACYCLINE 250mg TABLETS Y As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by:

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

TETRACYCLINE

TETRACYCLINE 250mg TABLETS Y As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by:

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

TIGECYCLINE
TIGECYCLINE 50mg INJECTION R For treatment of non-tuberculous mycobacteria (NTM) in adult patients with cystic fibrosis. It is also available following approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

05.01.04 Aminoglycosides

AMIKACIN

AMIKACIN PAED 100mg IN 2ml INJECTION R For the treatment of Non-Tuberculosis Mycobacterium infections in CF patients and MDRTB. This antimicrobial requires prescribing by: - Respiratory Unit (adult and children) It is also available following approval/prescribing by:

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

AMIKACIN 500mg in 2ml INJECTION R For the treatment of Non-Tuberculosis Mycobacterium infections in CF patients and MDRTB. This antimicrobial requires prescribing by: - Respiratory Unit (adult and children) It is also available following approval/prescribing by:

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

GENTAMICIN

GENTAMICIN 80mg in 2ml INJECTION (AMPOULES) Y As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by:

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.
GENTAMICIN INTRATHECAL 5mg in 1ml INJECTION  Y  As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by:

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

GENTAMICIN BONE BEADS (30 beads)  R  For use at NOC only. Medicines Effectiveness, August 2000

GENTAMICIN 80mg in 2ml INJECTION (VIALS)  Y  As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by:

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

GENTAMICIN 20mg in 2ml Paediatric INJECTION  Y  As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by:

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

GENTAMICIN 80mg IN 2ml INJECTION (AMPOULES)  Y

NEOMYCIN

NEOMYCIN SULPHATE 500mg TABLETS  NF

TOBRAMYCIN

TOBRAMYCIN 300mg IN 4ml NEBULISER SOLUTION  NF  This antimicrobial requires prescribing by: - Respiratory Unit (adult + paediatric) consultant or registrar. It is also available following approval/prescribing by:

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.
TOBRAMYCIN 300mg IN 5ml NEBULISER SOLUTION R
This antimicrobial requires prescribing by: Respiratory Unit (adult + paediatric) consultant or registrar.
It is also available following approval/prescribing by: Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar. ASG Jan 2009.

TOBRAMYCIN 80mg in 2ml INJECTION R
This antimicrobial requires prescribing by: Respiratory Unit (adult + paediatric) consultant or registrar.
It is also available following approval/prescribing by: Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar.

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar. Antimicrobials Steering Group.

05.01.05 Macrolides

AZITHROMYCIN

AZITHROMYCIN 250MG TABLETS TTO PK 8 SR For OSHS use only.

AZITHROMYCIN 200mg/5ml LIQUID 15ml Y As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by:

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

AZITHROMYCIN 250mg CAPSULES R As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by:

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar.

<table>
<thead>
<tr>
<th>Drug</th>
<th>Code</th>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>AZITHROMYCIN 250mg TABLETS</td>
<td>R</td>
<td></td>
<td>As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar.</td>
</tr>
<tr>
<td>• Respiratory consultants for the treatment of COPD, CF and Bronchiectasis Antimicrobials Steering Group, November 2019.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AZITHROMYCIN 500mg TABLETS</td>
<td>R</td>
<td></td>
<td>As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar.</td>
</tr>
<tr>
<td>• Respiratory consultants for the treatment of COPD, CF and Bronchiectasis Antimicrobials Steering Group, November 2019.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLARITHROMYCIN</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLARITHROMYCIN 250mg TABLETS</td>
<td>Y</td>
<td></td>
<td>As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar.</td>
</tr>
<tr>
<td>• Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLARITHROMYCIN 125mg/5ml PAED LIQUID 70ml</td>
<td>Y</td>
<td></td>
<td>As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar.</td>
</tr>
<tr>
<td>• Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLARITHROMYCIN 250mg/5ml LIQUID 70ml</td>
<td>Y</td>
<td></td>
<td>As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar.</td>
</tr>
<tr>
<td>• Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medication</td>
<td>Status</td>
<td>Notes</td>
<td></td>
</tr>
<tr>
<td>----------------------------------</td>
<td>--------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>CLARITHROMYCIN 500mg INJECTION</td>
<td>Y</td>
<td>As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by: Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.</td>
<td></td>
</tr>
<tr>
<td>CLARITHROMYCIN 500mg TABLETS</td>
<td>Y</td>
<td>As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by: Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.</td>
<td></td>
</tr>
<tr>
<td>ERYTHROMYCIN 250mg/5ml LIQUID 100ml</td>
<td>R</td>
<td>For pregnant women and for ITU as a prokinetic agent. It is also available following approval/prescribing by: Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, July 2011</td>
<td></td>
</tr>
<tr>
<td>ERYTHROMYCIN 250mg TABLETS E/C</td>
<td>R</td>
<td>For pregnant women and for ITU as a prokinetic agent. It is also available following approval/prescribing by: Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, July 2011</td>
<td></td>
</tr>
<tr>
<td>ERYTHROMYCIN 125mg/5ml LIQUID 100ml</td>
<td>R</td>
<td>For pregnant women and for ITU as a prokinetic agent. It is also available following approval/prescribing by: Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, July 2011</td>
<td></td>
</tr>
<tr>
<td>ERYTHROMYCIN LACTOBIONATE 1g INJECTION</td>
<td>R</td>
<td>For pregnant women and for ITU as a prokinetic agent. It is also available following approval/prescribing by: Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, July 2011</td>
<td></td>
</tr>
</tbody>
</table>
ERYTHROMYCIN 500mg/5ml LIQUID 100ml  R  For pregnant women and for ITU as a prokinetic agent. It is also available following approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar  Antimicrobials Steering Group, July 2011.

PAROMYCIN

PAROMOMYCIN 250mg CAPSULES  UNR  For the treatment of diarrhoea caused by Giardia, Cryptosporidium and E. histolytica where standard treatment has failed as recommended by Micro / ID. MMTC, August 2019.

05.01.06  Clindamycin

CLINDAMYCIN

CLINDAMYCIN 150mg CAPSULES  Y  As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by:
- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar  Antimicrobials Steering Group, January 2012.

CLINDAMYCIN 600mg IN 4ml INJECTION  Y  As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by:
- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar  Antimicrobials Steering Group, January 2012.

CLINDAMYCIN 300mg IN 2ml INJECTION  Y  As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by:
- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar  Antimicrobials Steering Group, January 2012.

CLINDAMYCIN 150mg CAPSULES  Y  As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by:
- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar  Antimicrobials Steering Group, January 2012.
05.01.07 Some other antibacterials

**CLORAMPHENICOL**

CHLORAMPHENICOL 1g INJECTION R 2nd-line empirical treatment of bacterial meningitis (severe penicillin allergy). It is also available following approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

CHLORAMPHENICOL 250mg CAPSULES R This antimicrobial requires prescribing by: - Respiratory Unit (adult and paediatric) consultant or registrar It is also available following approval/prescribing by:
- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

**COLISTIMETHATE**

COLISTIMETHATE 125mg CAPSULES FOR INHALATION (TEST DOSE) R For treating pseudomonas lung infections in cystic fibrosis patients as per NICE TA276. MMTC, June 2013.

**COLOMYCIN**

COLOMYCIN 500,000units (0.5mu) INJECTION NF

COLOMYCIN 2,000,000units (2million units) INJECTION R This antimicrobial requires prescribing by: - Respiratory Unit (adult and children) - Neurosciences (empirical treatment of neurosurgical infections) It is also available following approval/prescribing by:
- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar NB: only the injection is stocked (it can be given IV and can be nebulised). Antimicrobials Steering Group, January 2012.
<table>
<thead>
<tr>
<th>Antimicrobial</th>
<th>Prescription Requirements</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COLISTIMETHATE</strong></td>
<td>This antimicrobial requires prescribing by: - Respiratory Unit</td>
<td>Microbiology/ID consultant or registrar - Paediatric ID consultant</td>
</tr>
<tr>
<td></td>
<td>(adult and children) - Neurosciences (empirical treatment of</td>
<td>or registrar NB: only the injection is stocked (it can be given IV</td>
</tr>
<tr>
<td><strong>LINEZOLID 600mg TABLETS</strong></td>
<td>R</td>
<td>This antimicrobial requires approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>---</td>
<td>--------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>PRISTINAMYCIN</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PRISTINAMYCIN 500mg TABLETS</strong></td>
<td>UNR</td>
<td>For staphylococcal infection or multi resistant organisms. This antimicrobial requires approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.</td>
</tr>
<tr>
<td><strong>RIFAXIMIN</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>RIFAXIMIN 550mg TABLETS</strong></td>
<td>R</td>
<td>For preventing episodes of overt hepatic encephalopathy as per NICE TA337. MMTC, November 2015</td>
</tr>
<tr>
<td><strong>RIFAXIMIN 200mg TABLETS</strong></td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td><strong>SODIUM FUSIDATE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>FUSIDIC ACID 250mg/5ml LIQUID</strong></td>
<td>Y</td>
<td>As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.</td>
</tr>
<tr>
<td><strong>SODIUM FUSIDATE 250mg TABLETS</strong></td>
<td>R</td>
<td>This antimicrobial requires approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.</td>
</tr>
<tr>
<td><strong>TEDIZOLID</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TEDIZOLID 200mg TABLETS</strong></td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td><strong>TEICOPLANIN</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicine</td>
<td>Formulation</td>
<td>Availability</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>--------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td><strong>TEICOPLANIN</strong></td>
<td>200mg INJECTION</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>400mg INJECTION</td>
<td>Y</td>
</tr>
<tr>
<td><strong>VANCOMYCIN</strong></td>
<td>500mg INJECTION</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>125mg CAPSULES</td>
<td>R</td>
</tr>
<tr>
<td></td>
<td>1g INJECTION</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>INTRATHECAL 20mg in 4ml INJECTION</td>
<td>UNR</td>
</tr>
<tr>
<td><strong>CO-TRIMOXAZOLE</strong></td>
<td>480mg/5ml ADULT LIQUID</td>
<td>Y</td>
</tr>
</tbody>
</table>

**05.01.08** Sulfonamides and trimethoprim
**CO-TRIMOXAZOLE 480mg TABLETS**  
Y  
As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by:

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

**CO-TRIMOXAZOLE 480mg in 5ml INJECTION**  
Y  
As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by:

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

**CO-TRIMOXAZOLE 240mg/5ml PAED LIQUID**  
Y  
As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by:

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

**SULFADIAZINE**

**SULFADIAZINE 500mg TABLETS**  
R  
This antimicrobial requires approval/prescribing by:  
- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

**TRIMETHOPRIM**

**TRIMETHOPRIM 50mg/5ml LIQUID**  
Y  
As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by:

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

**TRIMETHOPRIM 200mg TABLETS**  
Y  
As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by:

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.
05.01.09 Antituberculosis drugs

**AMINOSALICYLIC ACID**

AMINOSALICYLIC ACID 4g GRANULES UNR For use by Infectious Diseases physicians use in multi resistant TB only. Medicines Effectiveness, May 2002.

**CAPREOMYCIN**

CAPREOMYCIN 1g INJECTION R Restricted to Micro / ID consultant initiated for MDRTB. MMTC, June 2012.

**CYCLOSERINE**

CYCLOSERINE 250mg PULVULES R This antimicrobial requires approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

**ETHAMBUTOL**

ETHAMBUTOL 10% INJECTION 4ml UNR For TB treatment if patient unable to take oral ethambutol e.g. NBM/Vomiting. It is also available following approval/prescribing by:

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar ASG, January 2009.

ETHAMBUTOL 400mg TABLETS R This antimicrobial is approved for:

- TB treatment It is also available following approval/prescribing by:
- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar ASG, January 2009.
ETHAMBUTOL 100mg TABLETS  R  This antimicrobial is approved for:
• TB treatment  It is also available following approval/prescribing by:
• Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar ASG, January 2009.

ISONIAZID

<table>
<thead>
<tr>
<th>Product</th>
<th>Formulation</th>
<th>Approval Status</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>ISONIAZID 100mg TABLETS</td>
<td>R</td>
<td>For TB prophylaxis in immunosuppressed patients OR mycobacterial infections. It is also available following approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2009.</td>
<td></td>
</tr>
<tr>
<td>ISONIAZID 50mg IN 2ml INJECTION</td>
<td>UNR</td>
<td>For TB prophylaxis in immunosuppressed patients OR mycobacterial infections. It is also available following approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2009.</td>
<td></td>
</tr>
<tr>
<td>ISONIAZID 50mg TABLETS</td>
<td>R</td>
<td>For TB prophylaxis in immunosuppressed patients OR mycobacterial infections. It is also available following approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2009.</td>
<td></td>
</tr>
<tr>
<td>ISONIAZID 50mg/5ml LIQUID</td>
<td>R</td>
<td>For TB prophylaxis in immunosuppressed patients OR mycobacterial infections. It is also available following approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2009.</td>
<td></td>
</tr>
</tbody>
</table>
ISONIAZID 50mg/5ml LIQUID UNR This antimicrobial is approved for:
- TB prophylaxis in immunosuppressed patients/TB treatment. It is also available following approval/prescribing by:
- Microbiology/ID consultant or registrar. - Paediatric ID consultant or registrar.  Antimicrobials Steering Group, January 2009.

### PROTIONAMIDE

| PROTIONAMIDE 250mg TABLETS | UNR | For Multi Drug Resistant TB. This antimicrobial requires approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012. |

### PYRAZINAMIDE

| PYRAZINAMIDE 500mg TABLETS | R | For mycobacterial infections. This antimicrobial requires approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012. |

### RIFABUTIN

| RIFABUTIN 150mg CAPSULES | R | This antimicrobial requires approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012. |

### RIFAMPICIN

| RIFAMPICIN 300mg CAPSULES | R | This antimicrobial is approved for:
- Mycobacterial infections - Prophylaxis of meningococcal meningitis (single agent) It is also available following approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012. |
RIFAMPICIN 150mg CAPSULES R This antimicrobial is approved for:

- Mycobacterial infections - Prophylaxis of meningococcal meningitis (single agent) It is also available following approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

RIFAMPICIN 600mg INFUSION R This antimicrobial is approved for:

- Mycobacterial infections - Prophylaxis of meningococcal meningitis (single agent) It is also available following approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

RIFAMPICIN 100mg/5ml LIQUID R This antimicrobial is approved for:

- Mycobacterial infections - Prophylaxis of meningococcal meningitis (single agent) It is also available following approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

RIFAMPICIN + ISONIAZID

RIFAMPICIN 150mg + ISONIAZID 100mg TABLETS R For mycobacterial infections. This antimicrobial requires approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

RIFAMPICIN 300mg + ISONIAZID 150mg TABLETS R For mycobacterial infections. This antimicrobial requires approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

RIFAMPICIN + ISONIAZID + PYRIZINAMIDE
RIFAMPICIN 120mg + ISONIAZID 50mg + PYRAZINAMIDE 300mg TABLETS R For mycobacterial infections. This antimicrobial requires approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

05.01.10 Antileprotic drugs

CLOFAZIMINE

CLOFAZIMINE 50mg CAPSULES UNR This antimicrobial requires approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

DAPSONE

DAPSONE 50mg TABLETS R For PCP prophylaxis in immunosuppressed patients This antimicrobial requires approval/prescribing by: - Dermatology (adults and paediatrics) - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

05.01.11 Metronidazole and tinidazole

METRONIDAZOLE

METRONIDAZOLE 400mg TABLETS TTO 6'S SR For areas allowed to keep TTO packs. Medicines Effectiveness, April 2015

METRONIDAZOLE 500mg in 100ml INFUSION ECOFLAC PLUS (429626) Y As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by:

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

METRONIDAZOLE 1g SUPPOSITORIES Y As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by:

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.
* **METRONIDAZOLE 500mg SUPPOSITORIES**
  Y As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by:
  - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

* **METRONIDAZOLE 200mg/5ml LIQUID**
  R As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by:
  - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

* **METRONIDAZOLE 400mg TABLETS**
  Y As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by:
  - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

* **METRONIDAZOLE 200mg TABLETS**
  Y As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by:
  - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

* **DF METRONIDAZOLE 500mg IN 100ml INFUSION**
  Y ECOFLAC PLUS
  As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by:
  - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

* **TINIDAZOLE**

  * **TINIDAZOLE 500mg TABLETS**
    R This antimicrobial requires approval/prescribing by:
    - ID / Paed ID / GU prescribers for HIV.
    - Medicines Effectiveness, January 2009.

  05.01.12 Quinolones

* **CEFUROXIME**
CEFUROXIME 1.5g INJECTION R Only for Surgical prophylaxis in Adults as per Trust Guidelines or when recommended by Micro / ID. MMTC August 2019

CIPROFLOXACIN

CIPROFLOXACIN 250mg TABLETS Y As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by:

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar. Antimicrobials Steering Group, January 2012.

CIPROFLOXACIN 500mg TABLETS TTO PACK 10’S SR

CIPROFLOXACIN 100mg in 50ml INJECTION R For NBM patients only. As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by:

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

CIPROFLOXACIN 750mg TABLETS Y As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by:

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

CIPROFLOXACIN 100mg TABLETS Y As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by:

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

CIPROFLOXACIN 200mg in 100ml INJECTION R For NBM or not absorbing patients only. As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by:

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.
<table>
<thead>
<tr>
<th>Product</th>
<th>Strength</th>
<th>Status</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CIPROFLOXACIN 250mg TABLETS</td>
<td>Y</td>
<td></td>
<td>As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by: Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.</td>
</tr>
<tr>
<td>CIPROFLOXACIN 250mg/5ml LIQUID 100ml</td>
<td>R</td>
<td></td>
<td>For small paediatric doses or patients intolerant of tablets dispersed in water only. Disperse tablets in water to give via feeding tube or for patients with swallowing difficulties. As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.</td>
</tr>
<tr>
<td>CIPROFLOXACIN 400mg IN 200ml INJECTION</td>
<td>R</td>
<td></td>
<td>For NBM or not absorbing patients only. As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.</td>
</tr>
<tr>
<td>CIPROFLOXACIN 500mg TABLETS</td>
<td>Y</td>
<td></td>
<td>As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by: Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.</td>
</tr>
<tr>
<td>CIPROFLOXACIN 500mg TABLETS TTO 4'S</td>
<td>SR</td>
<td></td>
<td>For areas allowed to keep TTO packs. Medicines Effectiveness, April 2015.</td>
</tr>
</tbody>
</table>

**LEVOFLOXACIN**
LEVOFLOXACIN 500mg TABLETS R
Restricted for the treatment of Helicobacter Pylori infection as a 2nd-line treatment where there is a history of penicillin allergy (non-severe and severe). Also restricted for prophylaxis in Myeloma patients. It is also available following approval/prescribing by: Microbiology/ID consultant or registrar Paediatric ID consultant

LEVOFLOXACIN 250mg TABLETS R
Restricted for the treatment of Helicobacter Pylori infection as a 2nd-line treatment where there is a history of penicillin allergy (non-severe and severe). Also restricted for prophylaxis in Myeloma patients. It is also available following approval/prescribing by: Microbiology/ID consultant or registrar Paediatric ID consultant

MOXIFLOXACIN

MOXIFLOXACIN 400mg TABLETS R
3rd-line treatment of LRTIs (severe penicillin allergy - per adult empirical treatment guide). It is also available following approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

MOXIFLOXACIN 400mg in 250ml INJECTION R
For nil-by-mouth or not absorbing patients only. 3rd-line treatment of LRTIs (severe penicillin allergy

- per adult empirical treatment guide). It is also available following approval/prescribing by:
- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

NORFLOXACIN

NORFLOXACIN 400mg TABLETS NF

OFLOXACIN
OFLOXACIN 200mg TABLETS  R  For use by Infectious Diseases and Genito-urinary Medicine only. It is also available following approval/prescribing by: - Microbiology/ID consultant or registrar; - Paediatric ID consultant or registrar. Antimicrobials Steering Group, January 2012.

05.01.13 Urinary-tract infections

**METHENAMINE**

METHENAMINE HIPPURATE 1g TABLETS  NF

**NITROFURANTOIN**

NITROFURANTOIN 100mg TABLETS  Y  As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by:

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

NITROFURANTOIN 50mg CAPSULES  Y  As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by:

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

NITROFURANTOIN 100MG CAPSULES M/R  NF  Please put out of use after this order

05.02 Antifungal drugs

**AMPHOTERICIN**

AMPHOTERICIN LIPOSOMAL 50mg INJECTION (AMBISOME)  R  4th-line treatment of possible fungal infection in febrile neutropaenia patient. (Haematology/Oncology (adult and paediatric) - consultant only. It is also available following approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

AMPHOTERICIN 50mg INJECTION (FUNGIZONE)  R  Restricted for intravitreal use in Eye Theatres only. ASG, November 2018
### CEFTAZIDIME

**CEFTAZIDIME 2g INJECTION**

R

This antimicrobial requires prescribing by: Respiratory consultant or registrar (adults and paediatrics) Treatment of neurosurgical infections. Or approval/prescribing by: - Microbiology/ID consultant or registrar. - Paediatric ID consultant or registrar. ASG, January 2009.

### CEFUROXIME

**CEFUROXIME 50mg INTERCAMERAL INJECTION**

R

For cataract surgery only. MMTC, July 2014.

### FLUCONAZOLE

**FLUCONAZOLE 50mg in 25ml INJECTION**

R

Strictly restricted for nil-by-mouth or not absorbing patients. It is also available following approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar. Antimicrobials Steering Group, January 2009.

**FLUCONAZOLE 200mg in 5ml LIQUID**

R

For small paediatric doses or patients with feeding tubes only. Disperse the contents of capsules in water for patients with swallowing difficulties. As per OUH Antimicrobial Guidelines. NB: for oral thrush, use nystatin mouthwash instead. It is also available following approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar. Antimicrobials Steering Group, January 2012.

**FLUCONAZOLE 150mg CAPSULES**

Y

As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by:

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar. Antimicrobials Steering Group, January 2012.
FLUCONAZOLE 200mg CAPSULES

Y As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by:

• Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

FLUCONAZOLE 200mg in 100ml INFUSION

Y As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by:

• Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

FLUCONAZOLE 50mg CAPSULES

Y As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by:

• Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

FLUCONAZOLE 50mg in 5ml LIQUID

R For small paediatric doses or patients with feeding tubes only. Disperse the contents of capsules in water for patients with swallowing difficulties. As per OUH Antimicrobial Guidelines. NB: for oral thrush, use nystatin mouthwash instead. It is also available following approval/prescribing by:

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

FLUCYTOSINE

FLUCYTOSINE 2.5g in 250ml INJECTION

R This antimicrobial requires approval/prescribing by:

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.
FLUCYTOSINE 500mg TABLETS UNR This antimicrobial requires approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

**GRISEOFULVIN**

GRISEOFULVIN 125mg TABLETS R This antimicrobial requires prescribing by: - Dermatology (adult and paediatric) consultant or registrar It is also available following approval/prescribing by:

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

**ITRACONAZOLE**

ITRACONAZOLE 100mg CAPSULES R This antimicrobial requires prescribing by: - Haematology/oncology (adult and paediatric) - Respiratory consultant It is also available following approval/prescribing by:

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2009.

ITRACONAZOLE 50mg/5ml LIQUID 150ml R This antimicrobial requires prescribing by: - Haematology/oncology (adult and paediatric) - Respiratory consultant It is also available following approval/prescribing by:

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2009.

**NYSTATIN**

NYSTATIN 500,000 international units TABLETS NF

**POSACONAZOL**

POSACONAZOLE 300mg VIALS R Restricted for prophylaxis and treatment of invasive fungal infections in adult haematology patients where the oral route is unavailable or impaired. MMTC, August 2017
**POSACONAZOLE**

POSACONAZOLE 100mg TABLETS E/C R For the treatment of invasive fungal infection refractory to fluconazole / voriconazole, following approval/prescribing by:

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar. For prophylaxis of invasive fungal infections in Patients receiving remission-induction chemotherapy for acute myelogenous leukemia (AML) or myelodysplastic syndromes (MDS) expected to result in prolonged neutropenia, following approval/prescribing by: - Haematology/Oncology consultant or registrar. MMTC,

January 2014

POSACONAZOLE 200mg/5ml SUSPENSION 105mls R Prophylaxis of invasive fungal infections in Patients receiving remission-induction chemotherapy for acute myelogenous leukemia (AML) or myelodysplastic syndromes (MDS) expected to result in prolonged neutropenia. MMTC, August 2013.

**TERBINAFINE**

TERBINAFINE 250mg TABLETS R This antimicrobial requires prescribing by: - Dermatology (adult + paediatric) consultant or registrar. It is also available following approval/prescribing by:

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar. Antimicrobials Steering Group, January 2012.

**VORICONAZOLE**

VORICONAZOLE 50mg TABLETS R This antimicrobial requires prescribing by:

- Oncology/Haematology (adult + paediatric) consultant or registrar as per Febrile Neutropenia protocol. It is also available following approval/prescribing by:

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar. Antimicrobials Steering Group, January 2012.


VORICONAZOLE 200mg INJECTION  
This antimicrobial requires prescribing by: - Oncology/Haematology (adult + paediatric) consultant or registrar as per Febrile Neutropenia protocol. It is also available following approval/prescribing by: 

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

VORICONAZOLE 200mg TABLETS  
This antimicrobial requires prescribing by: - Oncology/Haematology (adult + paediatric) consultant or registrar as per Febrile Neutropenia protocol. It is also available following approval/prescribing by: 

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

VORICONAZOLE 200mg/5ml ORAL SOLUTION 70ml  
This antimicrobial requires prescribing by: - Oncology/Haematology (adult + paediatric) consultant or registrar as per Febrile Neutropenia protocol. It is also available following approval/prescribing by: 

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

05.02.01 Triazole antifungals

ISAVUCONAZOLE

ISAVUCONAZOLE 100mg CAPSULES  
For the treatment resistant fungal infections or if intolerant to alternatives (amphotericin, voriconazole, posiconazole). All use must be approved by Micro/ID and any off-label use requires an IFR. MMTC, January 2017

ISAVUCONAZOLE 200mg INJECTION  
For the treatment resistant fungal infections or if intolerant to alternatives (amphotericin, voriconazole, posiconazole). All use must be approved by Micro/ID and any off-label use requires an IFR. MMTC, January 2017
CASPOFUNGIN

CASPOFUNGIN ACETATE 70mg INJECTION R For treatment of proven or suspected invasive fungal disease in adults and paediatrics when: initiated by consultant haematologist/oncologist, or, following approval by ID/Micro consultant/registrar. ASG, September 2019 ASG, March 2019

CASPOFUNGIN ACETATE 50mg INJECTION R For treatment of proven or suspected invasive fungal disease in adults and paediatrics when: initiated by consultant haematologist/oncologist, or, following approval by ID/Micro consultant/registrar. ASG, September 2019 ASG, March 2019

MICAFUNGIN

MICAFUNGIN 50mg INJECTION R This antimicrobial requires prescribing by:- Transplant consultant or registrar - prophylaxis at induction (single dose); - Haematology/Oncology (adult and paediatrics; consultant initiation only); - for the treatment of severe fungal infection, 3rd-line treatment of possible fungal infections in febrile neutropenia patients. It is also available following approval/prescribing by:
- Microbiology/ID consultant or registrar; - Paediatric ID consultant or registrar. Antimicrobials Steering Group, January 2012.

MICAFUNGIN 100mg INJECTION R This antimicrobial requires prescribing by:- Transplant consultant or registrar - prophylaxis at induction (single dose); - Haematology/Oncology (adult and paediatrics; consultant initiation only); - for the treatment of severe fungal infection, 3rd-line treatment of possible fungal infections in febrile neutropenia patients. It is also available following approval/prescribing by:
- Microbiology/ID consultant or registrar; - Paediatric ID consultant or registrar. Antimicrobials Steering Group, January 2012.
**ABACAVIR + LAMIVUDINE + ZIDOVUDINE**

TRIZIVIR TABLETS R For use by Infectious Diseases. Antiretroviral Formulary Group, May 2010

**ACICLOVIR**

ACICLOVIR 250mg POWDER FOR INJECTION R Please check patient being discharged on IV antibiotics is staying within Oxfordshire and thus have a postcode starting with ‘OX’. (As per instruction from Ted Baker Medical Director Sep 11).

ACICLOVIR 500MG IN 20ML POWDER FOR INJECTION R Restricted for use as per trust antimicrobial guidelines, during shortage of aciclovir solution for injection. Medicines Effectiveness April 2019

ACICLOVIR 800mg TABLETS Y As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by:

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

ACICLOVIR 400mg TABLETS Y As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by:

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

ACICLOVIR 250mg in 10ml SOLUTION FOR INJECTION Y As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by:

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.
ACICLOVIR 200mg/5ml LIQUID R For patients who cannot tolerate dispersible tablets or if these are not available. Use DISPERSIBLE TABLETS for children and patients with swallowing difficulties or feeding tubes (dispersible tablets are more cost-effective than the liquid and they are also preferable for tubes, as the liquid preps are really viscous). As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

ACICLOVIR 200mg TABLETS Y As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by:

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

ACICLOVIR 500mg in 20ml SOLUTION FOR INJECTION Y As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by:

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

ACICLOVIR 250mg INJECTION Y

ACICLOVIR 400mg TABLETS TTO PACK 15s SR For use by Oxford Sexual Health Service only. Medicines Effectiveness, September 2015.

ADEFOVIR

ADEFOVIR DIPIVOXIL 10mg TABLETS R Use by Consultant Hepatologist for oral Hepatitis B treatment only. Medicines Advisory Committee, December 2008

ATAZANAVIR

ATAZANAVIR 200mg CAPSULES R For use by Infectious Diseases and Genito-urinary Medicine only. ARV, June 2016
<table>
<thead>
<tr>
<th>Medicine</th>
<th>Strength</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ATAZANAVIR</strong></td>
<td></td>
<td>For use by Infectious Diseases and Genito-urinary Medicine only. ARV, June 2016</td>
</tr>
<tr>
<td><strong>ATAZANAVIR 150mg CAPSULES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ATAZANAVIR 300mg CAPSULES</strong></td>
<td>R</td>
<td></td>
</tr>
<tr>
<td><strong>ATAZANAVIR + COBICISTAT</strong></td>
<td></td>
<td><strong>ATAZANAVIR 300mg / COBICISTAT 150mg TABLETSNF</strong></td>
</tr>
<tr>
<td><strong>DARUNAVIR</strong></td>
<td></td>
<td>For use by Infectious Diseases and Genito-urinary Medicine only. ARV, June 2016</td>
</tr>
<tr>
<td><strong>DARUNAVIR 400mg TABLETS</strong></td>
<td>R</td>
<td></td>
</tr>
<tr>
<td><strong>DARUNAVIR 600mg TABLETS</strong></td>
<td>R</td>
<td>For use by Infectious Diseases and Genito-urinary Medicine only. The 600mg tablets can ONLY be initiated after discussion of case by a group consisting of a minimum of 3 consultants, 1 HIV pharmacist and with virology input. Medicines Effectiveness, February 2012.</td>
</tr>
<tr>
<td><strong>DARUNAVIR + COBICISTAT + EMTRICITABINE +</strong></td>
<td></td>
<td>For treatment of HIV 1 in adults and adolescents as per NHSE policy 16043/P and NHSE policy F03/P/b. MMTC, May 2019</td>
</tr>
<tr>
<td><strong>DARUNAVIR 800mg / COBICISTAT 150mg / EMTRICITABINE 200mg / TENOFOVIR</strong></td>
<td>R</td>
<td></td>
</tr>
<tr>
<td><strong>DASABUVIR</strong></td>
<td></td>
<td>For the treatment of hepatitis C as per TA365 and NHS England policy B07/P/a. Initiation by a hepatologist only. MMTC, January 2016</td>
</tr>
<tr>
<td><strong>DIDANOSINE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DIDANOSINE 400mg CAPSULES E.C.</strong></td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td><strong>DIDANOSINE 250mg CAPSULES E.C</strong></td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td><strong>DIDANOSINE 200mg CAPSULES E.C</strong></td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td><strong>EFAVIRENZ</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicine</td>
<td>Strength</td>
<td>Notes</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-----------------------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>EFAVIRENZ 100mg CAPSULES</strong></td>
<td>R</td>
<td>For use by Infectious Diseases and Genito-urinary Medicine only. Medicines Effectiveness, October 2007.</td>
</tr>
<tr>
<td><strong>EFAVIRENZ 50mg CAPSULES</strong></td>
<td>R</td>
<td>For use by Infectious Diseases and Genito-urinary Medicine only. Medicines Effectiveness, October 2007.</td>
</tr>
<tr>
<td><strong>EFAVIRENZ 30mg/ml SOLUTION</strong></td>
<td>R</td>
<td>For use by Infectious Diseases and Genito-urinary Medicine only. Medicines Effectiveness, October 2007.</td>
</tr>
<tr>
<td><strong>EFAVIRENZ 200mg CAPSULES</strong></td>
<td>R</td>
<td>For use by Infectious Diseases and Genito-urinary Medicine only. Medicines Effectiveness, October 2007.</td>
</tr>
<tr>
<td><strong>ENTECAVIR</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ENTECAVIR 500microgram TABLETS</strong></td>
<td>R</td>
<td>Restricted use by Hepatologist Consultants for oral Hepatitis B treatment as per TA153. MAC, February 2009.</td>
</tr>
<tr>
<td><strong>ENTECAVIR 1mg TABLETS</strong></td>
<td>R</td>
<td>Restricted use by Hepatologist Consultants for oral Hepatitis B treatment as per TA153. MAC, February 2009.</td>
</tr>
<tr>
<td><strong>FAMCICLOVIR</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>FAMCICLOVIR 500mg TABLETS</strong></td>
<td>R</td>
<td>This antimicrobial requires approval or prescribing by: Microbiology/ID consultant or registrar.- Paediatric ID consultant or registrar. Do not dispense this medicine unless the relevant approval has been obtained. Medicines Effectiveness, February 2009</td>
</tr>
<tr>
<td><strong>FAMCICLOVIR 250mg TABLETS</strong></td>
<td>R</td>
<td>This antimicrobial requires approval or prescribing by: Microbiology/ID consultant or registrar.- Paediatric ID consultant or registrar. Do not dispense this medicine unless the relevant approval has been obtained. Medicines Effectiveness, February 2009</td>
</tr>
</tbody>
</table>
FAMCICLOVIR 250mg TABLETS  R  This antimicrobial requires approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

FOSAMPRENAVIR
FOSAMPRENAVIR 700mg TABLETS NF

FOSCARNET
FOSCARNET 6g in 250ml INFUSION  R  This antimicrobial requires approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar NB: intravitreal administration is UNLICENSED and NON-FORMULARY. Antimicrobials Steering Group, January 2012.

GANCICLOVIR
GANCICLOVIR 500mg in 100ml SODIUM CHLORIDE 0.9% INFUSION (EMERGENCY BAG)  SR  For emergency use only- see procedure on sharepoint site (Clinical/Baxter). Pharmacist to calculate exact volume to be administered to deliver prescribed dose. If stock expires book out to Transplant/Haematology/Critical Care PPDU, November 2011.

GLECAPREVIR
GLECAPREVIR 100mg / PIBRENTASVIR 40mg TABLETS  R  For the treatment chronic hepatitis C in adults as per NICE TA499

INDINAVIR
INDINAVIR 400mg CAPSULES  NF

INDINAVIR 200mg CAPSULES  NF

LAMIVUDINE
LAMIVUDINE 150mg TABLETS  R  For viral hepatitis or HIV treatent. It is also available following approval/prescribing by: - ID consultant or registrar Antimicrobials Steering Group, January 2009.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Formulation</th>
<th>Code</th>
<th>Purpose and Availability Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAMIVUDINE 100mg TABLETS FILM</td>
<td>R</td>
<td>R</td>
<td>For viral hepatitis or HIV treatment. It is also available following approval/prescribing by: - ID consultant or registrar Antimicrobials Steering Group, January 2009.</td>
</tr>
<tr>
<td>COATED</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LAMIVUDINE 50mg/5ml LIQUID 240ml</td>
<td>R</td>
<td>R</td>
<td>For viral hepatitis or HIV treatment. It is also available following approval/prescribing by: - ID consultant or registrar Antimicrobials Steering Group, January 2009.</td>
</tr>
<tr>
<td>LETERMOVIR</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LETERMOVIR 240mg TABLETS</td>
<td>R</td>
<td>R</td>
<td>For preventing Cytomegalovirus disease after a stem cell transplant as per NICE TA591 only. MMTC August 2019</td>
</tr>
<tr>
<td>LOPINAVIR + RITONAVIR</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LOPINAVIR 400mg / RITONAVIR 100mg in 5ml ORAL SOLUTION 60ml</td>
<td>R</td>
<td>For use by Infectious Diseases and Genito-urinary Medicine only. Medicines Effectiveness, February 2012</td>
<td></td>
</tr>
<tr>
<td>LOPINAVIR 200mg / RITONAVIR 50mg TABLETS</td>
<td>R</td>
<td>For use by Infectious Diseases and Genito-urinary Medicine only. Medicines Effectiveness, February 2012</td>
<td></td>
</tr>
<tr>
<td>LOPINAVIR 100mg / RITONAVIR 25mg TABLETS</td>
<td>R</td>
<td>For use by Infectious Diseases and Genito-urinary Medicine only. Medicines Effectiveness, February 2012</td>
<td></td>
</tr>
<tr>
<td>MARAVIROC</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MARAVIROC 150mg TABLETS</td>
<td>R</td>
<td>R</td>
<td>For use by Infectious Diseases and Genito-urinary Medicine only. Medicines Effectiveness, January 2009.</td>
</tr>
<tr>
<td>NELFINAVIR</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NELFINAVIR 250mg TABLETS</td>
<td>NF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NEVIRAPINE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NEVIRAPINE 50mg/5ml LIQUID</td>
<td>R</td>
<td>R</td>
<td>Infectious Diseases only. Medicines Effectiveness, February 2013.</td>
</tr>
<tr>
<td>NEVIRAPINE 200mg TABLETS</td>
<td>R</td>
<td>R</td>
<td>Infectious Diseases only. Medicines Effectiveness, February 2013.</td>
</tr>
</tbody>
</table>
OMBITASVIR

OMBITASVIR 12.5mg, PARITAPREVIR 75mg, RITONAVIR 50mg TABLETS

For the treatment of hepatitis C as per TA365 and NHS England policy B07/P/a. Initiation by a hepatologist only. MMTC, January 2016

OSELTAMIVIR

OSELTAMIVIR 75mg CAPSULES

For influenza prophylaxis as per NICE TA158 and for influenza treatment only when national threshold is reached (per DoH guideline) as per TA168. It is also available following approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

OSELTAMIVIR 45mg CAPSULES

For influenza prophylaxis as per NICE TA158 and for influenza treatment only when national threshold is reached (per DoH guideline) as per TA168. It is also available following approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

OSELTAMIVIR 30mg in 5ml LIQUID 65ml

For influenza prophylaxis as per NICE TA158 and for influenza treatment only when national threshold is reached (per DoH guideline) as per TA168. It is also available following approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Type</th>
<th>Uses</th>
</tr>
</thead>
<tbody>
<tr>
<td>OSELTAMIVIR 30mg CAPSULES</td>
<td>R</td>
<td>For influenza prophylaxis as per NICE TA158 and for influenza treatment only when national threshold is reached (per DoH guideline) as per TA168. It is also available following approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.</td>
</tr>
<tr>
<td>PALIVIZUMAB</td>
<td>R</td>
<td>PALIVIZUMAB 50mg INJECTION: For the prevention of RSV as per PCT statement 189: 1. pre-term infants with chronic lung disease (CLD) who have the birth or gestational age at the start of the RSV season indicated in table 1 of the JCVI statement. 2. pre-term infants with haemodynamical. Medicines Effectiveness, February 2013.</td>
</tr>
<tr>
<td></td>
<td>R</td>
<td>PALIVIZUMAB 100mg INJECTION: For the prevention of RSV as per PCT statement 189: 1. pre-term infants with chronic lung disease (CLD) who have the birth or gestational age at the start of the RSV season indicated in table 1 of the JCVI statement. 2. pre-term infants with haemodynamical. Medicines Effectiveness, February 2013.</td>
</tr>
<tr>
<td>RALTEGRAVIR</td>
<td>R</td>
<td>For use by Infectious Diseases and Genito-urinary Medicine only. Medicines Effectiveness, February 2012.</td>
</tr>
<tr>
<td>RIBAVIRIN</td>
<td>UNR</td>
<td>RIBAVIRIN 1.2g in 12ml INJECTION: This antimicrobial requires approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.</td>
</tr>
<tr>
<td></td>
<td>R</td>
<td>RIBAVIRIN 200mg/5ml LIQUID: For small paediatric doses (for continuation of therapy) as per NICE TA300. MMTC, January 2014.</td>
</tr>
</tbody>
</table>

---
RIBAVIRIN 200mg TABLETS (COPEGUS) R For use by Consultant Hepatologist for oral Hepatitis treatment as per TA75, TA106 and TA200. MAC, April 2003.

RITONAVIR

RITONAVIR 100mg TABLETS R For use by Infectious Diseases and Genito-urinary Medicine only. Only in combination with a Protease Inhibitor. Antiretroviral Formulary Group, May 2010.

SAQUINAVIR

SAQUINAVIR 500mg TABLETS NF

STAVUDINE

STAVUDINE 20mg CAPSULES NF
STAVUDINE 30mg CAPSULES NF
STAVUDINE 40mg CAPSULES NF
STAVUDINE 1mg/ml SUSPENSION NF

TENOFOVIR ALAFENAMIDE + EMTRICITABINE +

TENOFOVIR ALAFENAMIDE 25mg / EMTRICITABINE 200mg / RILPIVIRINE 25mg TABLETS (ODEFSEY) R For treatment of HIV 1 in adults and adolescents as per NHSE policy 16043/P. To be initiated by Infectious Diseases or Sexual Health HIV consultant only. MMTC, June 2017

VALACICLOVIR

VALACICLOVIR 500mg TABLETS R For prophylaxis of CMV disease post-transplant (Transplant Unit consultant or registrar only). It is also available following approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.
VALACICLOVIR 500mg TABLETS R For prophylaxis of CMV disease post-transplant (Transplant Unit consultant or registrar only). It is also available following approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

VALGANCICLOVIR

VALGANCICLOVIR 250mg/5ml LIQUID 100ml R For patients with swallowing difficulties or feeding tubes. For prophylaxis of CMV disease post-transplant (Transplant Unit consultant or registrar only). It is also available following approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

VALGANCICLOVIR 450mg TABLETS R For prophylaxis of CMV disease post-transplant (Transplant Unit consultant or registrar only). It is also available following approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

ZANAMIVIR

ZANAMIVIR 200mg IN 20ml SOLUTION FOR INFUSION R For the treatment of influenza in critically ill patients unable to receive enteral or inhaled antivirals as per PHE guidance. MMTC, October 2019

ZANAMIVIR 5mg/BLISTER DISKHALER + 5 DISKS R For influenza prophylaxis as per NICE TA158 and for influenza treatment only when national threshold is reached (per DoH guideline) as per TA168. It is also available following approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

ZIDOVUDINE
ZIDOVUDINE 250mg CAPSULES Y

ZIDOVUDINE 100mg CAPSULES R For infectious diseases use only. Medicines Effectiveness, February 2013.

ZIDOVUDINE 10mg/1ml SYRUP R For infectious diseases use only. Medicines Effectiveness, February 2013.

ZIDOVUDINE 10mg/ml 20ml INJECTION R For infectious diseases use only. Medicines Effectiveness, February 2013.

ZIDOVUDINE 250mg CAPSULES R For infectious diseases use only. Medicines Effectiveness, February 2013.

05.03.01 HIV infection

ABACAVIR

ABACAVIR 100mg/5ml LIQUID R For use by Infectious Diseases and Genito-urinary Medicine only. Medicines Effectiveness, Jul 1999.

ABACAVIR 300mg TABLETS R For use by Infectious Diseases and Genito-urinary Medicine only. Medicines Effectiveness, Jul 1999.

ABACAVIR + LAMIVUDINE

ABACAVIR 600mg & LAMIVUDINE 300mg (KIVEXA) TABLETS R For use by Infectious Diseases and Genito-Urinary Medicine only. Medicines Effectiveness, August 2006.

COBICISTAT + ELVITEGRAVIR + EMTRICITABINE

COBICISTAT / ELVITEGRAVIR / EMTRICITABINE / TENOFOVIR DISOPROXIL R For use by Infectious Diseases and Genito-urinary Medicine only. Restricted to patients who require a reduced pill burden and who are unsuitable for/intolerant of first line therapies. MMTC, July 2016.

DARUNAVIR

DARUNAVIR 500mg/5ml LIQUID R Patients with feeding tubes or swallowing difficulties only. For use by Infectious Diseases and Genito-urinary Medicine only. Medicines Effectiveness, February 2012.
DARUNAVIR 800mg TABLETS R For use by Infectious Diseases and Genito-urinary Medicine only. Medicines Effectiveness, February 2012

DARUNAVIR + COBICISTAT
DARUNAVIR 800mg / COBICISTAT 150mg TABLETS R For use by Infectious Diseases and Genito-urinary Medicine only. Restricted for patients with tablet burden related adherence issues. MMTC, July 2016

EFAVIRENZ + EMTRICITABINE + TENOFOVIR
EFAVIRENZ 600mg, EMTRICITABINE 200mg, TENOFOVIR DISOPROXIL 245mg TABLETS R For use by Infectious Diseases and Genito-urinary Medicine only. Medicines Effectiveness, May 2008.

EMTRICITABINE
EMTRICITABINE 200mg CAPSULES R For use by Infectious Diseases and Genito-urinary Medicine only. Restricted use (adherence issues, toxicity, drug interaction). Medicines Effectiveness, November 2004.

EMTRICITABINE + TENOFOVIR
TENOFOVIR 245mg & EMTRICITABINE 200mg TABLETS (TRUVADA) R For use by Infectious Diseases and Genito-urinary Medicine only. Antiretroviral Formulary Group, May 2010

ETRAVIRINE
ETRAVIRINE 100mg TABLETS R For use by Infectious Diseases and Genito-urinary Medicine consultants only. To be initiated only after discussion of case by a group consisting of a minimum of 3 consultants, 1 HIV pharmacist and with virology input. Antiretroviral Formulary

ETRAVIRINE 200mg TABLETS R Use by Infectious Diseases consultants only. To be initiated only after discussion of case by a group consisting of a minimum of 3 consultants, 1 HIV pharmacist and with virology input. Antiretroviral Formulary

LAMIVUDINE + ZIDOVUDINE
<table>
<thead>
<tr>
<th>Drug</th>
<th>Dosage Form</th>
<th>Prescription</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zidovudine 300mg / Lamivudine 150mg Tablets</td>
<td>R</td>
<td>For use by Infectious Diseases and Genito-urinary Medicine only. Medicines Effectiveness, Jul 1999.</td>
<td></td>
</tr>
<tr>
<td><strong>Maraviroc</strong></td>
<td></td>
<td>R</td>
<td>For use by Infectious Diseases and Genito-urinary Medicine only. Medicines Effectiveness, Jan 2009.</td>
</tr>
<tr>
<td>Maraviroc 300mg Tablets</td>
<td>R</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nevirapine</td>
<td></td>
<td>R</td>
<td>Only if SR specified. For all other 400mg doses use 2 x 200mg tablets. Infectious Diseases only. Medicines Effectiveness, Feb 2013.</td>
</tr>
<tr>
<td>Nevirapine 50mg Tablets M/R</td>
<td>R</td>
<td></td>
<td>For use by infectious disease only. Medicines Effectiveness, Feb 2013.</td>
</tr>
<tr>
<td>Nevirapine 100mg Tablets M/R</td>
<td>R</td>
<td></td>
<td>For use by infectious disease only. Medicines Effectiveness, Feb 2013.</td>
</tr>
<tr>
<td><strong>Raltegravir</strong></td>
<td></td>
<td>R</td>
<td>For the treatment of HIV-1 and post exposure prophylaxis (PEP) in patients requiring a once daily regime. For use by Infectious Diseases and Genito-urinary Medicine only. MMTC, March 2018</td>
</tr>
<tr>
<td>Raltegravir 600mg Tablets</td>
<td>R</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rilpivirine</td>
<td></td>
<td>R</td>
<td>2nd line treatment for HIV. Initiation restricted to ID / Paed ID / GUM. MMTC, Aug 2012.</td>
</tr>
<tr>
<td>Rilpivirine 25mg Tablets</td>
<td>R</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ritonavir 100mg Sachets</td>
<td>R</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tenofovir</td>
<td></td>
<td>R</td>
<td>Restricted use by Hepatologist Consultants for Hepatitis B treatment as per NICE TA173 and ID / Paed ID / GU prescribers for HIV. Medicines Effectiveness, Jan 2015</td>
</tr>
<tr>
<td>Tenofovir 33mg/g Oral Granules (60g)</td>
<td>R</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
TENOFOVIR DISOPROXIL 245mg TABLETS  R  This antimicrobial requires approval/prescribing by: - Hepatologist Consultants for oral Hepatitis B treatment as per NICE TA173. - ID / Paed ID / GU prescribers for HIV. Medicines Effectiveness, January 2009.

TENOFOVIR 123mg TABLETS  R  Restricted to Paed ID / Micro / ID / OSHS. Medicines Effectiveness, October 2016

TENOFOVIR + EMTRICITABINE + RILPIVIRINE

TENOFOVIR 245mg / EMTRICITABINE 200mg / RILPIVIRINE 25mg F/C TABLETS  R  For use by Infectious Diseases and Genito-urinary Medicine only. Antiretroviral Formulary Group, May 2010

TIPRANAVIR

TIPRANAVIR 250mg CAPSULES  R  For use by Infectious Diseases and Genito-urinary Medicine consultants only. To be initiated only after discussion of case by a group consisting of a minimum of 3 consultants, 1 HIV pharmacist and with virology input. Antiretroviral Formulary

05.03.01 HIV infections

EMTRICITABINE

EMTRICITABINE 200mg & TENOFOVIR ALAFENAMIDE 25mg TABLETS  R  For treatment of HIV 1 in adults and adolescents as per NHSE policy 16043/P. MMTC, June 2017

EMTRICITABINE 200mg & TENOFOVIR ALAFENAMIDE 10mg TABLETS  R  For treatment of HIV 1 in adults and adolescents as per NHSE policy 16043/P. MMTC, June 2017

RALTEGRAVIR

RALTEGRAVIR 25mg CHEWABLE TABLETS  R  For treatment of post exposure prophylaxis or treatment of HIV in paediatric patients. For use/recommended by Paeds ID / ID / OSHS only. MMTC, October 2017

Tenofovir+Cobicistat+ELVITEGRAVIR+EMTRICITA
TENOFOVIR ALAFENAMIDE 10mg / EMTRICITABINE R 200mg / COBICISTAT 150mg / ELVITEGRAVIR

For the management of HIV in those where tenofovir disoproxil containing regimens are contraindicated due to renal or osteoporosis, or where an abacavir based regimen is clinically inappropriate. To be initiated by Infectious Diseases or GUM consultants in line with NHSE policy F03/P/a. MMTC, March 2017

05.03.03  Viral hepatitis

**DACLATASVIR**

**DACLATASVIR 60mg TABLETS** R

For the treatment of hepatitis C as per TA364 and NHS England policy B07/P/a. Initiation by a hepatologist only. MMTC, January 2016

**ELBASVIR**

**ELBASVIR 50mg & GRAZOPREVIR 100mg TABLETS** R

For the treatment of chronic hepatitis C as per NICE TA413. MMTC, May 2017

**SIMEPREVIR**

**SIMEPREVIR 150mg CAPSULES** NICETA Approved for use as per NICE TA only. An individual patient NICE implementation form is required (see PPDU SharePoint). Medicines Effectiveness, March 2015

**SOFOSBUVIR**

**SOFOSBUVIR 400mg TABLETS** R

For the treatment of hepatitis C as per TA330 and NHS England policy B07/P/a. Initiation by a hepatologist only. MMTC, January 2016

**SOFOSBUVIR + LEDIPASIVIR**

**SOFOSBUVIR 400mg / LEDIPASIVIR 90mg TABLETS** R (Licensed stock)

For the treatment of hepatitis C as per TA363 and NHS England policy B07/P/a. Initiation by a hepatologist only. MMTC, January 2016

**SOFOSBUVIR + VELPATASVIR**

**SOFOSBUVIR 400mg & VELPATASVIR 100mg TABLETS** R

For the treatment of chronic hepatitis C as per NICE TA430. MMTC, May 2017

05.03.05  Respiratory syncytial virus
05.04 Antiprotozoal drugs

**NITAZOXANIDE**

NITAZOXANIDE 500mg TABLETS UNR For the treatment of Cryptosporidia, resistant giardia and Amoebiasis where standard treatment has failed as recommended by Micro / ID MMTC, August 2019

05.04.01 Antimalarials

**ARTEMETHER + LUMEFANTRINE**

RIAMET 20mg/120mg TABLETS R For the treatment of malaria. This antimicrobial requires approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

**ARTESUNATE**

ARTESUNATE 60mg INJECTION UNR For severe falciparum malaria. MAC, November 2008

**CHLOROQUINE**

CHLOROQUINE SULPHATE 50mg/5ml (base) LIQUID R For paediatric patients, patients with swallowing difficulties or feeding tubes, for treatment of malaria. This antimicrobial requires approval/prescribing by:

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

**MEFLOQUINE**

MEFLOQUINE 250mg TABLETS NF

**PRIMAQUINE**
PRIMAQUINE PHOSPHATE 7.5mg TABLETS UNR For treatment of malaria. This antimicrobial requires approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

PROGUANIL

PROGUANIL 100mg TABLETS NF

PROGUANIL + ATOVAQUONE

PROGUANIL 100mg / ATOVAQUONE 250mg TABLETS R For the treatment of malaria. ASG, August 2015.

PYRIMETHAMINE

PYRIMETHAMINE 25mg TABLETS R This antimicrobial requires approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

QUININE

QUININE DIHYDROCHLORIDE 300mg IN 1ml INJECTION UNR For the treatment of complicated falciparum malaria (second line after artesunate IV). This antimicrobial requires approval/prescribing by: Microbiology/ID consultant or registrar; Paediatric ID consultant or registrar. Antimicrobials Steering Group, January 2012.

05.04.02 Amoebicides

DILOXANIDE

DILOXANIDE FUROATE 500mg TABLETS R This antimicrobial requires approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

05.04.04 Antigiardial drugs

CHLOROQUINE
CHLOROQUINE PHOSPHATE 250mg TABLETS R For treatment of malaria This antimicrobial requires approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

MEPACRINE

MEPACRINE 100mg TABLETS SR For the treatment of Giardia unresponsive to first and second line treatment. This antimicrobial requires approval or prescribing by: Microbiology/ID consultant or registrar. MMTC, February 2017

SODIUM STIBOGLUCONATE

SODIUM STIBOGLUCONATE 100ml INJECTION R This antimicrobial requires approval/prescribing by: - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

05.04.08 Drugs for pneumocystis pneumonia

ATOVAQUONE

ATOVAQUONE 750MG/5ML SUSPENSION R This antimicrobial requires approval or prescribing by: - Microbiology/ID consultant or registrar. - Paediatric ID consultant or registrar .Antimicrobials Steering Group, January 2012.

ATOVAQUONE 750mg/5ml SUSPENSION R This antimicrobial requires approval or prescribing by: - Microbiology/ID consultant or registrar. - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

05.05 Anthelmintics

ALBENDAZOLE
<table>
<thead>
<tr>
<th>Drug</th>
<th>Formulation</th>
<th>Code</th>
<th>Approval/Prescribing by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALBENDAZOLE 400mg TABLETS UNR</td>
<td></td>
<td></td>
<td>Microbiology/ID consultant or registrar, Paediatric ID consultant or registrar. Antimicrobials Steering Group, January 2012.</td>
</tr>
<tr>
<td>MEBENDAZOLE</td>
<td>MEBENDAZOLE 100mg/5ml LIQUID R</td>
<td></td>
<td>Microbiology/ID consultant or registrar, Paediatric ID consultant or registrar. Antimicrobials Steering Group, January 2012.</td>
</tr>
<tr>
<td></td>
<td>MEBENDAZOLE 100mg TABLETS R</td>
<td></td>
<td>Microbiology/ID consultant or registrar, Paediatric ID consultant or registrar. Antimicrobials Steering Group, January 2012.</td>
</tr>
<tr>
<td>PRAZIQUANTEL</td>
<td>PRAZIQUANTEL 600mg TABLETS UNR</td>
<td></td>
<td>Microbiology/ID consultant or registrar, Paediatric ID consultant or registrar. Antimicrobials Steering Group, January 2012.</td>
</tr>
<tr>
<td>IVERMECTIN</td>
<td>IVERMECTIN 3mg TABLETS UNR</td>
<td></td>
<td>Microbiology/ID consultant or registrar, Paediatric ID consultant or registrar. Antimicrobials Steering Group, January 2009.</td>
</tr>
</tbody>
</table>

05.05.01 Drugs for threadworms

05.05.05 Schistosomicsides

05.05.06 Filaricides

05.05.08 Drugs for strongyloidiasis

ALBENDAZOLE
ALBENDAZOLE 400mg TABLETS UNR This antimicrobial requires approval or prescribing by: - Microbiology/ID consultant or registrar. - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

5.3 Antiviral drugs

05.03.01 HIV infection

DOLUTEGRAVIR

DOLUTEGRAVIR 50mg & ABACAVIR 600mg & LAMIVUDINE 300mg TABLETS (TRIUMEQ) R For initiation by Infectious Diseases / Paediatric Infectious Diseases / GUM only. ARVFG, May 2015.

DOLUTEGRAVIR 50mg TABLETS R For initiation by Infectious Diseases / Paediatric Infectious Diseases / GUM only. MMTC, May 2015.

ENTECAVIR

ENTECAVIR 50microgram/ml ORAL SOLUTION R Restricted use by Hepatologist Consultants for oral Hepatitis B treatment as per TA153. MAC, February 2009.

06 Endocrine system

CONJUGATED OESTROGENS + BAZEDOXIFENE

CONJUGATED OESTROGENS/BAZEDOXIFENE 0.45mg TABLETS m/r R For the treatment of oestrogen deficiency symptoms in postmenopausal women with a uterus for whom treatment with progesterin-containing therapy is inappropriate. MMTC, September 2017

Danazol

DANAZOL 100mg CAPSULES Y

INSULIN

INSULIN ASPART 100units/ml PRE-FILLED PEN PEN NF 3ml (NOVORAPID FLEXTOUCH) For established patients and diabetologists or diabetes specialist nurse recommendation only. MMTC, July 2007

LIOTHYRONINE
LIOTHYRONINE 5microgram TABLETS R Restricted to initiation by consultant endocrinologists for hypothyroidism and consultant oncologists for adjuvant treatment of thyroid cancer. MMTC, November 2019

PREDNISOLONE
PREDNISOLONE 50mg in 5ml LIQUID NF

SEMAGLUTIDE
SEMAGLUTIDE 250microgram (1.34mg IN 1ml) NF INJECTION PRE-FILLED PEN

06. 05 Hypothalamic and pituitary hormones and anti-oestrogens

06.05.01 Hypothalamic and anterior pituitary hormones and anti-oestrogens

FOLLITROPIN ALFA
FOLLITROPIN ALFA 450units PEN NF

06.01 Drugs used in diabetes

06.01.01 Insulins

INSULIN
INSULIN ABASAGLAR (KWIKPEN) 100units/ml R DISPOSABLE PEN 3ml For continuation of therapy and following recommendation by the Specialist Diabetes team only. MMTC, June 2017

INSULIN ISOPHANE 100units/ml PRE FILLED PEN NF 3ml

06.01.02 Antidiabetic drugs

ALOGLIPTIN
ALOGLIPTIN 12.5mg TABLETS R For the management of type 2 diabetes following recommendation by diabetologist only as per NICE guideline NG28. Alogliptin is considered the 1st line dipeptidylpeptidase-4 inhibitor at the OUHFT. MMTC, March 2017

06.01 Drugs used in diabetes

GLUCOSE
GLUCOSE 40% GEL (GLUCOGEL) 25g Y For use in Hypo Boxes.

GLUCOSE TABLETS R For use in Hypo Boxes. Medicines Effectiveness,
INSULIN ABASAGLAR 100 UNITS/ML CARTRIDGES 3ML

INSULIN GLULISINE
INSULIN APIDRA 100 units/ml VIAL 10ml

06.01.01 Insulins

CLICKSTAR
CLICKSTAR PEN DEVICE R

HUMAPEN
HUMAPEN LUXURA PEN DEVICE R
HUMAPEN SAVVIO GREEN R

INSULIN
INSULIN HYPURIN PORCINE 30/70 MIX 100 units/ml VIAL 10ml
INSULIN HUMULIN I 100 units/ml CARTRIDGES 3ml
INSULIN INSULATARD 100 units/ml VIAL 10ml
INSULIN INSULATARD 100 units/ml DISPOSABLE PEN 3ml (INNOLET)
INSULIN HYPURIN PORCINE ISOPHANE 100 units/ml VIAL 10ml
INSULIN HUMALOG 100 units/ml CARTRIDGE 3ml

INSULIN HYPURIN BOVINE ISOPHANE 100 units/ml VIAL 10ml

January 2016

For continuation of therapy and following recommendation by the Specialist Diabetes team only. MMTC, June 2017

For continuation only. Medicines Effectiveness, December 2010.

For continuation only. Medicines Effectiveness, December 2010.

For use with ‘Lilly’ insulin (‘Humalog’ or ‘Humulin’) 3-ml cartridges. Suitable for use with ‘BD’ insulin pen needles. Medicines Effectiveness, October 2017

For established patients and diabetologists or diabetes specialist nurse recommendation only. MMTC, July 2007

For established patients and diabetologists or diabetes specialist nurse recommendation only. MMTC, July 2007

Restricted for continuation of therapy and diabetologists or diabetes specialist nurse recommendation only. MMTC,
<table>
<thead>
<tr>
<th>Product Name</th>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>INSULIN HUMULIN S 100units/ml VIAL 10ml</td>
<td>R</td>
<td>For established patients and diabetologists or diabetes specialist nurse recommendation only. MMTC, July 2007</td>
</tr>
<tr>
<td>INSULIN HUMULIN M3 100units/ml VIAL 10ml</td>
<td>R</td>
<td>For established patients and diabetologists or diabetes specialist nurse recommendation only. MMTC, July 2007</td>
</tr>
<tr>
<td>INSULIN HYPURIN PORCINE NEUTRAL 100units/ml VIAL 10ml</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>INSULIN HUMULIN M3 100units/ml CARTRIDGE 3ml</td>
<td>R</td>
<td>For established patients and diabetologists or diabetes specialist nurse recommendation only. MMTC, July 2007</td>
</tr>
<tr>
<td>INSULIN INSUMAN BASAL 100units/ml VIAL 5ml</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>INSULIN HUMULIN I 100units/ml VIAL 10ml</td>
<td>R</td>
<td>For established patients and diabetologists or diabetes specialist nurse recommendation only. MMTC, July 2007</td>
</tr>
<tr>
<td>INSULIN INSULATARD 100units/ml CARTRIDGES 3ml</td>
<td>R</td>
<td>For established patients and diabetologists or diabetes specialist nurse recommendation only. MMTC, July 2007</td>
</tr>
<tr>
<td>INSULIN ACTRAPI 100units/ml VIAL 10ml</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>INSULIN HUMALOG (KWIKPEN) 100units/ml DISPOSABLE PEN 3ml</td>
<td>R</td>
<td>Restricted for continuation of therapy and diabetologists or diabetes specialist nurse recommendation only. MMTC, January 2016</td>
</tr>
<tr>
<td>INSULIN HUMALOG MIX 50 100units/ml CARTRIDGE 3ml</td>
<td>R</td>
<td>For established patients and diabetologists or diabetes specialist nurse recommendation only. MMTC, July 2007</td>
</tr>
</tbody>
</table>

January 2016

INSULIN HUMALOG MIX 50 100units/ml CARTRIDGE 3ml

INSULIN HUMAN SOLUBLE 50units IN 50ml PREFILLED SYRINGE

For patients requiring a Variable Rate Intravenous Insulin Infusion as per MIL Vol. 6 No. 7. Medicines Effectiveness, March 2011.
INSULIN HUMALOG MIX 50 (KWIKPEN) 100units/ml DISPOSABLE PEN 3ml
For established patients and diabetologists or diabetes specialist nurse recommendation only. MMTC, July 2007

INSULIN HUMALOG MIX 25 100units/ml VIAL 10ml
For established patients and diabetologists or diabetes specialist nurse recommendation only. MMTC, July 2007

INSULIN HUMALOG MIX 25 100units/ml CARTRIDGE 3ml
For established patients and diabetologists or diabetes specialist nurse recommendation only. MMTC, July 2007

INSULIN HUMALOG MIX 25 (KWIKPEN) 100units/ml DISPOSABLE PEN 3ml
For established patients and diabetologists or diabetes specialist nurse recommendation only. MMTC, July 2007

INSULIN HUMALOG 100units/ml VIAL 10ml
Restricted for continuation of therapy and diabetologists or diabetes specialist nurse recommendation only. MMTC, January 2016

INSULIN HUMULIN M3 (KWIKPEN) 100units/ml DISPOSABLE PEN 3ml
For established patients and diabetologists or diabetes specialist nurse recommendation only. MMTC, July 2007

INSULIN LEVEMIR 100units/ml DISPOSABLE PEN (INNOLET) 3ml

INSULIN NOVORAPID 100units/ml VIAL 10ml
For established patients and diabetologists or diabetes specialist nurse recommendation only. MMTC, July 2007

INSULIN NOVORAPID 100units/ml DISPOSABLE PEN 3ml
For established patients and diabetologists or diabetes specialist nurse recommendation only. MMTC, July 2007

INSULIN NOVORAPID 100units/ml CARTRIDGE 3ml
For established patients and diabetologists or diabetes specialist nurse recommendation only. MMTC, July 2007

INSULIN NOVOMIX 30 100units/ml DISPOSABLE PEN 3ml
For established patients and diabetologists or diabetes specialist nurse recommendation only. MMTC, July 2007

INSULIN HYPURIN BOVINE NEUTRAL 100units/ml VIAL 10ml
Y
<table>
<thead>
<tr>
<th>Product</th>
<th>Type</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>INSULIN NOVOMIX 30 100units/ml CARTRIDGE 3ml</td>
<td>R</td>
<td>For established patients and diabetologists or diabetes specialist nurse recommendation only. MMTC, July 2007</td>
</tr>
<tr>
<td>INSULIN LEVEMIR 100units/ml DISPOSABLE</td>
<td></td>
<td>FLEXPEN 3ml</td>
</tr>
<tr>
<td>INSULIN LEVEMIR 100units/ml CARTRIDGE 3ml</td>
<td>R</td>
<td>For established patients and diabetologists or diabetes specialist nurse recommendation only. MMTC, July 2007</td>
</tr>
<tr>
<td>INSULIN LANTUS 100units/ml CARTRIDGE 3ml</td>
<td>R</td>
<td>For established patients and diabetologists or diabetes specialist nurse recommendation only. MMTC, July 2007</td>
</tr>
<tr>
<td>INSULIN INSUMAN COMB 25 CARTRIDGE 3ml</td>
<td>R</td>
<td>Restricted for continuation of therapy only. This will be ordered in for individual patients. Use solostar device if patient doesn’t have pen with them. MMTC, January 2016</td>
</tr>
<tr>
<td>INSULIN INSUMAN COMB 15 CARTRIDGE 3ml</td>
<td>R</td>
<td>Restricted for continuation of therapy only. If the patient does not have their pen device please contact diabetes team to supply pen or recommended alternative. MMTC, January 2016</td>
</tr>
<tr>
<td>INSULIN INSUMAN COMB 25/75 SOLOSTAR 3ml</td>
<td></td>
<td>NF PRE-FILLED PEN</td>
</tr>
<tr>
<td>INSULIN LANTUS 100units/ml DISPOSABLE PEN</td>
<td>R</td>
<td>(SOLOSTAR) For established patients and diabetologists or diabetes specialist nurse recommendation only. MMTC, July 2007</td>
</tr>
<tr>
<td>INSULIN LANTUS 100units/ml VIAL 10ml</td>
<td>R</td>
<td>For established patients and diabetologists or diabetes specialist nurse recommendation only. MMTC, July 2007</td>
</tr>
<tr>
<td>INSULIN DEGLUDEC 100units/ml CARTRIDGE 3ml</td>
<td>R</td>
<td>Restricted to use in patients with multiple episodes of hypoglycaemia over 12 months and for those with repeated admissions for DKA. Initiation following diabetologist recommendation only. MMTC, July 2015</td>
</tr>
</tbody>
</table>
INSULIN HYPURIN BOVINE PROTAMINE ZINC 100units/ml VIAL 10ml

INSULIN TRESIBA 100units/ml DISPOSABLE PEN 3ml

INSULIN HYPURIN BOVINE LENTE 100units/ml VIAL 10ml

INSULIN INSUMAN COMB 25 VIAL 5ml

INSULIN FIASP 100units/ml VIAL

INSULIN FIASP 100units/ml FLEXTOUCH PRE-FILLED PEN 3ml

INSULIN NOVORAPID 100units/ml PUMPCART 1.6ml

INSULIN HUMULIN S 100units/ml CARTRIDGES 3ml

INSULIN FIASP 100 UNITS/ML CARTRIDGE 3ML

INSULIN TRESIBA 200units/ml DISPOSABLE PEN 3ML

INSULIN TOUJEO (SOLOSTAR) 300units / ml PRE-FILLED PEN 1.5ml

**July 2015**

INSULIN TRESIBA 100units/ml DISPOSABLE PEN 3ml R

Restricted for continuation of therapy only. MMTC, January 2016

INSULIN HYPURIN BOVINE LENTE 100units/ml VIAL 10ml

Restricted to use in patients with multiple episodes of hypoglycaemia over 12 months and for those with repeated admissions for DKA. Initiation following diabetologist recommendation only. MMTC,

**January 2016**

INSULIN INSUMAN COMB 25 VIAL 5ml R

Restricted for continuation of therapy only. This will be ordered in for individual patients. Use solostar device if patient doesn’t have pen with them. MMTC,

INSULIN FIASP 100units/ml VIAL R

For continuation of therapy and following recommendation by the Specialist Diabetes team only. MMTC, June 2017

INSULIN FIASP 100units/ml FLEXTOUCH PRE-FILLED PEN 3ml R

For continuation of therapy and following recommendation by the Specialist Diabetes team only. MMTC, June 2017

INSULIN NOVORAPID 100units/ml PUMPCART 1.6ml R

Restricted for continuation of therapy and diabetologists or diabetes specialist nurse recommendation only. MMTC,

**January 2016**

INSULIN HUMULIN S 100units/ml CARTRIDGES 3ml R

For established patients and diabetologists or diabetes specialist nurse recommendation only. MMTC, July 2007.

INSULIN FIASP 100 UNITS/ML CARTRIDGE 3ML R

For continuation of therapy and following recommendation by the Specialist Diabetes team only. MMTC, June 2017

INSULIN TRESIBA 200units/ml DISPOSABLE PEN 3ML NF

INSULIN TOUJEO (SOLOSTAR) 300units / ml PRE-FILLED PEN 1.5ml R

Restricted for continuation of therapy or initiation by diabetologist only. MMTC,
INSULIN APIDRA 100units/ml CARTRIDGE 3ml R Restricted for continuation of therapy only. This will be ordered in for individual patients. Use solostar device if patient doesn’t have pen with them. MMTC, January 2016

INSULIN INSUMAN COMB 50 CARTRIDGE 3ml R Restricted for continuation of therapy only. If the patient does not have their pen device please contact diabetes team to supply pen or recommended alternative. MMTC, January 2016

INSULIN GLULISINE

INSULIN APIDRA 100units/ml DISPOSABLE PEN 3ml R Restricted for continuation of therapy only. MMTC, January 2016

NOVOPEN

NOVOPEN 4 PEN DEVICE R For continuation only. Medicines Effectiveness, December 2010.

06.01.02 Drugs used in diabetes

CANAGLIFLOZIN

CANAGLIFLOZIN 300mg TABLETS R For the treatment of type 2 diabetes as per NICE TA315 & NICE TA390. MMTC, November 2016.

DULAGLUTIDE

DULAGLUTIDE 1.5mg IN 0.5ml PRE-FILLED PEN NF

06.01.02 Antidiabetic drugs

ACARBOSE

ACARBOSE 100mg TABLETS R For established patients and diabetologists or diabetes specialist nurse recommendation only. MMTC, July 2007.

ACARBOSE 50mg TABLETS R For established patients and diabetologists or diabetes specialist nurse recommendation only. MMTC, July 2007.

ALOGLIPTIN

ALOGLIPTIN 6.25mg TABLETS R For the management of type 2 diabetes following recommendation by diabetologist only as per NICE guideline NG28. MMTC, March 2017
<table>
<thead>
<tr>
<th>Medicine</th>
<th>Dose</th>
<th>Prescription Requirements</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ALOGLIPTIN</strong></td>
<td>25mg TABLETS</td>
<td>R For the management of type 2 diabetes following recommendation by diabetologist only as per NICE guideline NG28. MMTC, March 2017</td>
<td></td>
</tr>
<tr>
<td><strong>CANAGLIFLOZIN</strong></td>
<td>100mg TABLETS</td>
<td>R For the treatment of type 2 diabetes as per NICE TA315 &amp; NICE TA390. MMTC, November 2016</td>
<td></td>
</tr>
<tr>
<td><strong>DAPAGLIFLOZIN</strong></td>
<td>5mg TABLETS</td>
<td>R For the treatment of type 2 diabetes as per NICE TA288, TA390 and TA418. MMTC, April 2017</td>
<td></td>
</tr>
<tr>
<td><strong>DAPAGLIFLOZIN</strong></td>
<td>10mg TABLETS</td>
<td>R For the treatment of type 2 diabetes as per NICE TA288, TA390 and TA418. MMTC, April 2017</td>
<td></td>
</tr>
<tr>
<td><strong>EMPAGLIFLOZIN</strong></td>
<td>25mg TABLETS</td>
<td>R For the treatment of type 2 diabetes as per NICE TA336 &amp; NICE TA390. MMTC, November 2016</td>
<td></td>
</tr>
<tr>
<td><strong>EMPAGLIFLOZIN</strong></td>
<td>10mg TABLETS</td>
<td>R For the treatment of type 2 diabetes as per NICE TA336 &amp; NICE TA390. MMTC, November 2016</td>
<td></td>
</tr>
<tr>
<td><strong>EXENATIDE</strong></td>
<td>10microgram INJECTION</td>
<td>R Initiated by diabetology consultants as per NICE TA248. Medicines Effectiveness, October 2007</td>
<td></td>
</tr>
<tr>
<td><strong>EXENATIDE</strong></td>
<td>5microgram INJECTION</td>
<td>R Initiated by diabetology consultants as per NICE TA248. Medicines Effectiveness, October 2007</td>
<td></td>
</tr>
<tr>
<td><strong>EXENATIDE</strong></td>
<td>2mg INJECTION MR</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td><strong>GALVUS</strong></td>
<td>VILDAGLIPTIN 50mg TABLETS</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td><strong>GLICLAZIDE</strong></td>
<td>30mg TABLETS M/R</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>Medication</td>
<td>Dosage</td>
<td>Status</td>
<td></td>
</tr>
<tr>
<td>--------------------------</td>
<td>-----------------</td>
<td>--------</td>
<td></td>
</tr>
<tr>
<td><strong>GLICLAZIDE</strong></td>
<td>80mg TABLETS</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td><strong>GLIMEPIRIDE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GLIMEPIRIDE 2mg TABLETS</td>
<td>NF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GLIMEPIRIDE 3mg TABLETS</td>
<td>NF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GLIMEPIRIDE 1mg TABLETS</td>
<td>NF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GLIMEPIRIDE 4mg TABLETS</td>
<td>NF</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>GLIPIZIDE</strong></td>
<td>5mg TABLETS</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td><strong>LINAGLIPTIN</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LINAGLIPTIN 5mg TABLETS</td>
<td>F/C R</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>LIRAGLUTIDE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LIRAGLUTIDE 6mg in 1ml PRE-FILLED PEN</td>
<td>R</td>
<td>For the management of type 2 diabetes in those with renal impairment following recommendation by diabetologist only. Linagliptin is also available for use as per the Oxford Heart Centre diabetes management protocol. MMTC, August 2016</td>
<td></td>
</tr>
<tr>
<td><strong>LIXISENATIDE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LIXISENATIDE 10microgram PRE-FILLED PEN</td>
<td>R</td>
<td>For the management of type 2 diabetes following recommendation by diabetologist only as per NICE guideline NG28. MMTC, March 2017</td>
<td></td>
</tr>
<tr>
<td>LIXISENATIDE 20microgram PRE-FILLED PEN</td>
<td>R</td>
<td>For the management of type 2 diabetes following recommendation by diabetologist only as per NICE guideline NG28. MMTC, March 2017</td>
<td></td>
</tr>
<tr>
<td><strong>METFORMIN</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>METFORMIN 500mg TABLETS</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>METFORMIN 500mg TABLETS M/R</td>
<td>NF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>METFORMIN 850mg TABLETS</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug</td>
<td>Formulation</td>
<td>Code</td>
<td>Notes</td>
</tr>
<tr>
<td>--------------</td>
<td>------------------------------------</td>
<td>------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>METFORMIN</strong></td>
<td>750mg TABLETS M/R</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td></td>
<td>500mg/5ml LIQUID</td>
<td>R</td>
<td>For patients with feeding tubes only. Tablets can be crushed and dispersed in water for patients swallowing difficulties. Medicines Effectiveness, April 2014</td>
</tr>
<tr>
<td><strong>NATEGLINIDE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>120mg TABLETS (NF)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td></td>
<td>60mg TABLETS (NF)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td><strong>ONGLYZA</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>SAXAGLIPTIN 5mg TABLETS</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SAXAGLIPTIN 2.5mg TABLETS</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td><strong>PIOGLITAZONE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PIOGLITAZONE 15mg TABLETS</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PIOGLITAZONE 30mg TABLETS</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td><strong>REPAGLINIDE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>REPAGLINIDE 500microgram TABLETS</td>
<td>R</td>
<td>For use by Diabetologists only. Medicines Effectiveness, December 2008.</td>
</tr>
<tr>
<td></td>
<td>REPAGLINIDE 2mg TABLETS</td>
<td>R</td>
<td>For use by Diabetologists only. Medicines Effectiveness, December 2008.</td>
</tr>
<tr>
<td></td>
<td>REPAGLINIDE 1mg TABLETS</td>
<td>R</td>
<td>For use by Diabetologists only. Medicines Effectiveness, December 2008.</td>
</tr>
<tr>
<td><strong>SITAGLIPTIN</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>SITAGLIPTIN 50mg TABLETS</td>
<td>R</td>
<td>For the management of type 2 diabetes following recommendation by diabetologist only as per NICE guideline NG28. MMTC, March 2017</td>
</tr>
<tr>
<td></td>
<td>SITAGLIPTIN 25mg TABLETS</td>
<td>R</td>
<td>For the management of type 2 diabetes following recommendation by diabetologist only as per NICE guideline NG28. MMTC, March 2017</td>
</tr>
<tr>
<td>Drug/Device</td>
<td>Description</td>
<td>Application</td>
<td></td>
</tr>
<tr>
<td>-------------</td>
<td>-------------</td>
<td>-------------</td>
<td></td>
</tr>
<tr>
<td>SITAGLIPTIN 100mg TABLETS</td>
<td>R</td>
<td>For the management of type 2 diabetes following recommendation by diabetologist only as per NICE guideline NG28. MMTC, March 2017</td>
<td></td>
</tr>
<tr>
<td>TETRACOSACTIDE</td>
<td>GLIPIZIDE 5mg TABLETS</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>TOLBUTAMIDE</td>
<td>TOLBUTAMIDE 500mg TABLETS</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>06.01.02 Thyroid and antithyroid drugs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GLICLAZIDE</td>
<td>GLICLAZIDE 40MG TABLETS</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>06.01.04 Treatment of hypoglycaemia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIAZOXIDE</td>
<td>DIAZOXIDE 50mg TABLETS</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>06.01.06 Thyroid and antithyroid drugs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GLUCAGON</td>
<td>GLUCAGON NOVO 1mg INJECTION</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>06.01.06 Diagnostic and monitoring devices for diabetes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>URISTIX</td>
<td>URISTIX</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>06.01.06 Diagnostic and monitoring devices for diabetes mellitus</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KETODIASTIX</td>
<td>KETODIASTIX</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>TEST STRIPS</td>
<td>BM-ACCUTEST (50)</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td></td>
<td>MEDISENSE FREESTYLE OPTIUM GLUCOSE STRIPS (50)</td>
<td>R</td>
<td>For use on discharge only. Medicines Effectiveness, February 2012.</td>
</tr>
<tr>
<td></td>
<td>MEDISENSE FREESTYLE OPTIUM H KETONE STRIPS (10)</td>
<td>R</td>
<td>For areas not converted to XCEED. Medicines Effectiveness, February 2012.</td>
</tr>
<tr>
<td></td>
<td>MEDISENSE PRECISION Xceed PRO KETONE STRIPS (50)</td>
<td>R</td>
<td>For in-patient use only. Not for discharge. Medicines Effectiveness, February 2012.</td>
</tr>
</tbody>
</table>
06.02 Thyroid and antithyroid drugs

**ETELCALCETIDE**

ETELCALCETIDE 10mg IN 2ml INJECTION R For the treatment of secondary hyperparathyroidism as per NICE TA448. MMTC, November 2017

ETELCALCETIDE 2.5mg IN 0.5ml INJECTION R For the treatment of secondary hyperparathyroidism as per NICE TA448. MMTC, November 2017

**POTASSIUM IODIDE**

POTASSIUM IODIDE 65mg TABLETS R For use with MIBG treatment Medicines Effectiveness May 2019

**SOFOSBUVIR + VELPATASVIR + VOXILAPREVIR**

SOFOSBUVIR 400MG / VELPATASVIR 100MG / VOXILAPREVIR 100MG TABLETS R For use as per NICE TA507 for treating chronic hepatitis C. MMTC, July 2018

06.02.01 Thyroid hormones

**LEVOTHYROXINE**

LEVOTHYROXINE 50microgram TABLETS Y

LEVOTHYROXINE 25microgram TABLETS Y

LEVOTHYROXINE 100microgram TABLETS Y

LEVOTHYROXINE 200microgram in 1ml INJECTION UNNF

**LIOTHYRONINE**

LIOTHYRONINE 20microgram TABLETS R Restricted to initiation by consultant endocrinologists for hypothyroidism and consultant oncologists for adjuvant treatment of thyroid cancer. MMTC, November 2019

LIOTHYRONINE 20microgram INJECTION R Restricted to initiation by consultant endocrinologists for hypothyroidism and consultant oncologists for adjuvant treatment of thyroid cancer. MMTC, November 2019

**TRIIODOTHYROACETIC ACID**
<table>
<thead>
<tr>
<th>Name</th>
<th>Formulation</th>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TRIOIODOTHYROACETIC ACID</strong></td>
<td>350micrograms TABLETS</td>
<td>UNR</td>
<td>For Thyroid hormone resistance syndrome. Medicines Effectiveness, April 2015</td>
</tr>
<tr>
<td><strong>06.02.02  Antithyroid drugs</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CARBIMAZOLE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CARBIMAZOLE 20mg TABLETS</td>
<td></td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>CARBIMAZOLE 5mg TABLETS</td>
<td></td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td><strong>ETELCALCETIDE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ETELCALCETIDE 5mg IN 1ml INJECTION</td>
<td></td>
<td>R</td>
<td>For the treatment of secondary hyperparathyroidism as per NICE TA448. MMTC, November 2017</td>
</tr>
<tr>
<td><strong>IODINE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IODINE AQUEOUS ORAL SOLUTION (LUGOLS)</td>
<td>Y 500ml</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IODINE AQUEOUS ORAL SOLUTION (LUGOLS)</td>
<td>SR 500ml (HUDDERSFIELD)</td>
<td></td>
<td>For theatres use only. Medicines Effectiveness, April 2014</td>
</tr>
<tr>
<td><strong>POTASSIUM IODATE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>POTASSIUM IODATE 85mg TABLETS</td>
<td></td>
<td>R</td>
<td>For use by Radiology/X-ray only. Medicines Effectiveness, July 2011.</td>
</tr>
<tr>
<td><strong>POTASSIUM IODIDE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>POTASSIUM IODIDE 60mg CAPSULES</td>
<td>UNR</td>
<td></td>
<td>For use by Radiology/X-ray only. Medicines Effectiveness, July 2011.</td>
</tr>
<tr>
<td><strong>PROPYLTHIOURACIL</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PROPYLTHIOURACIL 50mg TABLETS</td>
<td></td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td><strong>06.03  Corticosteroids</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>BETAMETHASONE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BETAMETHASONE SOLUBLE 500microgram TABLETS</td>
<td></td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td><strong>DEXAMETHASONE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEXAMETHASONE 500microgram TABLETS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PREDNISOLONE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PREDNISOLONE 20mg TABLETS</td>
<td></td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>PREDNISOLONE 5mg SOLUBLE TABLETS</td>
<td></td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td><strong>06.03.01  Replacement therapy</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug Name</td>
<td>Description</td>
<td>Availability</td>
<td>Notes</td>
</tr>
<tr>
<td>-------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>--------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>FLUDROCORTISONE</strong></td>
<td>FLUDROCORTISONE ACETATE 100microgram TABLETS</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>06.03.02</strong></td>
<td>Glucocorticoid therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>BETAMETHASONE</strong></td>
<td>BETAMETHASONE 4mg IN 1ml INJECTION R</td>
<td></td>
<td>To prevent respiratory distress in premature babies. Medicines Effectiveness, June 2011.</td>
</tr>
<tr>
<td><strong>DEFLAZACORT</strong></td>
<td>DEFLAZACORT 1mg TABLETS</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td><strong>DEXAMETHASONE</strong></td>
<td>DEXAMETHASONE INTRACAMERAL 3.3mg/ml AMPOULE PRESERVATIVE FREE UNR</td>
<td></td>
<td>For off-label intra-cameral use in Glaucoma surgery with laser ECP, and cataract surgery with iris manipulation only. MMTC, October 2018</td>
</tr>
<tr>
<td></td>
<td>DEXAMETHASONE PHOSPHATE 8mg IN 2ml Y INJECTION</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>DEXAMETHASONE 500microgram TABLETS Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>DEXAMETHASONE 2mg TABLETS</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td></td>
<td>DEXAMETHASONE 2mg/5ml LIQUID SF Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td></td>
<td>DEXAMETHASONE PHOSPHATE 4mg IN 1ml Y INJECTION</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td><strong>HYDROCORTISONE</strong></td>
<td>HYDROCORTISONE 5MG/5ML LIQUID 150ML SR</td>
<td></td>
<td>For use in paediatrics only. Medicines Effectiveness June 2015.</td>
</tr>
<tr>
<td></td>
<td>HYDROCORTISONE 10mg TABLETS</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HYDROCORTISONE 20mg TABLETS</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HYDROCORTISONE SOD PHOSPHATE 100mg in 1ml INJECTION</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HYDROCORTISONE SOD SUCCINATE 100mg Y INJECTION</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HYDROCORTISONE SOD SUCCINATE 100mg INJECTION TTO PACK</td>
<td>SR</td>
<td>For areas allowed to keep TTO packs. Medicines Effectiveness, January 2015.</td>
</tr>
</tbody>
</table>
HYDROCORTISONE ACETATE 5mg IN 5ml LIQUID  UNR

For use in paediatrics only. Medicines Effectiveness, June 2015.
### Methyprednisolone

<table>
<thead>
<tr>
<th>Product</th>
<th>Formulation</th>
<th>Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methyprednisolone Acetate 80mg in 2ml</td>
<td>Subcutaneous depot</td>
<td>Y</td>
</tr>
<tr>
<td>Methyprednisolone Acetate 120mg in 3ml</td>
<td>Subcutaneous depot</td>
<td>Y</td>
</tr>
<tr>
<td>Methyprednisolone sodium succinate 2g</td>
<td>Injection</td>
<td>Y</td>
</tr>
<tr>
<td>Methyprednisolone 4mg Tablets</td>
<td>Tablets</td>
<td>Y</td>
</tr>
<tr>
<td>Methyprednisolone 100mg Tablets</td>
<td>Tablets</td>
<td>Y</td>
</tr>
<tr>
<td>Methyprednisolone Acetate 40mg in 1ml</td>
<td>Subcutaneous depot</td>
<td>Y</td>
</tr>
<tr>
<td>Methyprednisolone sodium succinate 125mg</td>
<td>Injection</td>
<td>Y</td>
</tr>
<tr>
<td>Methyprednisolone sodium succinate 40mg</td>
<td>Injection</td>
<td>Y</td>
</tr>
<tr>
<td>Methyprednisolone sodium succinate 500mg</td>
<td>Injection</td>
<td>Y</td>
</tr>
<tr>
<td>Methyprednisolone sodium succinate 1g</td>
<td>Injection</td>
<td>Y</td>
</tr>
<tr>
<td>Methyprednisolone Acetate 80mg in 2ml</td>
<td>Subcutaneous depot</td>
<td>Y</td>
</tr>
</tbody>
</table>

### Prednisolone

<table>
<thead>
<tr>
<th>Product</th>
<th>Formulation</th>
<th>Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prednisolone 1mg Tablets</td>
<td>Tablets</td>
<td>Y</td>
</tr>
<tr>
<td>Prednisolone E.C 5mg Tablets</td>
<td>Tablets</td>
<td>NF</td>
</tr>
<tr>
<td>Prednisolone 5mg Tablets</td>
<td>Tablets</td>
<td>Y</td>
</tr>
<tr>
<td>Prednisolone 20mg Tablets</td>
<td>Tablets</td>
<td>Y</td>
</tr>
<tr>
<td>Prednisolone 2.5mg Tablets E/C</td>
<td>Tablets</td>
<td>NF</td>
</tr>
</tbody>
</table>

### Triamcinolone

<table>
<thead>
<tr>
<th>Product</th>
<th>Formulation</th>
<th>Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Triamcinolone 40mg in 1ml Injection</td>
<td>Injection</td>
<td>Y</td>
</tr>
</tbody>
</table>

#### 06.04 Sex hormones

### Elleste-Duet Conti

<table>
<thead>
<tr>
<th>Product</th>
<th>Formulation</th>
<th>Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elleste-Duet Conti Combination Tablets</td>
<td>Tablets</td>
<td>NF</td>
</tr>
</tbody>
</table>

### Estradiol

<table>
<thead>
<tr>
<th>Product</th>
<th>Formulation</th>
<th>Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estradiol Patches 80 (Fematrix)</td>
<td></td>
<td>NF</td>
</tr>
</tbody>
</table>
06.04.01   Female sex hormones and their modulators

**CLIMESSE**

CLIMESSE 2mg TABLETS   NF

**ELLESTE**

ELLESTE DUET 1mg TABLETS (1x84)   NF

**ELLESTE DUET**

ELLESTE DUET 2mg TABLETS (1x84)   NF

**ESTRADIOL**

ESTRADIOL 2mg TABLETS (ZUMENON)   NF

ESTRADIOL 1mg & NORETHISTERONE 500microgram TABLETS 3X28   NF

ESTRADIOL 1mg GEL SACHETS (SANDRENA)   Y

ESTRADIOL 1mg TABLETS (PROGYNOVA)   Y

ESTRADIOL 100microgram PATCHES (EVOREL)   Y

ESTRADIOL 1mg/DYDROGESTERONE 5mg TABLETS 3x28   NF

ESTRADIOL 80microgram/24hr PATCHES   NF

ESTRADIOL 2mg TABLETS (PROGYNOVA)   Y

ESTRADIOL 40micrograms/24hr PATCHES   NF

ESTRADIOL 50mg PELLETS   UNR For use by Menopause Clinic only. Medicines Effectiveness, February 2013.

ESTRADIOL 50microgram PATCHES (EVOREL)   Y

ESTRADIOL 25microgram PATCHES (EVOREL)   Y

ESTRADIOL 2mg (ELLESTE SOLO) TABLETS   Y   NB: Only 2mg tablets available at OUH

ESTRADIOL 25mg IMPLANTS   UNR For use by Menopause Clinic only. Medicines Effectiveness, February 2013.

OESTROGENS CONJUGATED 300microgram TABLETS (3X28)   NF
<table>
<thead>
<tr>
<th>Product</th>
<th>Formulation</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ESTROGEL</strong></td>
<td>ESTROGEL 80g GEL</td>
<td>NF</td>
</tr>
<tr>
<td><strong>ESTROPIPATE</strong></td>
<td>ESTROPIPATE 1.5mg TABLETS</td>
<td>NF</td>
</tr>
<tr>
<td><strong>ETHINYLESTRADIOL</strong></td>
<td>ETHINYLESTRADIOL 1mg TABLETS</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>ETHINYLESTRADIOL 2microgram TABLETS</td>
<td>UNR</td>
</tr>
<tr>
<td></td>
<td>ETHINYLESTRADIOL 10microgram TABLETS</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>ETHINYLESTRADIOL 50microgram TABLETS</td>
<td>Y</td>
</tr>
<tr>
<td><strong>EVOREL</strong></td>
<td>EVOREL CONTI PATCHES (8 PATCHES)</td>
<td>NF</td>
</tr>
<tr>
<td><strong>KLIOFEM</strong></td>
<td>KLIOFEM (Estradiol 2mg Norethisterone 1mg) TABLETS (3x28)</td>
<td>NF</td>
</tr>
<tr>
<td><strong>MEDROXYPROGESTERONE</strong></td>
<td>MEDROXYPROGESTERONE 10mg TABLETS</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>MEDROXYPROGESTERONE 2.5mg TABLETS</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>MEDROXYPROGESTERONE 5mg TABLETS</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>MEDROXYPROGESTERONE 10mg TABLETS</td>
<td>Y</td>
</tr>
<tr>
<td><strong>NORETHISTERONE</strong></td>
<td>NORETHISTERONE 1mg TABLETS (MICRONOR HRT)</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>NORETHISTERONE 5mg TABLETS</td>
<td>Y</td>
</tr>
<tr>
<td><strong>NUVELLE</strong></td>
<td>NUVELLE TABLETS (28)</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>NUVELLE CONTINUOUS TABLETS</td>
<td>NF</td>
</tr>
<tr>
<td><strong>OESTROGENS CONJUGATED</strong></td>
<td>OESTROGENS CONJUGATED 1.25mg TABLET</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>(Premarin)</td>
<td></td>
</tr>
</tbody>
</table>
OESTROGENS CONJUGATED 625 microgram Y 
TABLET (Premarin)

PREMIQUE
PREMIQUE 5mg TABLETS NF

PROGESTERONE
PROGESTERONE 50mg in 1ml INJECTION Y

PROGESTERONE 200mg PESSARIES R For use by Oxford Fertility Unit. Medicines Effectiveness, March 2013.

PROGESTERONE 100mg in 2ml INJECTION Y

PROGESTERONE 400mg PESSARIES R For use on the IVF unit. Also, for the prevention of preterm labour [off-label] until 34 weeks gestation. MMTC, April 2018

PROGESTERONE (MICRONISED) 100mg CAPSULES (UTROGESTAN) NF

RALOXIFENE
RALOXIFENE 60mg TABLETS NICETA Approved for use as per NICE TA only. An individual patient NICE implementation form is required (see PPDU SharePoint). Medicines Effectiveness, February 2013.

TIBOLONE
TIBOLONE 2.5mg TABLETS Y

06.04.02 Male sex hormones and antagonists

DIHYDROTESTOSTERONE
DIHYDROTESTOSTERONE 2.5% TOPICAL GEL 80g UNR For patients with microphallus. Medicines Effectiveness, February 2013.

FINASTERIDE
FINASTERIDE 5mg TABLETS Y

MESTEROLONE
MESTEROLONE 25mg TABLETS Y

TESTOSTERONE
TESTOSTERONE 250mg in 1ml INJECTION Y
TESTOSTERONE 50mg/5g GEL Sachets (30’s) R To be used by OCDEM for the treatment of hypogonadism in line with the Shared Care Protocol for testosterone replacement therapy. MAC, November 2011.

TESTOSTERONE 5mg PATCHES NF

TESTOSTERONE UNDECANOATE 1g in 4ml INJECTION (oily) R To be used by OCDEM for the treatment of hypogonadism in line with the Shared Care Protocol for testosterone replacement therapy. MAC, November 2011.

TESTOSTERONE 40mg CAPSULES Y

06.04.03 Anabolic steroids

STANOZOLOL

STANOZOLOL 2mg TABLETS UNR For the treatment of patients with hereditary angioedema when danazol is ineffective or inappropriate. MAC, December 2010.

06.05 Hypothalamic and pituitary hormones and anti-oestrogens

DESMOPRESSIN

DESMOPRESSIN 150microgram/DOSE NASAL SPRAY R For use in Haemophilia centre only. Medicines Effectiveness, November 2005.

06.05.01 Hypothalamic and anterior pituitary hormones and anti-oestrogens

CHORIOGONADOTROPIN

CHORIOGONADOTROPIN ALFA 250microgram (6,500international units) PRE-FILLED PEN R Restricted for use by Fertility and Endocrinology for fertility treatment. MMTC September 2018

CLOMIFENE

CLOMIFENE 50mg TABLETS Y

CORTICOTROPIN RELEASING

CORTICOTROPIN RELEASING HORMONE 100microgram IN 1ml INJECTION UNR Restricted to diagnosis of cushings disease. Medicines Effectiveness, February 2013.

DASATINIB
**GONADORELIN**

GONADORELIN 100microgram INJECTION UNR To be ordered as substitute for licensed product during supply problem. Medicines Effectiveness April 2019

---

**HUMAN MENOPAUSAL GONADOTROPHIN**

<table>
<thead>
<tr>
<th>Description</th>
<th>Code</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>HUMAN MENOPAUSAL GONADOTROPHIN 1200 international units INJECTION (MENOPUR)</td>
<td>R</td>
<td>For use by Oxford Fertility Unit. Medicines Effectiveness, January 2011.</td>
</tr>
<tr>
<td>HUMAN MENOPAUSAL GONADOTROPHIN 600 international units INJECTION (MENOPUR)</td>
<td>R</td>
<td>For use by Oxford Fertility Unit. Medicines Effectiveness, January 2011.</td>
</tr>
<tr>
<td>HUMAN MENOPAUSAL GONADOTROPHIN 75 international units INJ (MENOPUR)</td>
<td>R</td>
<td>To induce ovulation in women who have not successfully recruited a follicle using other ovulation induction methods, and in male subfertility, to treat hypogonadotrophic hypogonadism to stimulate spermatogenesis. Restricted for use by Fertility and Endocrinology. MMTC July 2018</td>
</tr>
</tbody>
</table>

---

**PEGVISOMANT**

<table>
<thead>
<tr>
<th>Description</th>
<th>Code</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>PEGVISOMANT 10mg INJECTION</td>
<td>R</td>
<td>For the treatment of acromegaly (3rd line) as per NHS England Policy 16050/P. MMTC, January 2017</td>
</tr>
<tr>
<td>PEGVISOMANT 20mg INJECTION</td>
<td>R</td>
<td>For the treatment of acromegaly (3rd line) as per NHS England Policy 16050/P. MMTC, January 2017</td>
</tr>
</tbody>
</table>

---

**PROTIRELIN**

<table>
<thead>
<tr>
<th>Description</th>
<th>Code</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROTIRELIN 200microgram INJECTION</td>
<td>UNR</td>
<td>For investigation of pituitary/hypothalamic hypothyroidism. Medicines Effectiveness, February 2015</td>
</tr>
</tbody>
</table>

---

**SOMATROPIN**

<table>
<thead>
<tr>
<th>Description</th>
<th>Code</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOMATROPIN 800micrograms INJECTION</td>
<td>R</td>
<td>For continuation of therapy and as per the OCCG Shared Care Protocol. Medicines Effectiveness, July 2016</td>
</tr>
<tr>
<td>SOMATROPIN 10mg/1.5ml PRE-FILLED PEN</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>Product Description</td>
<td>Status</td>
<td>Remarks</td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
<td>--------</td>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>SOMATROPIN 0.6MG PRE-FILLED PEN (MINIQUICK)</td>
<td>R</td>
<td>For continuation of therapy and as per the OCCC Shared Care Protocol. Medicines Effectiveness, July 2016</td>
</tr>
<tr>
<td>SOMATROPIN 12mg (36units) PEN REFIL CARTRIDGE</td>
<td>Y</td>
<td>For patients with proven adherence problems. Medicines Effectiveness, May 2012.</td>
</tr>
<tr>
<td>SOMATROPIN 200microgram (0.6units) SYRINGE</td>
<td>Y</td>
<td>For use in needle phobic patients as requested by Paediatric Endocrinologist. Medicines Effectiveness, May 2012.</td>
</tr>
<tr>
<td>SOMATROPIN 20mg (60 UNITS) IN 2.5ml INJECTION</td>
<td>R</td>
<td>Free supply for Bagot and Drake only. Medicines Effectiveness, March 2003.</td>
</tr>
<tr>
<td>SOMATROPIN 10mg (30units) VIAL (ZOMACTON)</td>
<td>R</td>
<td>For use in needle phobic patients as requested by Paediatric Endocrinologist. Medicines Effectiveness, May 2012.</td>
</tr>
<tr>
<td>SOMATROPIN 400microgram SINGLE DOSE SYRINGE (FREE SUPPLY)</td>
<td>R</td>
<td>For continuation of therapy only. Medicines Effectiveness, March 2013.</td>
</tr>
<tr>
<td>SOMATROPIN 5.3mg (16units) PEN REFIL CARTRIDGE</td>
<td>Y</td>
<td>For continuation of therapy and as per the OCCC Shared Care Protocol. Medicines Effectiveness, July 2016</td>
</tr>
<tr>
<td>SOMATROPIN 5mg (15 units) in 1.5ml CARTRIDGE</td>
<td>NF</td>
<td>For use as per thyroid cancer radiiodine treatment protocol. MMTC, October 2015.</td>
</tr>
<tr>
<td>SOMATROPIN 5mg in 1.5ml (15international units) CARTRIDGE (OMNITROPE)</td>
<td>Y</td>
<td>For use as per thyroid cancer radiiodine treatment protocol. MMTC, October 2015.</td>
</tr>
<tr>
<td>SOMATROPIN 400microgram (1.2international units) PRE-FILLED SYRINGE</td>
<td>R</td>
<td>For continuation of therapy only. Medicines Effectiveness, March 2013.</td>
</tr>
</tbody>
</table>

**TETRACOSACTIDE**

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Status</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>TETRACOSACTIDE 250microgram IN 1ml INJECTION</td>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>

**THYROTROPIN ALFA**

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Status</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>THYROTROPIN ALFA 900micrograms INJECTION</td>
<td>R</td>
<td>For use as per thyroid cancer radiiodine treatment protocol. MMTC, October 2015.</td>
</tr>
</tbody>
</table>

**06.05.01 Hypothalamic and pituitary hormones and anti-oestrogens**

**SOMATROPIN**

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Status</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOMATROPIN 15mg IN 1.5ml (45international units) CARTRIDGE for SUREPAL (OMNITROPE)</td>
<td>R</td>
<td>For continuation of therapy and as per the OCCC Shared Care Protocol. Medicines Effectiveness, July 2016.</td>
</tr>
<tr>
<td>SOMATROPIN 5.3mg INJECTION (GoQUICK - GENOTROPIN)</td>
<td>R</td>
<td>For continuation of therapy and as per the OCCC Shared Care Protocol. Medicines Effectiveness, July 2016.</td>
</tr>
</tbody>
</table>
06.05.02 Posterior pituitary hormones and antagonists

ARGIPRESSIN

ARGIPRESSIN (VASOPRESSIN) 20units in 1ml INJECTION R Prevention of excessive blood loss during the removal of uterine fibroids OR hypotension in critical care. MAC, July 2011.

DESMOPRESSIN

DESMOPRESSIN 100microgram TABLETS Y
DESMOPRESSIN 100microgram in 1ml NASAL SOLUTION 2.5ml Y
DESMOPRESSIN 120micrograms SUBLINGUAL TABLETS NF
DESMOPRESSIN 15microgram in 1ml INJECTION R For use in Haemophilia centre only. Medicines Effectiveness, November 2005.
DESMOPRESSIN 10microgram/dose NASAL SPRAY 6ml Y
DESMOPRESSIN 4microgram IN 1ml INJECTION Y

SOMATROPIN

SOMATROPIN 10mg in 2ml (30international Units) INJECTION (NUTROPIN AQ) NF
SOMATROPIN 10mg in 1.5ml INJECTION NF
SOMATROPIN 10mg in 1.5ml (30international units) CARTRIDGE (OMNITROPE) Y
SOMATROPIN 15mg INJECTION NF

TERLIPRESSIN

TERLIPRESSIN 1mg IN 5ml INJECTION (VARIQUEL) Y

TOLVAPTAN
TOLVAPTAN 15mg TABLETS NF (Samsca brand NF), Jinerac brand R - For the treatment of autosomal dominant polycystic kidney disease as per TA358. MMTC, January 2016

TOLVAPTAN (JINARC) 45mg/15mg TABLETS R For the treatment of autosomal dominant polycystic kidney disease as per TA358. MMTC, November 2016

TOLVAPTAN (JINARC) 90mg/30mg TABLETS R For the treatment of autosomal dominant polycystic kidney disease as per TA358. MMTC, November 2016

TOLVAPTAN (JINARC) 60mg/30mg TABLETS R For the treatment of autosomal dominant polycystic kidney disease as per TA358. MMTC, November 2016

6.05.01 Hypothalamic and anterior pituitary hormones and anti-oestrogens

SOMATROPIN

SOMATROPIN 4mg (12units) VIAL (ZOMACTON) R For use in needle phobic patients as requested by paediatric endocrinologist. Medicines Effectiveness, May 2012

06.05. Hypothalamic and pituitary hormones and anti-oestrogens

SOMATROPIN

SOMATROPIN 15mg IN 1.5ml PRE-FILLED PEN NF

06.06 Drugs affecting bone metabolism

06.06.01 Calcitonin and parathyroid hormone

TERIPARATIDE

TERIPARATIDE 250micrograms in 1ml PEN 3ml R For secondary prevention of fragility fracture in women, as per NICE TA161 following prior approval from OCCG, and men, as per NHSE commissioning statement 170064P. MMTC, May 2019

06.06.02 Bisphosphonates and other drugs affecting bone metabolism

ALENDRONIC

ALENDRONIC ACID 70mg EFFERVESCENT TABLETS NF
ALENDRONIC ACID

ALENDRONIC ACID 70mg TABLETS  Y
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Formulation</th>
<th>Prescriber Code</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ALENDRONIC ACID</strong></td>
<td>10mg TABLETS</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td><strong>DENOSUMAB</strong></td>
<td>120mg INJECTION</td>
<td>R</td>
<td>For the prevention of skeletal-related events in adults with bone metastases from solid tumours as per NICE TA265; and for the treatment of giant cell tumours of the bone. MMTC, April 2013.</td>
</tr>
<tr>
<td><strong>DISODIUM ETIDRONATE</strong></td>
<td>200mg TABLETS</td>
<td>R</td>
<td>Initiation at NOC only. Medicines Effectiveness, December 2011</td>
</tr>
<tr>
<td><strong>IBANDRONIC ACID</strong></td>
<td>150mg TABLET</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td><strong>IBANDRONIC ACID</strong></td>
<td>50mg TABLETS</td>
<td>R</td>
<td>For the reduction of bone damage in bone metastases in breast cancer and as an adjuvant treatment of early breast cancer in post-menopausal women. MMTC, November 2017</td>
</tr>
<tr>
<td><strong>PAMIDRONATE</strong></td>
<td>15mg in 5ml INJECTION</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td></td>
<td>30mg in 10ml INJECTION</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td></td>
<td>90mg in 30ml INJECTION</td>
<td>R</td>
<td></td>
</tr>
<tr>
<td></td>
<td>90mg in 6ml INJECTION</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td></td>
<td>30mg in 2ml INJECTION</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td></td>
<td>15mg IN 1ml INJECTION</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td><strong>RISEDRONATE SODIUM</strong></td>
<td>5mg TABLETS</td>
<td>R</td>
<td>Restricted to NOC and established osteoporosis patients only. Medicines Effectiveness, December 2011.</td>
</tr>
<tr>
<td></td>
<td>35mg TABLETS</td>
<td>R</td>
<td>For patients who cannot tolerate Alendronic acid. Medicines Effectiveness, December 2011.</td>
</tr>
<tr>
<td></td>
<td>30mg TABLETS</td>
<td>R</td>
<td>Restricted to Metabolic Bone Unit at NOC only. Medicines Effectiveness, December 2011.</td>
</tr>
</tbody>
</table>
**SODIUM CLODRONATE**

SODIUM CLODRONATE 400mg CAPSULES  R  For use by Oncology/haematology only. Medicines Effectiveness, December 2011.

**STRONTIUM RANELATE**

STRONTIUM RANELATE 2g SACHETS  R  For the treatment of Osteoporosis as per NICE TA160 and TA161. Medicines Effectiveness, March 2013.

**ZOLEDRONIC ACID**

ZOLEDRONIC ACID 4mg in 5ml INJECTION  R  ADULTS: For hypercalcaemia and skeletal events linked with malignancy; as an adjuvant treatment of early breast cancer in post-menopausal women And for Osteoporosis PAEDIATRICS: For Children with Osteogenesis Imperfecta. MMTC, October 2017

ZOLEDRONIC ACID 4mg in 5ml INJECTION  NF

ZOLEDRONIC ACID 4mg IN 5ml INJECTION  R  ADULTS: For hypercalcaemia and skeletal events linked with malignancy; as an adjuvant treatment of early breast cancer in post-menopausal women And for Osteoporosis PAEDIATRICS: For Children with Osteogenesis Imperfecta. MMTC, October 2017

**06.07 Other endocrine drugs**

**QUINAGOLIDE**

QUINAGOLIDE 75microgram TABLETS  NF

QUINAGOLIDE 25microgram and 50microgram TABLETS STARTER PACK  NF  Do NOT split this pack - always book out 6 tablets PPDU

14.03.18

**06.07.01 Bromocriptine and other dopaminergic drugs**

**BROMOCRIPTINE**

BROMOCRIPTINE 2.5mg TABLETS  Y

BROMOCRIPTINE 1mg TABLETS  Y

BROMOCRIPTINE 10mg CAPSULES  Y
CABERGOLINE
CABERGOLINE 500 microgram TABLETS (8) Y

06.07.02 Drugs affecting gonadotrophins

DANAZOL
DANAZOL 100mg CAPSULES Y
DANAZOL 200mg CAPSULES Y

TRIPTORELIN
TRIPTORELIN 3.75mg SYRINGE R Patients on 3 or 6 monthly gonadorelin analogues (goserelin, leuporelin or triptorelin) will receive 1-monthly injections while inpatients. NB: inform GP when next dose is due. MMTC, April 2014.

06.07.03 Metyrapone

METYRAPONE
METYRAPONE 250mg CAPSULES Y

07 Obstetrics, gynaecology, and urinary-tract disorders

MICONAZOLE
MICONAZOLE 2% VAGINAL CREAM 78g R For candida resistant or refractory to fluconazole. ASG, August 2015

07.01 Drugs used in obstetrics

TICAGRELOR
TICAGRELOR 60MG TABLETS R Continuation and for the preventing atherothrombotic events post myocardial infarction as per NICE TA420. MMTC, August 2017

07.01.01 Prostaglandins and oxytocics

ALPROSTADIL
ALPROSTADIL 10mcg INJECTION NF

CARBETOCIN
CARBETOCIN 100micrograms IN 1ml INJECTION NF
CARBOPROST 250microgram in 1ml INJECTION Y

**DINOPROSTONE**

- DINOPROSTONE 2mg VAGINAL GEL Y
- DINOPROSTONE 5mg in 0.5ml INJECTION Y
- DINOPROSTONE 3mg VAGINAL TABLETS R

  Restricted for use in Maternity areas whilst Dinoprostone Gel is unavailable. Must be agreed by MMTC before having full Formulary approval PPDU

06.07.15

**ERGOMETRINE**

- ERGOMETRINE 500microgram & OXYTOCIN 5units INJECTION Y
- ERGOMETRINE 500microgram in 1ml INJECTION Y

**OXYTOCIN**

- OXYTOCIN 10units/ml INJECTION Y
- OXYTOCIN 5units in 1ml INJECTION Y
- OXYTOCIN 10units in 1ml INJECTION Y

07.01.02 Mifepristone

**MIFEPRISTONE**

- MIFEPRISTONE 200mg TABLETS (3 tabs) Y

07.02 Treatment of vaginal and vulval conditions

07.02.01 Preparations for vaginal and vulval changes

**ESTRADIOL**

- ESTRADIOL 50micrograms/hour RING NF
- ESTRADIOL 10microgram VAGINAL TABLETS NF

**ESTRIOL**

- ESTRIOL 0.1% CREAM AND APPLICATOR 15g Y
- ESTRIOL 0.01% CREAM 80g Y

**PREMARIN**

- PREMARIN VAGINAL CREAM 42.5g R

  Second line, if Ortho-Gynaes (DDA104) cannot be used. Medicines Effectiveness, May 2001.
07.02.02 Vaginal and vulval infections

**ACETIC ACID**

GLACIAL ACETIC ACID 0.94% VAGINAL JELLY  
NF

**CLINDAMYCIN**

CLINDAMYCIN 2% CREAM 40g  
R  
For use by Genito-urinary Medicine and Gynae Ward only.  
Medicines Effectiveness, February 2012.

**CLOTRIMAZOLE**

CLOTRIMAZOLE 200mg PESSARIES  
Y

CLOTRIMAZOLE 500mg PESSARY  
Y

CLOTRIMAZOLE 100mg PESSARIES  
Y

**METRONIDAZOLE**

METRONIDAZOLE 0.75% VAGINAL GEL (ZIDOVAL) 40g  
R  
For use by Genito-urinary Medicine and Gynaecology only.  
Medicines Effectiveness, January 2013.

07.03 Contraceptives

**LEVONORGESTREL**

LEVONORGESTREL 20micrograms / 24hours INTRAUTERINE DEVICE  
R  
For the treatment of heavy menstrual bleeding and for use as a contraceptive.  
MMTC, January 2018

07.03.01 Combined hormonal contraceptives

**CILIQUE**

CILIQUE TABLETS (3X21)  
R  
For use by Genito-urinary Medicine only.  
Medicines Effectiveness, August 2010.

**DROSPIRENONE + ETHINYLESTRADIOL**

DROSPIRENONE 3mg + ETHINYLESTRADIOL 30mcg TABLETS

**ESTRADIOL**

ESTRADIOL 2mg / DIENOGEST 3mg TABLETS  
NF

**ETHINYLESTRADIOL + DESOGESTREL**

GEDAREL 30/150microgram FC TABLETS (3 X 21)  
R  
For use by Genito-urinary Medicine only.  
MMTC, December 2011.
<table>
<thead>
<tr>
<th>Medicine</th>
<th>Strength and Formulation</th>
<th>Use</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GEDAREL 20/150 microgram TABLETS (3x21)</strong></td>
<td>R</td>
<td>For use by Genito-urinary Medicine only. Medicines Effectiveness, March 2014</td>
</tr>
<tr>
<td><strong>ETHINYLESTRADIOL + GESTODENE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FEMODENE TABLETS 21’s</td>
<td>R</td>
<td>For use by Genito-urinary Medicine only. Medicines Effectiveness, March 2014</td>
</tr>
<tr>
<td><strong>ETHINYLESTRADIOL + LEVONORGESTREL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ETHINYLESTRADIOL 30 microgram /</td>
<td>R</td>
<td>For use by Genito-urinary Medicine only. Medicines Effectiveness, March 2014</td>
</tr>
<tr>
<td>LEVONORGESTREL 150 microgram TABLETS 3X21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MICROGYNON 30 ED 3x28</td>
<td>R</td>
<td>For use by Genito-urinary Medicine only. Medicines Effectiveness, March 2014</td>
</tr>
<tr>
<td><strong>ETHINYLESTRADIOL + NORELGESTROMIN</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ETHINYLESTRADIOL 33.9 mcg/24hrs &amp;</td>
<td>R</td>
<td>For use by Genito-urinary Medicine only. Medicines Effectiveness, March 2014</td>
</tr>
<tr>
<td>NORELGESTROMIN 203 mcg/24hrs TRANSDERMAL</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>LEVONORGESTREL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEVONORGESTREL 1500 microgram TABLET Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>LEVONORGESTREL + ETHINYLESTRADIOL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEVONORGESTREL 150 mcg +</td>
<td>R</td>
<td>For use by Genito-urinary Medicine only. Medicines Effectiveness, March 2013</td>
</tr>
<tr>
<td>ETHINYLESTRADIOL 30 mcg TABLETS (RIGEVIDON)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>NORETHISTERONE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>NORTHISTERONE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NORETHISTERONE 500 micrograms/ETHINYLESTRADIOL 35 micrograms</td>
<td>R</td>
<td>For use by Genito-urinary Medicine only. Medicines Effectiveness, March 2014</td>
</tr>
<tr>
<td><strong>ULIPRISTAL</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
07.03.02 Progestogen-only contraceptives

**DESOGESTREL**

CERAZETTE 75microgram TABLETS R Restricted to GUM clinic. Medicines Effectiveness, August 2010.

DESOGESTREL 75microgram TABLETS 3x28 R For use by Genito-urinary Medicine; and Women’s centre for post-partum contraception. MMTC, April 2020

**ETONOGESTREL**

ETONOGESTREL 68microgram IMPLANT (NEXPLANON) R For use by Genito-urinary Medicine only. Medicines Effectiveness, March 2014

**LEVONORGESTREL**

LEVONORGESTREL 13.5mg INTRAUTERINE DELIVERY SYSTEM R For use by OSHS only. Medicines effectiveness, May 2015

LEVONORGESTREL 30microgram TABLETS pk35 R For use by Genito-urinary Medicine only. Medicines Effectiveness, March 2014

**MEDROXYPROGESTERONE**

MEDROXYPROGESTERONE 150mg in 1ml Y INJECTION (DEPOT)

07.03.04 Contraceptive devices

**LEVONORGESTREL**

LEVONORGESTREL INTRAUTERINE DEVICE Y

07.04 Drugs for genito-urinary disorders

07.04.01 Drugs for urinary retention

**ALFUZOSIN**

ALFUZOSIN 2.5mg TABLETS NF
ALFUZOSIN 10mg TABLETS M/R  NF
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Description</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>BETHANECHOL</td>
<td>BETHANECHOL CHLORIDE 10mg TABLETS</td>
<td>Y</td>
</tr>
<tr>
<td>CARBACHOL</td>
<td>CARBACHOL 2mg TABLETS NF</td>
<td></td>
</tr>
<tr>
<td>INDORAMIN</td>
<td>INDORAMIN 20mg TABLETS</td>
<td>Y</td>
</tr>
<tr>
<td>TAMSULOSIN</td>
<td>TAMSULOSIN HYDROCHLORIDE 400microgram TABLETS</td>
<td>Y</td>
</tr>
<tr>
<td>TERAZOSIN</td>
<td>TERAZOSIN 5mg TABLETS</td>
<td>NF</td>
</tr>
<tr>
<td></td>
<td>TERAZOSIN 2mg TABLETS</td>
<td>NF</td>
</tr>
<tr>
<td>DARIFENACIN</td>
<td>DARIFENACIN HYDRBROMIDE 7.5MG TABLETS M/R</td>
<td>NF</td>
</tr>
<tr>
<td>FESOTERODINE</td>
<td>FESOTERODINE 4mg TABLETS M/R</td>
<td>NF</td>
</tr>
<tr>
<td></td>
<td>FESOTERODINE 8mg TABLETS M/R</td>
<td>NF</td>
</tr>
<tr>
<td>FLAVOXATE</td>
<td>FLAVOXATE 200mg TABLETS</td>
<td>Y</td>
</tr>
<tr>
<td>MIRABEGRON</td>
<td>MIRABEGRON 25mg M/R TABLETS</td>
<td>R</td>
</tr>
<tr>
<td></td>
<td>For treating symptoms of overactive bladder as per NICE TA290. MMTC, February 2014.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>MIRABEGRON 50mg TABLETS M/R</td>
<td>R</td>
</tr>
<tr>
<td></td>
<td>For treating symptoms of overactive bladder as per NICE TA290. MMTC, February 2014.</td>
<td></td>
</tr>
<tr>
<td>OXYBUTYNIN</td>
<td>OXYBUTYNIN 2.5mg TABLETS</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>OXYBUTYNIN 3mg TABLETS</td>
<td>Y</td>
</tr>
<tr>
<td>Medicine</td>
<td>Formulation</td>
<td>Availability</td>
</tr>
<tr>
<td>---------------------------</td>
<td>------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>OXYBUTYNIN 36mg (3.9mg/24hr) PATCHES</td>
<td>R</td>
<td>Only appropriate for patients unable to swallow tablets or experience severe indigestion. Medicines Effectiveness, September 2008.</td>
</tr>
<tr>
<td>OXYBUTYNIN 5mg TABLETS M/R</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>OXYBUTYNIN 5mg TABLETS</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>OXYBUTYNIN 10mg TABLETS M/R</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td><strong>PROPIVERINE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PROPIVERINE 15mg TABLETS</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>PROPIVERINE 30mg CAPSULES M/R</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td><strong>SOLIFENACIN</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOLIFENACIN 5mg TABLETS</td>
<td>R</td>
<td>For continuation of therapy only, medicines Effectiveness, June 2015.</td>
</tr>
<tr>
<td>SOLIFENACIN 10mg TABLETS</td>
<td>R</td>
<td>For continuation of therapy only, medicines Effectiveness, June 2015.</td>
</tr>
<tr>
<td><strong>TOLTERODINE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOLTERODINE 2mg TABLETS</td>
<td>R</td>
<td>Tolterodine 2mg standard release bd is first line for overactive bladder. If not tolerated due to side effects dose can be decreased to 1mg bd. Tolterodine 4mg modified-release is now restricted to patients who cannot tolerate standard-release tolterodine. Medicines Effectiveness, November 2015.</td>
</tr>
<tr>
<td>TOLTERODINE 4mg CAPSULES M/R</td>
<td>R</td>
<td>Restricted to patients who cannot tolerate standard release Tolterodine only. Medicines Effectiveness, January 2016</td>
</tr>
<tr>
<td>TOLTERODINE 1mg TABLETS</td>
<td>R</td>
<td>Tolterodine 2mg standard release bd is first line for overactive bladder. If not tolerated due to side effects dose can be decreased to 1mg bd. Tolterodine 4mg modified-release is now restricted to patients who cannot tolerate standard-release tolterodine. Medicines Effectiveness, November 2015.</td>
</tr>
</tbody>
</table>
# Drugs used in urological pain

<table>
<thead>
<tr>
<th>Drug</th>
<th>Formulation</th>
<th>Strength</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>TROPIUM CHLORIDE</td>
<td>60mg MR CAPSULES</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>TROPIUM CHLORIDE</td>
<td>20mg TABLETS</td>
<td>NF</td>
<td></td>
</tr>
</tbody>
</table>

07.04.03 Drugs used in urological pain

# Bladder instillations and urological surgery

<table>
<thead>
<tr>
<th>Drug</th>
<th>Formulation</th>
<th>Strength</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>POTASSIUM CITRATE</td>
<td>1080mg TABLETS M/R</td>
<td>UNNF</td>
<td></td>
</tr>
<tr>
<td>POTASSIUM CITRATE</td>
<td>MIXTURE BP</td>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug</th>
<th>Formulation</th>
<th>Strength</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>SODIUM CITRATE</td>
<td>0.3Molar LIQUID 10x30ml</td>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>

07.04.04 Bladder instillations and urological surgery

# ALUM

<table>
<thead>
<tr>
<th>Drug</th>
<th>Formulation</th>
<th>Strength</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALUM 10% BLADDER</td>
<td>IRRIGATION 100ml</td>
<td>SR</td>
<td>For uncontrolled haematuria despite bladder irrigation due to radiotherapy only. Medicines Effectiveness, October 2017</td>
</tr>
</tbody>
</table>

# GEPAN

<table>
<thead>
<tr>
<th>Drug</th>
<th>Formulation</th>
<th>Strength</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>SODIUM CHONDROITIN</td>
<td>0.2% BLADDER INSTILLATION 40ml (GEPAN)</td>
<td>NF</td>
<td></td>
</tr>
</tbody>
</table>

# GLYCINE

<table>
<thead>
<tr>
<th>Drug</th>
<th>Formulation</th>
<th>Strength</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>GLYCINE 1.5% IRRIGATION</td>
<td>BAGS 3L FKB7538T</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>GLYCINE 1.5%</td>
<td>FLOWFUSOR 2L</td>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>

# SODIUM CHLORIDE

<table>
<thead>
<tr>
<th>Drug</th>
<th>Formulation</th>
<th>Strength</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>SODIUM CHLORIDE 0.9%</td>
<td>Bladder Irrigation 100ml</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>SODIUM CHLORIDE 0.9%</td>
<td>Bladder Irrigation 100ml (UROTAINER M)</td>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>

# SOLUTION R

<table>
<thead>
<tr>
<th>Drug</th>
<th>Formulation</th>
<th>Strength</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOLUTIO R BLADDER</td>
<td>IRRIGATION (URO-TAINER TWIN 2X30ml)</td>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>

# SUBY G

<table>
<thead>
<tr>
<th>Drug</th>
<th>Formulation</th>
<th>Strength</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUBY G BLADDER</td>
<td>IRRIGATION (URO-TAINER TWIN 2X30ml)</td>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>

07.04.05 Drugs for erectile dysfunction
ALPROSTADIL

ALPROSTADIL 500 micrograms IN 1ml INJECTION       NF

ALPROSTADIL 250 microgram Appln (MUSE)              NF
ALPROSTADIL 20microgram DUAL CHAMBER NF

ALPROSTADIL 10microgram DUAL CHAMBER NF

APOMORPHINE

APOMORPHINE 3mg TABLETS S/L NF

AVIPTADIL & PHENTOLAMINE MESILATE

AVIPTADIL 25micrograms & PHENTOLAMINE MESILATE 2mg in 0.35ml INJECTION R

Restricted for use by Endocrinology consultants and registrars in the Alexander (ED) clinic in OCDEM only. Formulary Pharmacist 03.01.2019 Charge issues to OCAD = CH OCDEM ADMIN - DELIVER TO BAGOT + DRAKE Finance code: A55360

PAPAVERINE

PAPAVERINE HCL 30mg IN 2ml INJECTION SR

For use in coronary bypass surgery for graft dilatation & prevention of mammary artery spasm in cardiac theatres only. Medicines Effectiveness, January 2018

PAPAVERINE HCL 80mg IN 2ml INJECTION SR

For use in coronary bypass surgery for graft dilatation & prevention of mammary artery spasm in cardiac theatres only. Medicines Effectiveness, January 2018

SILDENAFIL

SILDENAFIL 25mg TABLETS R

For the treatment of:- Pulmonary Arterial Hypertension (PAH) as per the shared care arrangement with the Royal Brompton & Harefield Hospital NHSFT (RBH)

- Congenital heart disease *For initiation by cardiologist only* MMTC, December 2016

SILDENAFIL 25mg TABLETS NF

08 Malignant disease and immunosuppression

Afatinib
AFATINIB 20mg TABLETS  
For treating epidermal growth factor receptor mutation-positive locally advanced or metastatic non-small-cell lung cancer as per NICE TA310. MMTC, September 2014

BRODALUMAB  
BRODALUMAB 210mg in 1.5ml INJECTION PRE FILLED SYRINGE  
For treatment of plaque psoriasis in adults as per NICE TA511. MMTC, June 2018

CALCIN FOLINATE  
CALCIN FOLINATE 15mg TABLETS  

Dalbavancin  
DALBAVANCIN 500mg INJECTION  

GILTERITINIB  
GILTERITINIB 40mg TABLETS  
For use during COVID outbreak as per NHS E

ISATUXIMAB  
ISATUXIMAB 100mg IN 5ml SOLUTION FOR INFUSION (FREE OF CHARGE)  
To be sent to & then dispensed by Baxter after QC release

ISATUXIMAB 500mg IN 25ml SOLUTION FOR INFUSION (FREE OF CHARGE)  
To be sent to & then dispensed by Baxter after QC release

NUSINERSEN  
NUSINERSEN 12mg in 5ml INJECTION  
For treatment of 5q spinal muscular atrophy as per NICE TA588

TACROLIMUS  
TACROLIMUS 2mg SUPPOSITORY  
**Product has 90 day expiry** For treatment of chronic refractory ulcerative proctitis by consultant gastroenterologists only. MMTC, May 2019

ATEZOLIZUMAB  
ATEZOLIZUMAB 1200mg IN 20ml INJECTION  
For the treatment of urothelial cancer as per NICE TA492 and NICE TA525, MMTC May 2019

Blinatumomab
BLINATUMOMAB 38.5microgram POWDER FOR INJECTION  R Restricted for use as per NICE TA450 (Lymphoblastic leukaemia)

**CALCIUM FOLINATE**

CALCIUM FOLINATE 15mg IN 2ml INJECTION  Y
CALCIUM FOLINATE 15mg TABLETS  Y
CALCIUM FOLINATE 300mg IN 30ml INJECTION  Y
CALCIUM FOLINATE 50mg IN 5ml INJECTION  Y

**CALCIUM LEVOFOLINATE**

CALCIUM LEVOFOLINATE 175mg in 17.5ml INJECTION  Y

**CARFILZOMIB**

CARFILZOMIB 10mg IN 10ml INJECTION  R For the treatment of previously treated multiple myeloma as per NICE TA457. MMTC, September 2017

**DEXRAZOXANE**

DEXRAZOXANE 500mg INJECTION POWDER + CONCENTRATE  R For use in anthracycline extravasation in working hours only. MMTC May 2018

**GEMCITABINE**

GEMCITABINE 1g IN 50ml INJECTION  R For the treatment of untreated metastatic pancreatic cancer in combination with paciltaxel as per NICE TA476. MMTC, November 2017

**IXAZOMIB**

IXAZOMIB 4mg CAPSULES (CDF/CHARGEABLE STOCK)  R Restricted for use within the Cancer Drugs Fund as an option for treating multiple myeloma in adults as per NICE TA505 MMTC, August 2018

IXAZOMIB 2.3mg CAPSULES (CDF/CHARGEABLE STOCK)  R Restricted for use within the Cancer Drugs Fund as an option for treating multiple myeloma in adults as per NICE TA505 MMTC, August 2018

**OLAPARIB**
<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage</th>
<th>Description</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>OLAPARIB 100mg TABLETS</td>
<td>R</td>
<td>For maintenance treatment of relapsed, platinum-sensitive, BRCA mutation-positive ovarian, fallopian tube and peritoneal cancer after response to second-line or subsequent platinum-based chemotherapy as per NICE TA381; and for maintenance treatment of BRCA mutation-positive advanced ovarian, fallopian tube or peritoneal cancer as per NICE TA598. MMTC, February 2020</td>
<td></td>
</tr>
<tr>
<td>OLAPARIB 150mg TABLETS</td>
<td>R</td>
<td>For maintenance treatment of relapsed, platinum-sensitive, BRCA mutation-positive ovarian, fallopian tube and peritoneal cancer after response to second-line or subsequent platinum-based chemotherapy as per NICE TA381; and for maintenance treatment of BRCA mutation-positive advanced ovarian, fallopian tube or peritoneal cancer as per NICE TA598. MMTC, February 2020</td>
<td></td>
</tr>
<tr>
<td>PACLITAXEL</td>
<td></td>
<td><strong>PACLITAXEL 100mg IN 50ml INJECTION</strong> R</td>
<td>November 2017</td>
</tr>
<tr>
<td>PALBOCICLIB</td>
<td>R</td>
<td>Approved for the treatment of Locally advanced or Metastatic Breast cancer as per NICE TA495; and for treatment of advanced or metastatic breast cancer as per NICE TA619. MMTC, February 2020</td>
<td></td>
</tr>
<tr>
<td>PANITUMUMAB</td>
<td>R</td>
<td>For the treatment of previously untreated metastatic colorectal cancer as per NICE TA439. MMTC, July 2017</td>
<td></td>
</tr>
<tr>
<td>PEMETREXED</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PEMETREXED 500mg INJECTION POWDER FOR CONCENTRATE FOR SOLUTION FOR INFUSION  
For the treatment of:  
- Untreated anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer in adults as per NICE TA406  
- Previously treated anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer in adults as per NICE TA422.  
MMTC, May 2017

**RIBOCICLIB**

| RIBOCICLIB 200mg TABLETS | R | Approved for the treatment of Locally advanced or Metastatic Breast cancer as per NICE TA496; and for treatment of hormone receptor positive, HER2 negative advanced breast cancer as per NICE TA593.  
MMTC, February 2020 |

**TIVOZANIB**

| TIVOZANIB 1340MCG CAPSULES | R | For treatment of renal cell carcinoma as per NICE TA512.  
MMTC, May 2019 |
| TIVOZANIB 890microgram CAPSULES | R | For treatment of renal cell carcinoma as per NICE TA512.  
MMTC, May 2019 |

**VENETOCLAX**

| VENETOCLAX 100mg TABLETS | R | Restricted for use in: Chronic lymphocytic leukaemia as per NICE TA487 and NICE TA56.  
MMTC, April 2019 |
| VENETOCLAX 100mg TABLETS | R | Restricted for use in: Chronic lymphocytic leukaemia as per NICE TA487 and NICE TA56.  
MMTC, April 2019 |
| VENETOCLAX 50mg TABLETS | R | Restricted for use in: Chronic lymphocytic leukaemia as per NICE TA487 and NICE TA56.  
MMTC, April 2019 |
| VENETOCLAX 10mg TABLETS | R | Restricted for use in: Chronic lymphocytic leukaemia as per NICE TA487 and NICE TA56.  
MMTC, April 2019 |

08.01.01 Alkylating drugs

**BUSULFAN**

| BUSULFAN 25mg CAPSULES | NF |
BUSULFAN 2mg TABLETS

CHLORAMBUCIL

CHLORAMBUCIL 2mg TABLETS

CICLOSPORIN

CICLOSPORIN 100mg CAPSULES (VANQUORAL) R For use in renal transplant use only. Medicines Effectiveness, February 2017

CICLOSPORIN 50mg CAPSULES (VANQUORAL) R For use in renal transplant use only. Medicines Effectiveness, February 2017

CICLOSPORIN 25mg CAPSULES (VANQUORAL) R For use in renal transplant use only. Medicines Effectiveness, February 2017

CYCLOPHOSPHAMIDE

CYCLOPHOSPHAMIDE 50mg TABLETS Y

CYCLOPHOSPHAMIDE 50mg/5ml LIQUID 100ml UNR Restricted to be prescribed by consultant only, and to steroid resistant or dependant nephrotic syndrome. Medicines Effectiveness, February 2013.

CYCLOPHOSPHAMIDE 1000mg in 250ml SODIUM CHLORIDE 0.9% INFUSION (EMERGENCY BAG) SR For emegency use only- see procedure on sharepoint site (Clinical/Baxter). Pharmacist to calculate exact volume to be administered to deliver prescribed dose. If stock expires book out to Transplant/Haematology/Critical Care PPDU, November 2011.

ESTRAMUSTINE

ESTRAMUSTINE PHOSPHATE 140mg CAPSULES NF

LOMUSTINE

LOMUSTINE 10mg CAPSULES UNR Restricted to being given as part of chemo regime (PNET). Medicines Effectiveness, MArch 2013.

LOMUSTINE 40mg CAPSULES R As per PCV protocol. Medicines Effectiveness, August 2009.

MELPHALAN

MELPHALAN 2mg TABLETS
<table>
<thead>
<tr>
<th><strong>MESNA</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>MESNA 600mg TABLETS</td>
<td>Y</td>
</tr>
<tr>
<td>MESNA 400mg TABLETS</td>
<td>Y</td>
</tr>
<tr>
<td>MESNA 400mg IN 4ml INJECTION</td>
<td>Y</td>
</tr>
<tr>
<td>MESNA 1g in 10ml INJECTION</td>
<td>Y</td>
</tr>
</tbody>
</table>

**08.01.02 Anthracyclines and other cytotoxic antibiotics**

<table>
<thead>
<tr>
<th><strong>IDARUBICIN</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>IDARUBICIN 5mg CAPSULES</td>
<td>Y</td>
</tr>
<tr>
<td>IDARUBICIN 10mg CAPSULES</td>
<td>Y</td>
</tr>
<tr>
<td>IDARUBICIN 25mg CAPSULES</td>
<td>Y</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>MITOMYCIN</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>MITOMYCIN C 10mg INJECTION</td>
<td>R</td>
</tr>
<tr>
<td>MITOMYCIN 40mg CLOSED INSTILLATION KIT FOR NF INTRAVESICAL USE</td>
<td>Y</td>
</tr>
<tr>
<td>MITOMYCIN C 20mg INJECTION (CTASU)</td>
<td>Y</td>
</tr>
</tbody>
</table>

**08.01.03 Antimetabolites**

<table>
<thead>
<tr>
<th><strong>CAPECITABINE</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CAPECITABINE 150mg TABLETS</td>
<td>R</td>
</tr>
<tr>
<td>CAPECITABINE 500mg TABLETS</td>
<td>R</td>
</tr>
</tbody>
</table>

For colorectal cancer as per NICE TA61 and TA100, for gastric cancer as per TA191, and for breast cancer as per CG81. Medicines Effectiveness, February 2013.

<table>
<thead>
<tr>
<th><strong>FLUDARABINE</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>FLUDARABINE 10mg TABLETS</td>
<td>R</td>
</tr>
</tbody>
</table>

Fludarabine for the treatment of B-cell chronic lymphocytic leukaemia as per NICE TA29. Medicines Effectiveness, March 2013.

<table>
<thead>
<tr>
<th><strong>FLUOROURACIL</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>FLUOROURACIL 5% CREAM 40g</td>
<td>Y</td>
</tr>
</tbody>
</table>
# MERCAPTOPURINE

<table>
<thead>
<tr>
<th>Product</th>
<th>Availability</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>MERCAPTOPURINE 10mg TABLETS</td>
<td>UNR</td>
<td>For lymphatic leukaemia. Medicines Effectiveness, March 2013.</td>
</tr>
<tr>
<td>MERCAPTOPURINE 50mg TABLETS</td>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>

# METHOTREXATE

<table>
<thead>
<tr>
<th>Product</th>
<th>Availability</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>METHOTREXATE 10mg TABLETS</td>
<td>Y</td>
<td>See SOP for screening and dispensing methotrexate prescriptions. Medicines Effectiveness, March 2013.</td>
</tr>
<tr>
<td>METHOTREXATE 2.5mg TABLETS</td>
<td>Y</td>
<td>See SOP for screening and dispensing methotrexate prescriptions. Medicines Effectiveness, March 2013.</td>
</tr>
<tr>
<td>METHOTREXATE 10mg in 5ml LIQUID</td>
<td>R</td>
<td>For acute lymphoblastic leukaemia. Medicines Effectiveness, March 2013.</td>
</tr>
<tr>
<td>METHOTREXATE 2.5mg TABLETS</td>
<td>NF</td>
<td></td>
</tr>
</tbody>
</table>

# NELARABINE

<table>
<thead>
<tr>
<th>Product</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>NELARABINE 5mg IN 1ml SOLUTION FOR INFUSIONNF</td>
<td></td>
</tr>
</tbody>
</table>

# PEMETREXED

<table>
<thead>
<tr>
<th>Product</th>
<th>Availability</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>PEMETREXED SUPPLEMENTATION PACK</td>
<td>UNR</td>
<td>For patients on pemetrexed only. Medicines Effectiveness, May 2013.</td>
</tr>
</tbody>
</table>

08.01.04      Vinca alkaloids and etoposide

# ETOPOSIDE

<table>
<thead>
<tr>
<th>Product</th>
<th>Availability</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>ETOPOSIDE 50mg CAPSULES</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>ETOPOSIDE 100mg CAPSULES</td>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>

# MERCAPTOPURINE

<table>
<thead>
<tr>
<th>Product</th>
<th>Availability</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>MERCAPTOPURINE 100mg/5ml LIQUID 100ml !!</td>
<td>R</td>
<td>For lymphatic leukaemia. Medicines Effectiveness, March 2013.</td>
</tr>
</tbody>
</table>

# VINORELBINE

<table>
<thead>
<tr>
<th>Product</th>
<th>Availability</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>VINORELBINE 20mg CAPSULES</td>
<td>R</td>
<td>For second line or later therapy for the treatment of advanced breast cancer when anthracycline based regimens have failed or are unsuitable. MAC, May 2010.</td>
</tr>
</tbody>
</table>
VINORELBINE 80mg CAPSULES  
R  For second line or later therapy for the treatment of advanced breast cancer when anthracycline based regimens have failed or are unsuitable. MAC, May 2010.

VINORELBINE 30mg CAPSULES  
R  For second line or later therapy for the treatment of advanced breast cancer when anthracycline based regimens have failed or are unsuitable. MAC, May 2010.

08.01.05 Other antineoplastic drugs

**ABEMACICLIB**

ABEMACICLIB 50mg TABLETS  
R  For treatment of hormone-positive HER2-negative breast cancer as per NICE TA563 and for hormone-positive HER2-negative advanced breast cancer after endocrine therapy as per NICE TA579. MMTC, February 2020.

ABEMACICLIB 100mg TABLETS  
R  For treatment of hormone-positive HER2-negative breast cancer as per NICE TA563 and for hormone-positive HER2-negative advanced breast cancer after endocrine therapy as per NICE TA579. MMTC, February 2020.

ABEMACICLIB 150mg TABLETS  
R  For treatment of hormone-positive HER2-negative breast cancer as per NICE TA563 and for hormone-positive HER2-negative advanced breast cancer after endocrine therapy as per NICE TA579. MMTC, February 2020.

**AFATINIB**

AFATINIB 40mg TABLETS  
R  For treating epidermal growth factor receptor mutation-positive locally advanced or metastatic non-small-cell lung cancer as per NICE TA310. MMTC, September 2014.

**ALECTINIB**

ALECTINIB 150mg CAPSULES  
R  For the treatment of untreated ALK-positive advanced non-small-cell lung cancer as per NICE TA536. MMTC July 2019.
<table>
<thead>
<tr>
<th>Drug</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Axitinib</td>
<td>AXITINIB 5mg TABLETS (COMPASSIONATE USE) NF EAMS supply only</td>
</tr>
<tr>
<td></td>
<td>AXITINIB 1mg TABLETS R For the treatment of adults with advanced renal cell carcinoma after failure of treatment with a first line tyrosine kinase inhibitor or a cytokine as per NICE TA333. MMTC, April 2017</td>
</tr>
<tr>
<td></td>
<td>AXITINIB 5mg TABLETS R For the treatment of adults with advanced renal cell carcinoma after failure of treatment with a first line tyrosine kinase inhibitor or a cytokine as per NICE TA333. MMTC, April 2017</td>
</tr>
<tr>
<td>BEVACIZUMAB</td>
<td>BEVACIZUMAB 100mg INJECTION NF</td>
</tr>
<tr>
<td>Bexarotene</td>
<td>BEXAROTENE 75mg CAPSULES R For the treatment of cutaneous T cell lymphoma. MMTC, April 2018</td>
</tr>
<tr>
<td>Binimetinib</td>
<td>BINIMETINIB 15mg TABLETS R For treatment of unresectable or metastatic BRAF V600 mutation-positive melanoma as per NICE TA562 MMTC July 2019</td>
</tr>
<tr>
<td>Bortezomib</td>
<td>BORTEZOMIB 3.5mg INJECTION R For Multiple Myeloma as per NICE TA129, TA228 and TA311 &amp; for the treatment of mantel cell lymphoma as per NICE TA370. MMTC, July 2016</td>
</tr>
<tr>
<td>Bosutinib</td>
<td>BOSUTINIB 400mg TABLETS (COMPASSIONATE USE) NF</td>
</tr>
<tr>
<td></td>
<td>BOSUTINIB 100mg TABLETS R For the treatment of chronic, accelerated and blast phase Philadelphia chromosome positive chronic myeloid leukaemia in adults who have previously had 1 or more tyrosine kinase inhibitor and imatinib, nilotinib and dasatinib are not appropriate as per NICE TA401. MMTC, February 2017</td>
</tr>
<tr>
<td>Cabozantinib</td>
<td></td>
</tr>
</tbody>
</table>
CABOZANTINIB 140mg CAPSULES (84 x 20mg and 28 x 80mg) R For treatment of progressive medullary thyroid cancer in adults as per NICE TA516, MMTC, May 2019

CABOZANTINIB 20mg TABLETS R For the treatment of advanced renal cell carcinoma in adults: following prior vascular endothelial growth factor-targeted therapy, as per NICE TA463; in untreated adults as per NICE TA542. MMTC May 2019

CABOZANTINIB 60mg TABLETS R For the treatment of advanced renal cell carcinoma in adults: following prior vascular endothelial growth factor-targeted therapy, as per NICE TA463; in untreated adults as per NICE TA542. MMTC May 2019

CABOZANTINIB 40mg TABLETS R For the treatment of advanced renal cell carcinoma in adults: following prior vascular endothelial growth factor-targeted therapy, as per NICE TA463; in untreated adults as per NICE TA542. MMTC May 2019

CERITINIB

CERITINIB 150mg CAPSULES R For the treatment of: Advanced anaplastic lymphoma kinase positive non small cell lung cancer in adults who have had crizotinib as per NICE TA395. Untreated anaplastic lymphoma kinase (ALK)-positive advanced non-small-cell lung cancer in adults as per NICE TA500. MMTC August 2018

CETUXIMAB

CETUXIMAB 500mg IN 100ml INJECTION R For the treatment of: previously untreated metastatic colorectal cancer as per NICE TA439; recurrent or metastatic squamous cell cancer of the head and neck as per NICE TA473; Squamous cell cancer of the head and neck as per NICE TA145 MMTC, June 2018
CETUXIMAB 100mg IN 20ml INJECTION  R  For the treatment of: previously untreated metastatic colorectal cancer as per NICE TA439; recurrent or metastatic squamous cell cancer of the head and neck as per NICE TA473; Squamous cell cancer of the head and neck as per NICE TA145  MMTC, June 2018

CRISANTASPASE

CRISANTASPASE 10,000units INJECTION  R  For patients being treated on the UKALL 2011 (Paed Haem Onc). Medicines Effectiveness, November 2013.

CRIZOTINIB

CRIZOTINIB 250mg CAPSULES  R  For the treatment of: -Untreated anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer in adults as per NICE TA406; -Previously treated anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer in adults as per NICE TA422; For treatment of ROS1-positive advanced non-small-cell lung cancer as per NICE TA529. MMTC July 2019

DASATINIB

DASATINIB 80mg TABLETS  R  Chromosome-positive chronic myeloid leukaemia in adults, if they cannot have imatinib, or their disease is imatinib-resistant as per NICE TA425; untreated chronic-phase Philadelphia chromosome-positive chronic myeloid leukaemia in adults as per NICE TA426. MMTC, April 2017

DASATINIB 50mg TABLETS  R  For the treatment of:- chronic or accelerated-phase Philadelphia-chromosome-positive chronic myeloid leukaemia in adults, if they cannot have imatinib, or their disease is imatinib-resistant as per NICE TA425; - untreated chronic-phase Philadelphia chromosome-positive chronic myeloid leukaemia in adults as per NICE TA426. MMTC, April 2017
<table>
<thead>
<tr>
<th>Product</th>
<th>Strength</th>
<th>Strength R</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>DASATINIB 140mg TABLETS</td>
<td></td>
<td>R</td>
<td>For the treatment of: chronic- or accelerated-phase Philadelphia-chromosome-positive chronic myeloid leukaemia in adults, if they cannot have imatinib, or their disease is imatinib-resistant as per NICE TA425; untreated chronic-phase Philadelphia chromosome-positive chronic myeloid leukaemia in adults as per NICE TA426. MMTC, April 2017</td>
</tr>
<tr>
<td>DASATINIB 100mg TABLETS</td>
<td></td>
<td>R</td>
<td>For the treatment of:- chronic or accelerated-phase Philadelphia-chromosome-positive chronic myeloid leukaemia in adults, if they cannot have imatinib, or their disease is imatinib-resistant as per NICE TA425; - untreated chronic-phase Philadelphia chromosome-positive chronic myeloid leukaemia in adults as per NICE TA426. MMTC, April 2017</td>
</tr>
<tr>
<td>DASATINIB 20mg TABLETS</td>
<td></td>
<td>R</td>
<td>For the treatment of:- chronic- or accelerated-phase Philadelphia-chromosome-positive chronic myeloid leukaemia in adults, if they cannot have imatinib, or their disease is imatinib-resistant as per NICE TA425. - untreated chronic-phase Philadelphia chromosome-positive chronic myeloid leukaemia in adults as per NICE TA426. MMTC, April 2017</td>
</tr>
<tr>
<td>ERLOTINIB 150mg TABLETS</td>
<td></td>
<td>R</td>
<td>For the treatment of: locally advanced or metastatic EGFR-TK mutation-positive non-small cell lung cancer as per NICE TA258; locally advanced or metastatic non-small-cell lung cancer as per NICE TA374. MMTC, August 2017</td>
</tr>
<tr>
<td>ERLOTINIB 100mg TABLETS</td>
<td></td>
<td>R</td>
<td>For the treatment of: locally advanced or metastatic EGFR-TK mutation-positive non-small cell lung cancer as per NICE TA258; locally advanced or metastatic non-small-cell lung cancer as per NICE TA374. MMTC, August 2017</td>
</tr>
</tbody>
</table>

**EVEROLIMUS**
EVEROLIMUS 10mg TABLETS R For the treatment of Subependymal giant cell astrocytoma – tuberous sclerosis in paediatrics as per NHSE Clinical Commissioning Policy 16066/P

EVEROLIMUS 10mg TABLETS R For the treatment of: advanced renal cell carcinoma as per NICE TA432; advanced human epidermal growth factor receptor 2 (HER2)-negative, hormone-receptor-positive breast cancer as per NICE TA421; well- or moderately differentiated unresectable or metastatic neuroendocrine tumours (NETs) of pancreatic origin in adults with progressive disease as per NICE TA449. MMTC, August 2017

EVEROLIMUS 5mg TABLETS R For the treatment of: advanced renal cell carcinoma as per NICE TA432; advanced human epidermal growth factor receptor 2 (HER2)-negative, hormone-receptor-positive breast cancer as per NICE TA421; well- or moderately differentiated unresectable or metastatic neuroendocrine tumours (NETs) of pancreatic origin in adults with progressive disease as per NICE TA449. MMTC, August 2017

EVEROLIMUS 2.5mg TABLETS (VOTUBIA) R For the treatment of Subependymal giant cell astrocytoma – tuberous sclerosis in paediatrics as per NHSE Clinical Commissioning Policy 16066/P MMTC, October 2018

EVEROLIMUS 5mg TABLETS (VOTUBIA) R For the treatment of Subependymal giant cell astrocytoma – tuberous sclerosis in paediatrics as per NHSE Clinical Commissioning Policy 16066/P MMTC, October 2018

EVEROLIMUS 2.5mg TABLETS NF GEFITINIB
- GEFITINIB 250mg TABLETS (CHARGEABLE STOCK) R For locally advanced or metastatic non-small-cell lung cancer as per NICE TA192. Medicines Effectiveness, March 2013.

GEFITINIB 250mg TABLETS (FREE STOCK) R For locally advanced or metastatic non-small-cell lung cancer as per NICE TA192. Medicines Effectiveness, March 2013.

**HYDROXYCARBAMIDE**

HYDROXYCARBAMIDE 500mg CAPSULES C FOR CLINICAL TRIALS ONLY (PEGASYS TRIAL)

HYDROXYCARBAMIDE 500mg CAPSULES R For the treatment of sickle cell disease in paediatric patients. MMTC, October 2016

**IBRUTINIB**

IBRUTINIB 420mg TABLETS R For the treatment of: Chronic lymphocytic leukaemia in adults as per NICE TA429. Waldenstrom’s macroglobulinaemia in adults as per NICE TA491. Relapsed or refractory mantle cell lymphoma in adults as per NICE TA502. MMTC August 2018

IBRUTINIB 140mg TABLETS R For the treatment of: Chronic lymphocytic leukaemia in adults as per NICE TA429. Waldenstrom’s macroglobulinaemia in adults as per NICE TA491. Relapsed or refractory mantle cell lymphoma in adults as per NICE TA502. MMTC August 2018

IBRUTINIB 280mg TABLETS R For the treatment of: Chronic lymphocytic leukaemia in adults as per NICE TA429. Waldenstrom’s macroglobulinaemia in adults as per NICE TA491. Relapsed or refractory mantle cell lymphoma in adults as per NICE TA502. MMTC August 2018
IBRUTINIB 560mg TABLETS

For the treatment of: Chronic lymphocytic leukaemia in adults as per NICE TA429. Waldenstrom’s macroglobulinaemia in adults as per NICE TA491. Relapsed or refractory mantle cell lymphoma in adults as per NICE TA502. MMTC August 2018

IBRUTINIB 140mg CAPSULES (FIRST 3 MONTHS SUPPLY)

For the treatment of: Chronic lymphocytic leukaemia in adults as per NICE TA429. MMTC August 2018

IBRUTINIB 140mg CAPSULES

For the treatment of: Chronic lymphocytic leukaemia in adults as per NICE TA429. Waldenstrom’s macroglobulinaemia in adults as per NICE TA491. Relapsed or refractory mantle cell lymphoma in adults as per NICE TA502. MMTC August 2018

IDELALISIB

IDELALISIB 150mg TABLETS

For the treatment of untreated chronic lymphocytic leukaemia in adults with a 17p deletion or TP53 mutation and chronic lymphocytic leukaemia in adults when the disease has been treated but has relapsed within 24 months in combination with rituximab as per NICE TA359. MMTC, April 2017

IDELALISIB 100mg TABLETS

For the treatment of untreated chronic lymphocytic leukaemia in adults with a 17p deletion or TP53 mutation and chronic lymphocytic leukaemia in adults when the disease has been treated but has relapsed within 24 months in combination with rituximab as per NICE TA359. MMTC, April 2017

IMATINIB
IMATINIB 400mg CAPSULES  R  For the treatment of:
Philadelphia-chromosome-
positive chronic myeloid
leukaemia (CML) who initially
present in the accelerated phase
or with blast crisis and chronic
phase in those who have not had
previous treatment but have
progressed to the accelerated
phase or blast crisis as per NICE
TA70; untreated chronic-phase
Philadelphia chromosome-
positive chronic myeloid
leukaemia in adults as per NICE
TA426; chronic graft versus host
disease (GvHD) as per NHSE
policy 16069/P. MMTC, August
2017

IMATINIB 100mg TABLETS  R  For the treatment of:
Philadelphia-chromosome-
positive chronic myeloid
leukaemia (CML) who initially
present in the accelerated phase
or with blast crisis and chronic
phase in those who have not had
previous treatment but have
progressed to the accelerated
phase or blast crisis as per NICE
TA70; untreated chronic-phase
Philadelphia chromosome-
positive chronic myeloid
leukaemia in adults as per NICE
TA426; chronic graft versus host
disease (GvHD) as per NHSE
policy 16069/P. MMTC, August
2017

IMATINIB 400mg TABLETS  R  For the treatment of:
Philadelphia-chromosome-
positive chronic myeloid
leukaemia (CML) who initially
present in the accelerated phase
or with blast crisis and chronic
phase in those who have not had
previous treatment but have
progressed to the accelerated
phase or blast crisis as per NICE
TA70; untreated chronic-phase
Philadelphia chromosome-
positive chronic myeloid
leukaemia in adults as per NICE
TA426; chronic graft versus host
disease (GvHD) as per NHSE
policy 16069/P. MMTC, August
2017

IPILIMUMAB
IPILIMUMAB 50mg in 10ml INJECTION R For the treatment of: previously treated advanced (unresectable or metastatic) melanoma as per NICE TA268; previously untreated advanced (unresectable or metastatic) melanoma as per NICE TA319; advanced (unresectable or metastatic) melanoma in adults as per NICE TA400. MMTC, August 2017

IXAZOMIB

IXAZOMIB 3mg CAPSULES (CDF/CHARGEABLE STOCK) R Restricted for use within the Cancer Drugs Fund as an option for treating multiple myeloma in adults as per NICE TA505 MMTC, August 2018

LENVATINIB

LENVATINIB 10mg CAPSULES (LENVIMA) R For treatment of: advanced renal cell carcinoma in adults as per NICE TA498; thyroid cancer as per NICE TA535; advanced or unresectable hepatocellular carcinoma as per NICE TA551. MMTC May 2019

LENVATINIB 4mg CAPSULES (LENVIMA) R For treatment of: advanced renal cell carcinoma in adults as per NICE TA498; thyroid cancer as per NICE TA535; advanced or unresectable hepatocellular carcinoma as per NICE TA551. MMTC May 2019

MIDOSTAURIN

MIDOSTAURIN 25mg CAPSULES R For the treatment of myeloid leukaemia as per NICE TA523. MMTC NOV 2018

MITOTANE

MITOTANE 500mg TABLETS Y

NILOTINIB

NILOTINIB 150mg CAPSULES (FREE STOCK) NF
<table>
<thead>
<tr>
<th>Product</th>
<th>Strength</th>
<th>Uses</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NILOTINIB</strong></td>
<td>200mg capsules</td>
<td>For the treatment of: - chronic- or accelerated-phase Philadelphia-chromosome-positive chronic myeloid leukaemia in adults, if they cannot have imatinib, or their disease is imatinib-resistant as per NICE TA425; - untreated chronic-phase Philadelphia chromosome-positive chronic myeloid leukaemia in adults as per NICE TA426. MMTC, April 2017.</td>
<td></td>
</tr>
<tr>
<td><strong>NILOTINIB</strong></td>
<td>150mg capsules</td>
<td>For the treatment of: - chronic- or accelerated-phase Philadelphia-chromosome-positive chronic myeloid leukaemia in adults, if they cannot have imatinib, or their disease is imatinib-resistant as per NICE TA425; - untreated chronic-phase Philadelphia chromosome-positive chronic myeloid leukaemia in adults as per NICE TA426. MMTC, April 2017.</td>
<td></td>
</tr>
<tr>
<td><strong>NINTEDANIB</strong></td>
<td>150mg capsules</td>
<td>For the treatment of locally advanced, metastatic or locally recurrent non small cell lung cancer of adenocarcinoma histology that has progressed after first line chemotherapy in combination with docetaxel as per NICE TA347. MMTC, April 2017.</td>
<td></td>
</tr>
<tr>
<td><strong>NINTEDANIB</strong></td>
<td>100mg capsules</td>
<td>For the treatment of locally advanced, metastatic or locally recurrent non small cell lung cancer of adenocarcinoma histology that has progressed after first line chemotherapy in combination with docetaxel as per NICE TA347. MMTC, April 2017.</td>
<td></td>
</tr>
<tr>
<td><strong>NIRAPARIB</strong></td>
<td>100mg capsules</td>
<td>For the maintenance treatment of relapsed, platinum-sensitive ovarian, fallopian tube and peritoneal cancer as per NICE TA528.</td>
<td></td>
</tr>
<tr>
<td><strong>NIVOLUMAB</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Product</td>
<td>Formulation</td>
<td>Strength</td>
<td>Indications</td>
</tr>
<tr>
<td>----------------------</td>
<td>-------------</td>
<td>----------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>NIVOLUMAB 40mg in 4ml</td>
<td>R</td>
<td></td>
<td>For the treatment of advanced unresectable or metastatic melanoma as per NICE TA384; advanced (unresectable or metastatic) melanoma in adults as per NICETA400; previously treated advanced renal cell carcinoma as per NICE TA417; relapsed or refractory classical Hodgkin lymphoma as per NICE TA462; Squamous non-small-cell lung cancer as per NICE TA483; Non-squamous non-small-cell lung cancer as per NICE TA484; Squamous cell carcinoma of the head and neck as per NICE TA490; For adjuvant treatment of completely resected melanoma with lymph node involvement or metastatic disease as per NICE</td>
</tr>
<tr>
<td>OLAPARIB</td>
<td>OLAPARIB 50mg CAPSULES</td>
<td>R</td>
<td>For maintenance treatment of relapsed, platinum-sensitive, BRCA mutation-positive ovarian, fallopian tube and peritoneal cancer after response to second-line or subsequent platinum-based chemotherapy as per NICE TA381; and for maintenance treatment of BRCA mutation-positive advanced ovarian, fallopian tube or peritoneal cancer as per NICE TA598. MMTC, February 2020</td>
</tr>
<tr>
<td>OSIMERTINIB</td>
<td>OSIMERTINIB 40mg TABLETS</td>
<td>R</td>
<td>For the treatment of locally advanced or metastatic epidermal growth factor receptor (EGFR) T790M mutation-positive non-small-cell lung cancer in adults whose disease has after first-line treatment with an EGFR tyrosine kinase inhibitor as per NICE TA416. MMTC April 2017</td>
</tr>
<tr>
<td>OSIMERTINIB</td>
<td>OSIMERTINIB 80mg TABLETS</td>
<td>R</td>
<td>For the treatment of locally advanced or metastatic epidermal growth factor receptor (EGFR) T790M mutation-positive non-small-cell lung cancer in adults whose disease has after first-line treatment with an EGFR tyrosine kinase inhibitor as per NICE TA416. MMTC April 2017</td>
</tr>
</tbody>
</table>
**PALBOCICLIB**

**PALBOCICLIB 125mg CAPSULES**
Approved for the treatment of Locally advanced or Metastatic Breast cancer as per NICE TA495; and for treatment of advanced or metastatic breast cancer as per NICE TA619.
MMTC, February 2020

**PALBOCICLIB 75mg CAPSULES**
Approved for the treatment of Locally advanced or Metastatic Breast cancer as per NICE TA495
MMTC, February 2019

**PANOBINOSTAT**

**PANOBINOSTAT 15MG CAPSULES**
For treatment of multiple myeloma after at least 2 previous treatments as per NICE TA380.
MMTC, July 2016

**PANOBINOSTAT 20mg CAPSULES**
For treatment of multiple myeloma after at least 2 previous treatments as per NICE TA380.
MMTC, July 2016

**PANOBINOSTAT 10MG CAPSULES**
For treatment of multiple myeloma after at least 2 previous treatments as per NICE TA380.
MMTC, July 2016

**PAZOPANIB**

**PAZOPANIB 200mg TABLETS F/C**

**PEGASPARGINASE**

**PEGASPARGINASE 3750iu IN 5ml INJECTION**
For the treatment of acute lymphoblastic leukaemia as per NICE TA408. MMTC, July 201

**PEMBROLIZUMAB**
PEMBROLIZUMAB 50mg INJECTION R For the treatment of: Advance unresectable, or metastatic, melanoma in adults as per NICE TA357; Advanced (unresectable or metastatic) melanoma as per NICE TA366; Locally advanced or metastatic PD L1 positive non small cell lung cancer as per NICE TA428 and TA531; untreated PDL1- positive metastatic non-small-cell lung cancer as per NICE TA447; Relapsed or refractory classical Hodgkin lymphoma as per NICE TA540; For adjuvant treatment of resected melanoma with high risk of recurrence as per NICE TA553; For untreated, metastatic, non-squamous non-small-cell lung cancer as per NICE TA557. MMTC, August 2019

PONATINIB

PONATINIB 45mg TABLETS R Chronic myeloid leukaemia and acute lymphoblastic leukaemia as per NICE TA451. MMTC, September 2017

PONATINIB 15mg TABLETS R Chronic myeloid leukaemia and acute lymphoblastic leukaemia as per NICE TA451. MMTC, September 2017

PROCARBAZINE

PROCARBAZINE 50mg CAPSULES UNR As per Paediatric and adults Haematology/Oncology protocols. Medicines Effectiveness, March 2013.

PROCARBAZINE 100mg/5ml LIQUID 40ml SR As per Paediatric and adults Haematology/Oncology protocols. Medicines Effectiveness, March 2013.

PROCARBAZINE 100mg/5ml LIQUID 25ml SR As per Paediatric and adults Haematology/Oncology protocols. Medicines Effectiveness, March 2013.

REGORAFENIB
REGORAFENIB 40mg TABLETS R For the treatment of adult patients with unresectable or metastatic gastrointestinal stromal tumours as per NICE TA488; For previously treated advanced hepatocellular carcinoma as per NICE TA555. MMTC July 2019

RUXOLITINIB

RUXOLITINIB 15mg TABLETS R For the treatment of disease-related splenomegaly or symptoms in adults with myelofibrosis as per NICE TA386. MMTC, July 2016

RUXOLITINIB 10mg TABLETS R For the treatment of disease-related splenomegaly or symptoms in adults with myelofibrosis as per NICE TA386. MMTC, July 2016

RUXOLITINIB 5mg TABLETS R For the treatment of disease-related splenomegaly or symptoms in adults with myelofibrosis as per NICE TA386. MMTC, July 2016

RUXOLITINIB 20mg TABLETS R For the treatment of disease-related splenomegaly or symptoms in adults with myelofibrosis as per NICE TA386. MMTC, July 2016

SORAFENIB

SORAFENIB 200mg TABLETS R For the treatment of advanced hepatocellular carcinoma as per NICE TA474 and for treatment of thyroid cancer as per NICE TA535. MMTC, May 2019

SUNITINIB

SUNITINIB 12.5mg CAPSULES R For treatment of: advanced and/or metastatic renal cell carcinoma as per NICE TA169; gastrointestinal stromal tumours as per TA179; well- or moderately differentiated unresectable or metastatic neuroendocrine tumours (NETs) of pancreatic origin in adults with progressive disease as per NICE TA449. MMTC, August 2017
SUNITINIB 12.5mg CAPSULES (FIRST CYCLE - FREE STOCK) R For treatment of: advanced and/or metastatic renal cell carcinoma as per NICE TA169; gastrointestinal stromal tumours as per TA179; well- or moderately differentiated unresectable or metastatic neuroendocrine tumours (NETs) of pancreatic origin in adults with progressive disease as per NICE TA449. MMTC, August 2017

SUNITINIB 25mg CAPSULES R For treatment of: advanced and/or metastatic renal cell carcinoma as per NICE TA169; gastrointestinal stromal tumours as per TA179; well- or moderately differentiated unresectable or metastatic neuroendocrine tumours (NETs) of pancreatic origin in adults with progressive disease as per NICE TA449. MMTC, August 2017

SUNITINIB 50mg CAPSULES R For treatment of: advanced and/or metastatic renal cell carcinoma as per NICE TA169; gastrointestinal stromal tumours as per TA179; well- or moderately differentiated unresectable or metastatic neuroendocrine tumours (NETs) of pancreatic origin in adults with progressive disease as per NICE TA449. MMTC, August 2017

TALIMOGENE LAHERPAREPVEC

TALIMOGENE LAHERPAREPVEC 10^8 PFU in 1ml INJECTION R For the treatment of unresectable metastatic melanoma as per NICE TA410. MMTC, October 2017

TALIMOGENE LAHERPAREPVEC 10^6 PFU in 1ml INJECTION R For the treatment of unresectable metastatic melanoma as per NICE TA410. MMTC, October 2017

TEMOZOLAMIDE

TEMOZOLOMIDE 140mg CAPSULES R For the treatment of recurrent malignant glioma (brain cancer) as per NICE TA23 and NICE TA121. MMTC, June 2018 (update)
**TEMOZOLOMIDE**

- **TEMOZOLOMIDE 180mg CAPSULES**
  - R
  - For the treatment of recurrent malignant glioma (brain cancer) as per NICE TA23 and NICE TA121. MMTC, June 2018 (update)

- **TEMOZOLOMIDE 5mg CAPSULES**
  - R
  - For the treatment of recurrent malignant glioma (brain cancer) as per NICE TA23 and NICE TA121. MMTC, June 2018 (update)

- **TEMOZOLOMIDE 250mg CAPSULES**
  - R
  - For the treatment of recurrent malignant glioma (brain cancer) as per NICE TA23 and NICE TA121. MMTC, June 2018 (update)

- **TEMOZOLOMIDE 20mg CAPSULES**
  - R
  - For the treatment of recurrent malignant glioma (brain cancer) as per NICE TA23 and NICE TA121. MMTC, June 2018 (update)

- **TEMOZOLOMIDE 100mg CAPSULES**
  - R
  - For the treatment of recurrent malignant glioma (brain cancer) as per NICE TA23 and NICE TA121. MMTC, June 2018 (update)

**TOPOTECAN**

- **TOPOTECAN 250microgram CAPSULES**
  - R
  - For the treatment of relapsed small-cell lung cancer as per NICE TA184 and for the treatment of treatment of recurrent carcinoma of the cervix as per NICE TA183. MAC, May 2011

- **TOPOTECAN 1mg CAPSULES**
  - R
  - For the treatment of relapsed small-cell lung cancer as per NICE TA184 and for the treatment of treatment of recurrent carcinoma of the cervix as per NICE TA183. MAC, May 2011

**TRAMETINIB**
TRAMETINIB 500microgram TABLETS  R For the treatment of unresectable or metastatic melanoma in combination with Dabrafenib as per NICE TA396; For adjuvant treatment of resected BRAF V600 mutation-positive melanoma as per NICE TA544. MMTC July 2019

TRAMETINIB 2mg TABLETS  R For the treatment of unresectable or metastatic melanoma in combination with Dabrafenib as per NICE TA396; For adjuvant treatment of resected BRAF V600 mutation-positive melanoma as per NICE TA544. MMTC July 2019

TRAMETINIB 500microgram TABLETS  R For the treatment of unresectable or metastatic melanoma in combination with Dabrafenib as per NICE TA396; For adjuvant treatment of resected BRAF V600 mutation-positive melanoma as per NICE TA544. MMTC July 2019

TRAMETINIB 2mg TABLETS  R For the treatment of unresectable or metastatic melanoma in combination with Dabrafenib as per NICE TA396; For adjuvant treatment of resected BRAF V600 mutation-positive melanoma as per NICE TA544. MMTC July 2019

TRASTUZUMAB

TRASTUZUMAB 600mg IN 5ml SUBCUTANEOUS INJECTION  R For the treatment of advanced breast cancer as per NICE TA34, for the adjuvant treatment of early-stage HER2-positive breast cancer as per TA107, and for the treatment of HER2-positive metastatic gastric cancer a sper TA208. MMTC, December 2014

TRETINOIN

TRETINOIN 10mg CAPSULES  Y

TRIFLURIDINE

TRIFLURIDINE 15mg & TIPIRACIL 6.14mg TABLETS  R For the treatment of metastatic colorectal cancer as per NICE TA405. MMTC, April 2017
TRIFLURIDINE 20mg & TIPIRACIL 8.19mg TABLETS R For the treatment of metastatic colorectal cancer as per NICE TA405. MMTC, April 2017

VANDETANIB

VANDETANIB 100mg TABLETS NF

VEMURAFENIB

VEMURAFENIB 240mg TABLETS R For unresectable or metastatic melanoma with the BRAF V600 mutation as per NICE TA269. MMTC, March 2013.

VENETOCLAX

VENETOCLAX 100mg TABLETS R Restricted for use in: Chronic lymphocytic leukaemia as per NICE TA487 and NICE TA56. MMTC, April 2019

VORETIGENE NEPARVOVEC

VORETIGENE NEPARVOVEC 5x10^12 VECTOR GENOMES in 1mL SUBRETINAL INJECTION R For treating RPE65-mediated retinal dystrophies as per NICE HST11 only. MMTC, January 2020

08.02 Drugs affecting the immune response

ENCORAFENIB

ENCORAFENIB 75mg CAPSULES R For treatment of unresectable or metastatic BRAF V600 mutation-positive melanoma as per NICE TA562 MMTC July 2019

MYCOPHENOLATE

MYCOPHENOLATE 250mg CAPSULES Y

MYCOPHENOLATE 500mg TABLETS Y

OBINUTUZUMAB

OBINUTUZUMAB 1000mg IN 40ml INJECTION R For the treatment of untreated chronic lymphocytic leukaemia as per NICE TA343; treating follicular lymphoma refractory to rituximab as per NICE TA472 and follicular lymphoma as per NICE TA513. MMTC, June 2018

OCRELIZUMAB
ORELIZUMAB 300mg INJECTION R
For the treatment of relapsing-remitting multiple sclerosis in adults as per NICE TA533. MMTC, October 2018

OFATUMUMAB
OFATUMUMAB 1000mg IN 50ml INJECTION R
For the treatment of untreated chronic lymphocytic leukaemia in combination with chlorambucil where the patient is ineligible for fludarabine based therapy and bendamustine is not suitable as per NICE TA344. MMTC, April 2017

RITUXIMAB
RITUXIMAB 100mg IN 10ml INJECTION (RIXATHON) R
For the treatment of: - Anti-neutrophil cytoplasmic - Antibody-associated vasculitis as per TA308 - Chronic lymphocytic leukaemia as for NICE TA174, TA193, and TA561 - Dermatomyositis and Polymyositis as per NHSE policy 16036/P (adults) - Follicular lymphoma (first-line treatment of stage III-IV) as per TA243 - Immunoglobulin G4-related disease (IgG4-RD) as per NHSE policy 16057/P (adults). Rituximab biosimilar should be used for this indication. Myasthenia Gravis - As per NHSE policy 170084/P. For Non-Hodgkin’s lymphoma as per TA137 and TA226. Also supported for use in (off label): a) acquired haemophilia associated with inhibitory antibodies; b) mantle cell lymphoma; c) marginal zone lymphoma and lymphoplasmacytic lymphoma; d) Thyroid-associated orbitopathy (dose limited to 100mg). Also approved for use without methotrexate in rheumatoid arthritis (see unlicensed medicines register). MMTC, April 2019
RITUXIMAB 500mg IN 50ml INJECTION (RIXATHON) R

For the treatment of:
- Anti-neutrophil cytoplasmic - Antibody-associated vasculitis as per TA308
- Chronic lymphocytic leukaemia as for NICE TA174, TA193, and TA561-Dermatomyositis and Polymyositis as per NHSE policy 16036/P (adults)
- Follicular lymphoma (first-line treatment of stage III-IV) as per TA243
- Immunoglobulin G4-related disease (IgG4-RD) as per NHSE policy 16057/P (adults).

Rituximab biosimilar should be used for this indication.

Myasthenia Gravis - As per NHSE policy 170084/P. For Non-Hodgkin's lymphoma as per TA137 and TA226. Also supported for use in (off label): a) acquired haemophilia associated with inhibitory antibodies; b) mantle cell lymphoma; c) marginal zone lymphoma and lymphoplasmacytic lymphoma; d) Thyroid-associated orbitopathy (dose limited to 100mg). Also approved for use without methotrexate in rheumatoid arthritis (see unlicensed medicines register). MMTC, April 2019

08.02.01 Antiproliferative immunosuppressants

**AZATHIOPRINE**

<table>
<thead>
<tr>
<th>Product</th>
<th>Indication</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>AZATHIOPRINE 50mg/5ml LIQUID</td>
<td>For paediatric patients, patients with swallowing difficulties or feeding tubes. Medicines Effectiveness, August 2010.</td>
<td></td>
</tr>
<tr>
<td>AZATHIOPRINE 50mg TABLETS</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>AZATHIOPRINE 25mg TABLETS</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>AZATHIOPRINE 10mg CAPSULES</td>
<td>SR</td>
<td>For patients of low body weight or those on interacting drugs as much lower azathioprine doses may be indicated. Medicines Effectiveness, July 2014.</td>
</tr>
</tbody>
</table>

**MYCOPHENOLATE**

<table>
<thead>
<tr>
<th>Product</th>
<th>Indication</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>MYCOPHENOLATE 1g/5ml LIQUID 175ml</td>
<td>R</td>
<td>For Renal Transplant use only. Medicines Effectiveness, February 2013.</td>
</tr>
<tr>
<td>Product Description</td>
<td>Strength</td>
<td>Formulation</td>
</tr>
<tr>
<td>---------------------</td>
<td>----------</td>
<td>-------------</td>
</tr>
<tr>
<td>MYCOPHENOLATE SODIUM 180mg TABLETS E/C</td>
<td>R</td>
<td>For 3C Study only (Renal) Medicines Effectiveness, Oct. 2012</td>
</tr>
<tr>
<td>MYCOPHENOLATE SODIUM 360mg TABLETS E/C</td>
<td>R</td>
<td>For 3C Study only (Renal) Medicines Effectiveness, Oct. 2012</td>
</tr>
</tbody>
</table>

**08.02.02 Corticosteroids and other immunosuppressants**

**ANTI-THYMOCYTE IMMUNOGLOBULIN**

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Strength</th>
<th>Formulation</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANTI-THYMOCYTE IMMUNOGLOBULIN RABBIT</td>
<td>R</td>
<td>For use by Haematology (adults) and Transplant NB: Paediatrics Haematology requires preauthorisation from OCCG-Medicines Effectiveness, March 2013.</td>
<td></td>
</tr>
</tbody>
</table>

**BASILIXIMAB**

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Strength</th>
<th>Formulation</th>
<th>Notes</th>
</tr>
</thead>
</table>

**BELATACEPT**

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Strength</th>
<th>Formulation</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>BELATACEPT 250mg INJECTION (CTASU)</td>
<td>R</td>
<td>To prevent rejection in bowel transplant patients who have demonstrable tacrolimus nephrotoxicity. MMTC, February 2013.</td>
<td></td>
</tr>
</tbody>
</table>

**CICLOSPORIN**

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Strength</th>
<th>Formulation</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>CICLOSPORIN 10mg CAPSULES (NEORAL)</td>
<td>R</td>
<td>For use by Transplant only. “Ciclosporin / tacrolimus must be prescribed by brand name only”, Please ensure the patient receives the brand that has been prescribed. If no brand is specified, please query with the prescriber or screening pharmacist” Medicines Effectiveness, October 2012.</td>
<td></td>
</tr>
<tr>
<td>CICLOSPORIN 50mg CAPSULES (NEORAL)</td>
<td>R</td>
<td>For use by Transplant only. “Ciclosporin must be prescribed by brand name only”. Please ensure the patient receives the brand that has been prescribed. If no brand is specified, please query with the prescriber or screening pharmacist” Medicines Effectiveness, October 2012.</td>
<td></td>
</tr>
<tr>
<td>Product Description</td>
<td>Brand Name</td>
<td>Notes</td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------------------------------------------</td>
<td>------------</td>
<td>----------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>CICLOSPORIN 100mg/ml LIQUID (SANDIMMUN) (50ml)</td>
<td></td>
<td>For use by Transplant patients with swallowing difficulties or feeding tubes only. “Ciclosporin must be prescribed by brand name only”. Please ensure the patient receives the brand that has been prescribed. If no brand is specified, please query with the prescriber or screening pharmacist” Medicines Effectiveness, October 2012.</td>
<td></td>
</tr>
<tr>
<td>CICLOSPORIN 100mg/ml LIQUID (NEORAL) (50ml)</td>
<td>R</td>
<td>For use by Transplant patients with swallowing difficulties or feeding tubes only. “Ciclosporin must be prescribed by brand name only”. Please ensure the patient receives the brand that has been prescribed. If no brand is specified, please query with the prescriber or screening pharmacist” Medicines Effectiveness, October 2012.</td>
<td></td>
</tr>
<tr>
<td>CICLOSPORIN 250mg in 5ml INJECTION (SANDIMMUN)</td>
<td>R</td>
<td>Strictly NBM patients. “Ciclosporin must be prescribed by brand name only”. Please ensure the patient receives the brand that has been prescribed. If no brand is specified, please query with the prescriber or screening pharmacist” Medicines Effectiveness, October 2012.</td>
<td></td>
</tr>
<tr>
<td>CICLOSPORIN 100mg CAPSULES (SANDIMMUN)</td>
<td>NF</td>
<td>For use by Transplant only. “Ciclosporin must be prescribed by brand name only”. Please ensure the patient receives the brand that has been prescribed. If no brand is specified, please query with the prescriber or screening pharmacist” Medicines Effectiveness, October 2012.</td>
<td></td>
</tr>
<tr>
<td>CICLOSPORIN 100mg CAPSULES (NEORAL)</td>
<td>R</td>
<td>For use by Transplant only. “Ciclosporin must be prescribed by brand name only”. Please ensure the patient receives the brand that has been prescribed. If no brand is specified, please query with the prescriber or screening pharmacist” Medicines Effectiveness, October 2012.</td>
<td></td>
</tr>
<tr>
<td>CICLOSPORIN 25mg CAPSULES (CAPIMUNE)</td>
<td>Y</td>
<td>Ciclosporin must be prescribed by brand name only. Please ensure the patient receives the brand that has been prescribed. If no brand is specified, please query with the prescriber or screening pharmacist” Medicines Effectiveness, October 2012.</td>
<td></td>
</tr>
<tr>
<td>CICLOSPORIN 25mg CAPSULES (DEXIMUNE)</td>
<td>NF</td>
<td>For use by Transplant only. “Ciclosporin must be prescribed by brand name only”. Please ensure the patient receives the brand that has been prescribed. If no brand is specified, please query with the prescriber or screening pharmacist” Medicines Effectiveness, October 2012.</td>
<td></td>
</tr>
<tr>
<td>CICLOSPORIN 25mg CAPSULES (NEORAL)</td>
<td>R</td>
<td>For use by Transplant only. “Ciclosporin must be prescribed by brand name only”. Please ensure the patient receives the brand that has been prescribed. If no brand is specified, please query with the prescriber or screening pharmacist” Medicines Effectiveness, October 2012.</td>
<td></td>
</tr>
<tr>
<td>Product Description</td>
<td>Y/N/F</td>
<td>Notes</td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------------------------------------------</td>
<td>-------</td>
<td>------------------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>CICLOSPORIN 50mg CAPSULES (CAPIMUNE)</td>
<td>Y</td>
<td>Ciclosporin must be prescribed by brand name only. Please ensure the patient receives the brand that has been prescribed. If no brand is specified, please query with the prescriber or screening pharmacist. Medicines Effectiveness, October 2012.</td>
<td></td>
</tr>
<tr>
<td>CICLOSPORIN 100mg CAPSULES (CAPIMUNE)</td>
<td>Y</td>
<td>Ciclosporin must be prescribed by brand name only. Please ensure the patient receives the brand that has been prescribed. If no brand is specified, please query with the prescriber or screening pharmacist. Medicines Effectiveness, October 2012.</td>
<td></td>
</tr>
<tr>
<td>CICLOSPORIN 25mg CAPSULES (SANDIMMUN)</td>
<td>NF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CICLOSPORIN 50mg in 1ml INJECTION (SANDIMMUN)</td>
<td>R</td>
<td>Strictly NBM patients. “Ciclosporin must be prescribed by brand name only”. Please ensure the patient receives the brand that has been prescribed. If no brand is specified, please query with the prescriber or screening pharmacist. Medicines Effectiveness, October 2012.</td>
<td></td>
</tr>
<tr>
<td>CICLOSPORIN 100mg CAPSULES (DEXIMUNE)</td>
<td>NF</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SIROLIMUS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SIROLIMUS 5mg/5ml LIQUID</td>
<td>R</td>
<td>For Renal Transplant patients only. Medicines Effectiveness, October 2011.</td>
<td></td>
</tr>
<tr>
<td>SIROLIMUS 500microgram TABLETS</td>
<td>R</td>
<td>For Renal Transplant patients only. Medicines Effectiveness, October 2011.</td>
<td></td>
</tr>
<tr>
<td>SIROLIMUS 2mg TABLETS</td>
<td>R</td>
<td>For Renal Transplant patients only. Medicines Effectiveness, October 2011.</td>
<td></td>
</tr>
<tr>
<td>SIROLIMUS 1mg TABLETS</td>
<td>R</td>
<td>For Renal Transplant patients only. Medicines Effectiveness, October 2011.</td>
<td></td>
</tr>
</tbody>
</table>

**TACROLIMUS**
<table>
<thead>
<tr>
<th>Medication</th>
<th>Brand</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>TACROLIMUS 1mg PROLONGED RELEASE TABLETS (ENVARSUS)</td>
<td>NF</td>
<td>Tacrolimus must be prescribed by brand name only. Please ensure the patient receives the brand that has been prescribed. If no brand is specified, please query with the prescriber or screening pharmacist. Medicines Effectiveness, March 2017.</td>
</tr>
<tr>
<td>TACROLIMUS 200microgram GRANULES</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>TACROLIMUS 750microgram CAPSULES (ADOPORT)</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>TACROLIMUS 1mg CAPSULES M/R (ADVAGRAF)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>TACROLIMUS 0.75mg PROLONGED RELEASE TABLETS (ENVARSUS)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>TACROLIMUS 0.03% OINTMENT 30g</td>
<td>R</td>
<td>For use by Dermatology in atopic dermatitis as per TA82 and for intractable perianal Crohns disease unresponsive to standard therapies. MAC June 2008.</td>
</tr>
<tr>
<td>TACROLIMUS 0.1% OINTMENT 30g</td>
<td>R</td>
<td>For use by Dermatology in atopic dermatitis as per TA82 Medicines Effectiveness, February 2004.</td>
</tr>
<tr>
<td>TACROLIMUS 0.5mg CAPSULES</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>TACROLIMUS 4mg PROLONGED RELEASE TABLETS (ENVARSUS)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>TACROLIMUS 1mg CAPSULES</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>TACROLIMUS 5mg CAPSULES (ADOPORT)</td>
<td>Y</td>
<td>Tacrolimus must be prescribed by brand name only. Please ensure the patient receives the brand that has been prescribed. If no brand is specified, please query with the prescriber or screening pharmacist. Medicines Effectiveness, October 2012.</td>
</tr>
<tr>
<td>TACROLIMUS 1mg CAPSULES (ADOPORT)</td>
<td>Y</td>
<td>Tacrolimus must be prescribed by brand name only. Please ensure the patient receives the brand that has been prescribed. If no brand is specified, please query with the prescriber or screening pharmacist. Medicines Effectiveness, October 2012.</td>
</tr>
<tr>
<td>TACROLIMUS 1mg GRANULES</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>Drug</td>
<td>Formulation</td>
<td>Status</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
<td>------------------------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>TACROLIMUS 3mg CAPSULES M/R (ADVAGRAF)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>TACROLIMUS 500 microgram CAPSULES (ADOPORT)</td>
<td>Y</td>
<td>Tacrolimus must be prescribed by brand name only. Please ensure the patient receives the brand that has been prescribed. If no brand is specified, please query with the prescriber or screening pharmacist. Medicines Effectiveness, October 2012.</td>
</tr>
<tr>
<td>TACROLIMUS 5mg CAPSULES</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>TACROLIMUS 5mg CAPSULES M/R (ADVAGRAF)</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>TACROLIMUS 5mg IN 1ml INJECTION</td>
<td>R</td>
<td>Strictly NBM patients. Tacrolimus must be prescribed by brand name only. Please ensure the patient receives the brand that has been prescribed. If no brand is specified, please query with the prescriber or screening pharmacist. Medicines Effectiveness, October 2012.</td>
</tr>
</tbody>
</table>

08.02.03 Anti-lymphocyte monoclonal antibodies

**ALEMTUZUMAB**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Formulation</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALEMTUZUMAB 30mg in 1ml INJECTION (HAEMATOLOGY)</td>
<td>UNR</td>
<td>For Haematology use only. Medicines Effectiveness, February 2013.</td>
</tr>
<tr>
<td>ALEMTUZUMAB 30mg in 1ml INJECTION (TRANSPLANT)</td>
<td>UNR</td>
<td>For Transplant use only. Medicines Effectiveness, February 2013.</td>
</tr>
<tr>
<td>ALEMTUZUMAB 12mg INJECTION</td>
<td>R</td>
<td>For the treatment of relapsing-remitting multiple sclerosis as per NICE TA312. MMTC, September 2014.</td>
</tr>
</tbody>
</table>

**RITUXIMAB**
RITUXIMAB 500mg IN 50ml INJECTION  R  For the treatment of: - Anti-neutrophil cytoplasmic - Antibody-associated vasculitis as per TA308 - Chronic lymphocytic leukaemia as for NICE TA174,TA193, and TA561- Dermatomyositis and Polymyositis as per NHSE policy 16036/P (adults) - Follicular lymphoma (first-line treatment of stage III-IV) as per TA243 - Immunoglobulin G4-related disease (IgG4-RD) as per NHSE policy 16057/P (adults). Rituximab biosimilar should be used for this indication. Myasthenia Gravis - As per NHSE policy 170084/P. For Non-Hodgkin's lymphoma as per TA137 and TA226. Also supported for use in (off label): a) acquired haemophilia associated with inhibitory antibodies; b) mantle cell lymphoma; c) marginal zone lymphoma and lymphoplasmacytic lymphoma; d) Thyroid-associated orbitopathy (dose limited to 100mg). Also approved for use without methotrexate in rheumatoid arthritis (see unlicensed medicines register). MMTC, April 2019

RITUXIMAB 1400mg IN 11.7ml SUBCUTANEOUS INJECTION  R  SUBCUT PREPARATION for Oncology use only. For the treatment of: - Follicular lymphoma (first-line treatment of stage III-IV) as per TA243. Also supported for use in (off label): a) mantle cell lymphoma; b) marginal zone lymphoma; c) lymphoplasmacytic lymphoma. MMTC, April 2015
RITUXIMAB 100mg IN 10ml INJECTION

- For the treatment of:
  - Anti-neutrophil cytoplasmic - Antibody-associated vasculitis as per TA308
  - Chronic lymphocytic leukaemia as for NICE TA174, TA193, and TA561
  - Dermatomyositis and Polymyositis as per NHSE policy 16036/P (adults)
  - Follicular lymphoma (first-line treatment of stage III-IV) as per TA243
  - Immunoglobulin G4-related disease (IgG4-RD) as per NHSE policy 16057/P (adults).

Rituximab biosimilar should be used for this indication.

- Myasthenia Gravis - As per NHSE policy 170084/P.
- For Non-Hodgkin's lymphoma as per TA137 and TA226. Also supported for use in (off label):
  - acquired haemophilia associated with inhibitory antibodies;
  - mantle cell lymphoma;
  - marginal zone lymphoma and lymphoplasmacytic lymphoma;
  - Thyroid-associated orbitopathy (dose limited to 100mg).

Approved for use without methotrexate in rheumatoid arthritis (see unlicensed medicines register). MMTC, April 2019

08.02.04 Other immunomodulating drugs

LENALIDOMIDE

LENALIDAMIDE 20MG CAPSULES

- For the treatment of:
  - multiple myeloma in people who have received at least one prior therapy NICE TA171;
  - transfusion dependent anaemia caused by low or intermediate 1 risk myelodysplastic syndromes associated with an isolated deletion 5q cytogenetic abnormality when other therapeutic options are insufficient or inadequate as per NICE TA322. MMTC, April 2017

08.02.04 Other immunomodulating drugs

ALDESLEUKIN

ALDESLEUKIN 18million UNIT INJECTION

BCG
<table>
<thead>
<tr>
<th>Medication</th>
<th>Formulation</th>
<th>Route</th>
<th>Notes and Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BCG VACCINE 81mg BLADDER INSTILLATION</strong></td>
<td></td>
<td>R</td>
<td>For bladder instillation in Urology Ward only. Medicines Effectiveness, July 2012.</td>
</tr>
<tr>
<td><strong>BCG (BACILLUS CALMETTE-GURIN)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>BCG VACCINE 12.5mg BLADDER INSTILLATION</strong></td>
<td></td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td><strong>CANAKINUMAB</strong></td>
<td>CANAKINUMAB 150mg INJECTION NF</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DABRAFENIB</strong></td>
<td>DABRAFENIB 50mg CAPSULES</td>
<td>R</td>
<td>For the treatment of unresectable or metastatic BRAF V600 mutation-positive melanoma as per NICE TA321; unresectable or metastatic BRAF V600 mutation-positive melanoma in combination with Trametinib as per NICE TA396; For adjuvant treatment of resected BRAF V600 mutation-positive melanoma as per NICE TA544 MMTC July 2019</td>
</tr>
<tr>
<td><strong>DABRAFENIB</strong></td>
<td>DABRAFENIB 75mg CAPSULES</td>
<td>R</td>
<td>For the treatment of unresectable or metastatic BRAF V600 mutation-positive melanoma as per NICE TA321; unresectable or metastatic BRAF V600 mutation-positive melanoma in combination with Trametinib as per NICE TA396; For adjuvant treatment of resected BRAF V600 mutation-positive melanoma as per NICE TA544 MMTC July 2019</td>
</tr>
<tr>
<td><strong>DIMETHYL FUMERATE</strong></td>
<td>DIMETHYL FUMERATE 120mg CAPSULES</td>
<td>R</td>
<td>For the treatment of relapsing-remitting multiple sclerosis, as per NICE TA320. MMTC, November 2014.</td>
</tr>
<tr>
<td><strong>DIMETHYL FUMERATE</strong></td>
<td>DIMETHYL FUMERATE 240mg CAPSULES</td>
<td>R</td>
<td>For the treatment of relapsing-remitting multiple sclerosis, as per NICE TA320. MMTC, November 2014.</td>
</tr>
<tr>
<td><strong>FINGOLIMOD</strong></td>
<td>FINGOLIMOD 500microgram CAPSULES STARTER PACK</td>
<td>R</td>
<td>For the treatment of highly active relapsing-remitting multiple sclerosis as per NICE TA254. MMTC, September 2012.</td>
</tr>
</tbody>
</table>
FINGOLIMOD 500microgram CAPSULES R  For the treatment of highly active relapsing-remitting multiple sclerosis as per NICE TA254. MMTC, September 2012.

IMATINIB

IMATINIB 100mg TABLETS R  For chronic myeloid leukaemia as per NICE TA70 and TA251; and for gastrointestinal stromal tumours as per TA86 and TA209. Medicines Effectiveness, March 2013.

IMATINIB 400mg TABLETS R  For chronic myeloid leukaemia as per NICE TA70 and TA251; and for gastrointestinal stromal tumours as per NICE TA86 and TA209. Medicines Effectiveness, March 2013.

INTERFERON

INTERFERON 4.5million international units IN 0.5ml Y
INTERFERON 3million units in 0.5ml pre-filled syringe Y
INTERFERON BETA-1A 6million international units (22microgram) PRE-FILLED SYRINGE NF
INTERFERON ALFA 6million units in 0.5ml pre-filled syringe Y

LENALIDOMIDE

LENALIDOMIDE 10mg CAPSULES R  For the treatment of:- multiple myeloma in people who have received at least two prior therapy NICE TA171; after treatment with bortezomib as per TA586; and in untreated multiple myeloma as per TA587 - transfusion dependent anaemia caused by low or intermediate 1 risk myelodysplastic syndromes associated with an isolated deletion 5q cytogenetic abnormality when other therapeutic options are insufficient or inadequate as per NICE TA322. MMTC, September 2019.
LENALIDOMIDE 15mg CAPSULES  
R  For the treatment of:- multiple myeloma in people who have received at least two prior therapy NICE TA171; after treatment with bortezomib as per TA586; and in untreated multiple myeloma as per TA587 - transfusion dependent anaemia caused by low or intermediate 1 risk myelodysplastic syndromes associated with an isolated deletion 5q cytogenetic abnormality when other therapeutic options are insufficient or inadequate as per NICE TA322. MMTC, September 2019

LENALIDOMIDE 25mg CAPSULES  
R  For the treatment of:- multiple myeloma in people who have received at least two prior therapy NICE TA171; after treatment with bortezomib as per TA586; and in untreated multiple myeloma as per TA587 - transfusion dependent anaemia caused by low or intermediate 1 risk myelodysplastic syndromes associated with an isolated deletion 5q cytogenetic abnormality when other therapeutic options are insufficient or inadequate as per NICE TA322. MMTC, September 2019

LENALIDOMIDE 5mg CAPSULES  
R  For the treatment of:- multiple myeloma in people who have received at least two prior therapy NICE TA171; after treatment with bortezomib as per TA586; and in untreated multiple myeloma as per TA587 - transfusion dependent anaemia caused by low or intermediate 1 risk myelodysplastic syndromes associated with an isolated deletion 5q cytogenetic abnormality when other therapeutic options are insufficient or inadequate as per NICE TA322. MMTC, September 2019

NATALIZUMAB

**PEG INTERFERON**

PEGINTERFERON ALFA 2a 180microgram SYRINGE R (PEGASYS) For the treatment of hepatitis B as per NICE TA96, and for hepatitis C as per TA75, TA106, TA200 and TA300. Ensure (DEH154) Ribavirin 200mg tablets are dispensed as well. MMTC, January 2014.

PEGINTERFERON ALFA 2a 135microgram SYRINGE R (PEGASYS) For the treatment of hepatitis B as per NICE TA96, and for hepatitis C as per TA75, TA106, TA200 and TA300. Ensure (DEH154) Ribavirin 200mg tablets are dispensed as well. MMTC, January 2014.

PEGINTERFERON ALFA 135micrograms PRE-FILLED PEN (PEGASYS) For the treatment of hepatitis B as per NICE TA96, and for hepatitis C as per TA75, TA106, TA200 and TA300. Ensure (DEH154) Ribavirin 200mg tablets are dispensed as well. MMTC, January 2014.

PEG INTERFERON ALFA 2b 100microgram CLEARCLICK PEN For the treatment of hepatitis C as per NICE TA75, TA106, TA200 and TA300. Ensure (DEH154) Ribavirin 200mg tablets are dispensed as well. MMTC, January 2014.

**POMALIDOMIDE**

POMALIDOMIDE 4mg CAPSULES R For the treatment of multiple myeloma in adults at third or subsequent relapse; that is, after 3 previous treatments including both lenalidomide and bortezomib as per NICE TA427. MMTC, April 2017

POMALIDOMIDE 2mg CAPSULES R For the treatment of multiple myeloma in adults at third or subsequent relapse; that is, after 3 previous treatments including both lenalidomide and bortezomib as per NICE TA427. MMTC, April 2017
<table>
<thead>
<tr>
<th>Product Name</th>
<th>Formulation</th>
<th>Manufacturer</th>
<th>Indication</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>POMALIDOMIDE</strong></td>
<td>3mg CAPSULES R</td>
<td></td>
<td>For the treatment of multiple myeloma in adults at third or subsequent relapse; that is, after 3 previous treatments including both lenalidomide and bortezomib as per NICE TA427. MMTC, April 2017</td>
<td></td>
</tr>
<tr>
<td><strong>TERIFLUNOMIDE</strong></td>
<td>14mg TABLETS R</td>
<td></td>
<td>For treating relapsing-remitting multiple sclerosis as per NICE TA303. MMTC, April 2014</td>
<td></td>
</tr>
<tr>
<td><strong>THALIDOMIDE</strong></td>
<td>50mg CAPSULES (CELGENE) R</td>
<td></td>
<td>For chronic myeloid leukaemia as per NICE TA228. Medicines Effectiveness, March 2011</td>
<td></td>
</tr>
<tr>
<td><strong>VISMODEGIB</strong></td>
<td>150mg CAPSULES NF</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>08.02.04</td>
<td><strong>Vinca alkaloids and etoposide</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ENCORAFENIB</strong></td>
<td>50mg CAPSULES R</td>
<td></td>
<td>For treatment of unresectable or metastatic BRAF V600 mutation positive melanoma as per NICE TA562. MMTC July 2019</td>
<td></td>
</tr>
<tr>
<td>08.02</td>
<td><strong>Drugs affecting the immune system</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>08.02.04</td>
<td><strong>Other immunomodulating drugs</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PEG INTERFERON</strong></td>
<td>ALFA 2a 90microgram PRE FILLED SYRINGE R</td>
<td></td>
<td>For the treatment of: Chronic Myeloproliferative disorder in young patients with MPN that require cytoreduction; Hepatitis B as per NICE TA96; Hepatitis C as per NICE TA75, TA106, TA200 and TA300. MMTC, November 2016</td>
<td></td>
</tr>
<tr>
<td>08.03</td>
<td><strong>Sex hormones and hormone antagonists in malignant disease</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DECITABINE</strong></td>
<td>50mg INFUSION NF</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>08.03.01</td>
<td><strong>Oestrogens</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DIETHYLSILBESTROL</strong></td>
<td>1mg TABLETS Y</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
08.03.02 Progestogens
**MEDROXYPROGESTERONE**

MEDROXYPROGESTERONE 100mg TABLETS Y

MEDROXYPROGESTERONE 400mg TABLETS Y

**MEGESTROL**

MEGESTROL ACETATE 160mg TABLETS Y

08.03.04  Hormone antagonists

**ABIRATERONE**

ABIRATERONE 500MG TABLETS R For castration-resistant metastatic prostate cancer previously treated with a docetaxel-containing regimen as per NICE TA259 and for metastatic hormone-relapsed prostate cancer before chemotherapy is indicated as per NICE TA387. MMTC, August 2016

**ANASTROZOLE**

ANASTROZOLE 1mg TABLETS R For Oncology Consultant recommendation for adjuvant hormonal therapy of breast cancer as per NICE TA112. Medicines Effectiveness, August 2007.

**BICALUTAMIDE**

BICALUTAMIDE 150mg TABLETS R For second line for prostate cancer. Use by Urology, Oncology and Radiotherapy only. Medicines Effectiveness, March 2013.

BICALUTAMIDE 50mg TABLETS R For second line for prostate cancer. Use by Urology, Oncology and Radiotherapy only. Medicines Effectiveness, March 2013.

**CYPROTERONE**

CYPROTERONE 100mg TABLETS Y

CYPROTERONE 50mg TABLETS Y

**DEGARELIX**
DEGARELIX 120mg INJECTION R For the treatment of advanced hormone-dependent prostate cancer as per NICE TA404. MMTC, July 2017

DEGARELIX 80mg INJECTION R For the treatment of advanced hormone-dependent prostate cancer as per NICE TA404. MMTC, July 2017

**ENZALUTAMIDE**

ENZALUTAMIDE 40mg TABLETS R For metastatic hormone relapsed prostate cancer previously treated with a docetaxel containing regimen as per NICE TA316; for treating metastatic hormone-relapsed prostate cancer before chemotherapy is indicated as per NICE TA377. MMTC, April 2016

**EXEMESTANE**

EXEMESTANE 25mg TABLETS R For Oncology Consultant recommendation for adjuvant hormonal therapy of breast cancer as per NICE TA112. Medicines Effectiveness, August 2007.

**FLUTAMIDE**

FLUTAMIDE 250mg TABLETS Y

**FULVESTRANT**

FULVESTRANT 250mg in 5ml SYRINGE R For treatment of breast cancer in combination with abemaciclib as per NICE TA563 and NICE TA579; for treatment of breast cancer in combination with palbociclib as per NICE TA619; and for treatment of breast cancer in combination with ribociclib as per NICE TA593. MMTC, February 2020

**GOSERELIN**

GOSERELIN 3.6mg INJECTION R Patients on 3 or 6 monthly gonadorelin analogues (goserelin, leuporelin or triptorelin) will receive 1-monthly injections while inpatients. NB: inform GP when next dose is due. MMTC, April 2014.

GOSERELIN LA 10.8mg INJECTION NF
<table>
<thead>
<tr>
<th>Product Description</th>
<th>Classification</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>LANREOTIDE 90mg PFS AUTOGEL (COMPLIMENTARY SUPPLIES)</td>
<td>R</td>
<td>For patients with acromegaly or neuroendocrine tumours. Prescribing by consultants familiar with the management of patients with these conditions according to a shared care protocol. Medicines Effectiveness, July 2006.</td>
</tr>
<tr>
<td>LANREOTIDE 90mg PFS AUTOGEL</td>
<td>R</td>
<td>For patients with acromegaly or neuroendocrine tumours. Prescribing by consultants familiar with the management of patients with these conditions according to a shared care protocol. Medicines Effectiveness, July 2006.</td>
</tr>
<tr>
<td>LANREOTIDE 60mg PFS AUTOGEL (COMPLIMENTARY SUPPLIES)</td>
<td>R</td>
<td>For patients with acromegaly or neuroendocrine tumours. Prescribing by consultants familiar with the management of patients with these conditions according to a shared care protocol. Medicines Effectiveness, July 2006.</td>
</tr>
<tr>
<td>LANREOTIDE 60mg AUTOGEL</td>
<td>R</td>
<td>For patients with acromegaly or neuroendocrine tumours. Prescribing by consultants familiar with the management of patients with these conditions according to a shared care protocol. Medicines Effectiveness, July 2006.</td>
</tr>
<tr>
<td>LANREOTIDE 30mg INJECTION LA</td>
<td>R</td>
<td>For patients with acromegaly or neuroendocrine tumours. Prescribing by consultants familiar with the management of patients with these conditions according to a shared care protocol. Medicines Effectiveness, July 2006.</td>
</tr>
<tr>
<td>LANREOTIDE 120mg PFS AUTOGEL (COMPLIMENTARY SUPPLIES)</td>
<td>R</td>
<td>For patients with acromegaly or neuroendocrine tumours. Prescribing by consultants familiar with the management of patients with these conditions according to a shared care protocol. Medicines Effectiveness, July 2006.</td>
</tr>
<tr>
<td>Medicine</td>
<td>Formulation</td>
<td>Prescribing by</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td><strong>LANREOTIDE</strong></td>
<td>120mg PFS AUTOGEL</td>
<td>R</td>
</tr>
<tr>
<td><strong>LETROZOLE</strong></td>
<td>2.5mg TABLETS</td>
<td>R</td>
</tr>
<tr>
<td><strong>LEUPRORELIN</strong></td>
<td>3.75mg SR INJECTION</td>
<td>R</td>
</tr>
<tr>
<td><strong>OCTREOTIDE</strong></td>
<td>10mg INJECTION DEPOT</td>
<td>R</td>
</tr>
</tbody>
</table>
For patients with acromegaly or Carcinoid syndrome. Prescribing by consultants familiar with the management of patients with these conditions. Octreotide LAR is administered once every month and may be a suitable alternative to multiple daily injection of octreotide; i.e. patients with acromegaly of neuroendocrine tumours (Carcinoid Syndrome). The manufacturer has agreed to provide the first dose free for patients being switched from multiple daily doses to Sandostatin LAR.

Medicines Effectiveness, April 2007
OCTREOTIDE 50micrograms IN 1ml INJECTION  
For the treatment of all licensed indication and for the treatment of severe chemotherapy induced diarrhoea (off-label) as per local guideline. MMTC, August 2017

**TAMOXIFEN**

TAMOXIFEN 20mg TABLETS  
Also approved for use in Hereditary Haemorrhagic Telangectasia (see unlicensed medicines register) MMTC June 2018

TAMOXIFEN 10mg/5ml LIQUID 150ml  
Also approved for use in Hereditary Haemorrhagic Telangectasia (see unlicensed medicines register) MMTC June 2018

TAMOXIFEN 10mg TABLETS  
Also approved for use in Hereditary Haemorrhagic Telangectasia (see unlicensed medicines register) MMTC June 2018

**TRIPTORELIN**

TRIPTORELIN 11.25mg INJECTION MR  
For precocious puberty. Initiation by Paediatric Endocrinologist only. Medicine Effectiveness, September 2005.

**09 Nutrition and blood**

**CALCIUM AND VITAMIN D**

CALCIUM 500mg & VIT D3 440u GRANULES EFFERVESCENT 1X30  
For use in patients unable to swallow normal chewable tabs. Medicines Effectiveness, March 2020

**CINACALCET**

CINACALCET 90mg TABLETS  
For use by Renal for hyperparathyroidism as per NICE TA 117 only. Medicines Effectiveness, January 2007

CINACALCET 60mg TABLETS  
For use by Renal for hyperparathyroidism as per NICE TA 117 only. Medicines Effectiveness, January 2007

CINACALCET 30mg TABLETS  
For use by Renal for hyperparathyroidism as per NICE TA 117 only. Medicines Effectiveness, January 2007

**FERROUS FUMARATE**
**HYDROXYCARBAMIDE**

HYDROXYCARBAMIDE 500mg/5ml LIQUID \( \text{R} \)

For the treatment of sickle cell disease in paediatric patients who are unable to swallow capsules. MMTC September 2019

Magnesium glycerophosphate

MAGNESIUM GLYCEROPHOSPHATE 5mmol/5ml ORAL SOLUTION \( \text{R} \)

For patients with swallowing difficulties or feeding tubes. Medicines Effectiveness, March 2013

Magnesium sulfate

MAGNESIUM SULPHATE 50% (25g IN 50ml) (100mmol) INJECTION \( \text{R} \)

For use in critical care areas during Covid-19 only. Medicines Effectiveness, March 2020

**MAGNESIUM SULPHATE**

MAGNESIUM SULPHATE 50% (5g IN 10ml) (20mmol) INJECTION \( \text{Y} \)

MAGNESIUM SULPHATE 20mmol IN 50ml INJECTION SR PRE-FILLED SYRINGE (CTASU PREP)

For use on critical care areas during covid-19. Medicines Effectiveness, April 2020

**PHOSPHATE**

PHOSPHATES 50mmol in 500ml INFUSION POLYFUSOR \( \text{R} \)

For use during Covid-19 only, Medicines Effectiveness, March 2020

Phytomenadione

PHYTOMENADIONE 2mg IN 0.2ml ORAL/IM/IV \( \text{UNR (UNLICENSED)} \)

Sodium bicarbonate

SODIUM BICARBONATE 8.4% INJECTION 250ml \( \text{Y} \)

**VITAMIN A**

VITAMIN A + D CAPSULES \( \text{Y} \)

For use in CF patients only

**09.05 Minerals**

**09.05.01 Calcium and magnesium**

**CALCIUM**

CALCIUM LIQUID 2.5mmol/5ml LIQUID \( \text{R} \)

Restricted to Neonates/ young children and patients with special needs for liquid. Medicines Effectiveness, April 2015.
**MAGNESIUM**

MAGNESIUM ASPARTATE 10mmol (6.5g) SACHETS Y

09.01 Anaemias and some other blood disorders

**ANAGRELIDE**

ANAGRELIDE 500microgram CAPSULES R For second line use either after hydroxycarbamide failure or as an adjunct in those few cases where patients cannot tolerate a full dose of hydroxycarbamide. To be used by Haematology consultant only. MAC, December 2007.

**CYANOCOBALAMIN**

CYANOCOBALAMIN 50microgram TABLETS NF

**DESFERRIOXAMINE**

DESFERRIOXAMINE (DEFEROXAMINE) 500mg Y INJECTION

**FERROUS SULPHATE**

FERROUS SULPHATE 325mg M/R TABLETS NF

**HYDROXOCOBALAMIN**

HYDROXOCOBALAMIN 1mg IN 1ml INJECTION Y

**IRON ISOMALTOSIDE 1000**

IRON (as Iron Isomaltoside) 100mg in 1ml INJECTION NF (MONOFER)

**IRON SUCROSE**

IRON SUCROSE COMPLEX 100mg IN 5ml Y INJECTION (VENOFER)

**MAGNESIUM SULPHATE**

MAGNESIUM SULPHATE 20% (8mmol in 10ml) INJECTION 10ml R RESTRICTED: Delivery Suite & Observation area JR only, and HGH. PPDU 05.07.12

**PYRIDOXINE**

PYRIDOXINE 100mg IN 2ml INJECTION UNR For use in PHDU, SCBU and PITU for pyridoxine seizures in neonate and paediatric patients on neurologists request. Use in treatment and diagnostic - EEG.
(Full resuscitation facilities MUST be available during use).
Medicines Effectiveness, March 2009.
ROMIPLOSTIM

ROMIPLOSTIM 125microgram INJECTION VIAL R (Medicines for Children Policy) For the treatment of chronic immune (idiopathic) thrombocytopenic purpura, as per NICE TA 221 MMTC August 2019

ROMIPLOSTIM 250microgram INJECTION R For the treatment of chronic immune (idiopathic) thrombocytopenic purpura as per TA221. Medicines Effectiveness, March 2013.

09.01.01 Iron-deficiency anaemias

FERRIC CARBOXYMALTOSE

FERRIC CARBOXYMALTOSE 100mg IN 2ml INJECTION (FERINJECT) R For the treatment of iron-deficiency anaemia when oral iron preparations are ineffective or cannot be used, when there is continuing blood loss, or in malabsorption. Restricted to outpatients, those attending for pre-assessment or day-case treatment, and for inpatients likely to be discharged within the next 72 hours, as per the MIL on Intravenous Iron Replacement. Medicines Effectiveness, April 2014.

FERRIC CARBOXYMALTOSE 500mg IN 10ml INJECTION (FERINJECT) R For the treatment of iron-deficiency anaemia when oral iron preparations are ineffective or cannot be used, when there is continuing blood loss, or in malabsorption. Restricted to outpatients, those attending for pre-assessment or day-case treatment, and for inpatients likely to be discharged within the next 72 hours, as per the MIL on Intravenous Iron Replacement. Medicines Effectiveness, April 2014.
FERRIC CARBOXYMALTOSE 1g IN 20ml INJECTION  R (FERINJECT)

FERROUS FUMARATE

FERROUS FUMARATE 140mg/5ml LIQUID  Y
FERROUS FUMARATE 210mg TABLETS  Y
FERROUS FUMARATE 322mg TABLETS  Y

FERROUS GLUCONATE

FERROUS GLUCONATE 300mg TABLETS  NF

FERROUS SULPHATE

FERROUS SULPHATE 200mg TABLETS  Y
FERROUS SULPHATE 125mg/ml ORAL DROPS  NF 15ml

IRON DEXTRAN

IRON (as iron Dextran) 500mg IN 10ml INJECTION  R (COSMOFER)
IRON (as Iron Dextran) 100mg in 2ml INJECTION  R (COSMOFER)

For use in Renal & Gastroenterology patients only. Medicines Effectiveness, February 2013.

IRON ISOMALTOSIDE

IRON (as Iron Isomaltoside) 500mg in 5ml INJECTION  NF (MONOFER)
IRON (as Iron Isomaltoside) 100mg in 2ml INJECTION  R (DIAFER)

RESTRICTED for use only in haemodialysis patients. MMTC, May 2016

PREGADAY

PREGADAY TABLETS  Y
<table>
<thead>
<tr>
<th>SODIUM FEREDETATE</th>
<th>SODIUM FEREDETATE 190mg/5ml (27.5mg NF IRON/5ml) LIQUID</th>
</tr>
</thead>
</table>

| 09.01.02 | Drugs used in megaloblastic anaemias |

**CYANOCOBALAMIN**

CYANOCOBALAMIN 1mg IN 1ml INJECTIONNF

**FOLIC ACID**

FOLIC ACID 2.5mg/5ml LIQUID Y

FOLIC ACID 5mg TABLETS Y

| 09.01.03 | Drugs used in hypoplastic, haemolytic, and renal anaemias |

**DEFERIPRONE**

DEFERIPRONE 500mg/5ml LIQUID NF

**HYDROXYCARBAMIDE**

HYDROXYCARBAMIDE 100mg TABLETS R For the treatment of sickle cell disease in paediatric patients. MMTC, October 2016

| 09.01.03 | Drugs used in hypoplastic, haemolytic, and renal anaemias |

**DARBEPOETIN**

DARBEPOETIN ALFA 20microgram SYRINGE R For use by the Renal Unit and as per High Cost Cancer protocol only. Medicines Effectiveness, October 2002.

DARBEPOETIN ALFA 40microgram SYRINGE R For use by the Renal Unit and as per High Cost Cancer protocol only. Medicines Effectiveness, October 2002.

DARBEPOETIN ALFA 50microgram SYRINGE R For use by the Renal Unit and as per High Cost Cancer protocol only. Medicines Effectiveness, October 2002.

DARBEPOETIN ALFA 150microgram SYRINGE R For use by the Renal Unit and as per High Cost Cancer protocol only. Medicines Effectiveness, October 2002.

DARBEPOETIN ALFA 300microgram in 0.6ml SYRINGE R For use by the Renal Unit and as per High Cost Cancer protocol only. Medicines Effectiveness, October 2002.
<table>
<thead>
<tr>
<th>DARBEPOETIN ALFA 30microgram SYRINGE</th>
<th>R</th>
<th>For use by the Renal Unit and as per High Cost Cancer protocol only. Medicines Effectiveness, October 2002.</th>
</tr>
</thead>
<tbody>
<tr>
<td>DARBEPOETIN ALFA 60microgram SYRINGE</td>
<td>R</td>
<td>For use by the Renal Unit and as per High Cost Cancer protocol only. Medicines Effectiveness, October 2002.</td>
</tr>
<tr>
<td>DARBEPOETIN ALFA 10microgram SYRINGE</td>
<td>R</td>
<td>For use by the Renal Unit and as per High Cost Cancer protocol only. Medicines Effectiveness, October 2002.</td>
</tr>
<tr>
<td>DARBEPOETIN ALFA 100microgram SYRINGE</td>
<td>R</td>
<td>For use by the Renal Unit and as per High Cost Cancer protocol only. Medicines Effectiveness, October 2002.</td>
</tr>
<tr>
<td>DARBEPOETIN ALFA 500microgram in 1ml SYRINGE</td>
<td>R</td>
<td>For use by the Renal Unit and as per High Cost Cancer protocol only. Medicines Effectiveness, October 2002.</td>
</tr>
<tr>
<td>DARBEPOETIN ALFA 80microgram SYRINGE</td>
<td>R</td>
<td>For use by the Renal Unit and as per High Cost Cancer protocol only. Medicines Effectiveness, October 2002.</td>
</tr>
</tbody>
</table>

**DEFERASIROX**

<table>
<thead>
<tr>
<th>DEFERASIROX 90mg FILM COATED TABLETS</th>
<th>R</th>
<th>For the treatment of iron overload for transfused and non transfused patients with chronic inherited anaemias as per NHS England Clinical Commissioning Policy 16070/P. MMTC, November 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEFERASIROX 180mg FILM COATED TABLETS</td>
<td>R</td>
<td>For the treatment of iron overload for transfused and non transfused patients with chronic inherited anaemias as per NHS England Clinical Commissioning Policy 16070/P. MMTC, November 2016</td>
</tr>
<tr>
<td>DEFERASIROX 360mg FILM COATED TABLETS</td>
<td>R</td>
<td>For the treatment of iron overload for transfused and non transfused patients with chronic inherited anaemias as per NHS England Clinical Commissioning Policy 16070/P. MMTC, November 2016</td>
</tr>
</tbody>
</table>

**DEFERIPRONE**
<table>
<thead>
<tr>
<th>Medicine</th>
<th>Description</th>
<th>Code</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DEFERIPRONE 500mg TABLETS</strong></td>
<td>R For use by Haematology only. Medicines Effectiveness, March 2006.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DESFERRIOXAMINE</strong></td>
<td>DESFERRIOXAMINE 2g INJECTION Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ECULIZUMAB</strong></td>
<td>ECULIZUMAB 300mg in 30ml INJECTION NF</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ECULIZUMAB 300mg IN 30ml INJECTION R</td>
<td>R</td>
<td>For atypical haemolytic uraemic syndrome as per NHSE policy E03/PS(HSS)/a. MMTC. September 2014.</td>
</tr>
<tr>
<td><strong>ERYTHROPOIETIN ALFA</strong></td>
<td>ERYTHROPOIETIN ALFA 10,000 units in 1ml INJECTION R</td>
<td>R</td>
<td>For use by the Renal Unit only. MMTC, October 2014.</td>
</tr>
<tr>
<td></td>
<td>ERYTHROPOIETIN ALFA 5,000 units IN 0.5ml PRE-FILLED SYRINGE R</td>
<td>R</td>
<td>For use by the Renal Unit only. MMTC, October 2014.</td>
</tr>
<tr>
<td></td>
<td>ERYTHROPOIETIN ALFA 30,000 units IN 0.75ml PRE-FILLED SYRINGE R</td>
<td>R</td>
<td>For use by the Renal Unit only. MMTC, October 2014.</td>
</tr>
<tr>
<td></td>
<td>ERYTHROPOIETIN ALFA 40,000 units IN 1ml PRE-FILLED SYRINGE R</td>
<td>R</td>
<td>For use by the Renal Unit only. MMTC, October 2014.</td>
</tr>
<tr>
<td></td>
<td>ERYTHROPOIETIN ALFA 20,000 units IN 0.5ml PRE-FILLED SYRINGE R</td>
<td>R</td>
<td>For use by the Renal Unit only. MMTC, October 2014.</td>
</tr>
<tr>
<td></td>
<td>ERYTHROPOIETIN ALFA 8,000 units IN 0.8ml PRE-FILLED SYRINGE R</td>
<td>R</td>
<td>For use by the Renal Unit only. MMTC, October 2014.</td>
</tr>
<tr>
<td></td>
<td>ERYTHROPOIETIN ALFA 4000iu IN 0.4ml PRE-FILLED SYRINGE R</td>
<td>R</td>
<td>For use by the Renal Unit only. MMTC, October 2014.</td>
</tr>
<tr>
<td></td>
<td>ERYTHROPOIETIN ALFA 6,000 units IN 0.6ml PRE-FILLED SYRINGE R</td>
<td>R</td>
<td>For use by the Renal Unit only. MMTC, October 2014.</td>
</tr>
<tr>
<td></td>
<td>ERYTHROPOIETIN ALFA 2000units IN 0.5ml SYRINGE R</td>
<td>R</td>
<td>For use by the Renal Unit only. MMTC, October 2014.</td>
</tr>
<tr>
<td></td>
<td>ERYTHROPOIETIN ALFA 1000units IN 0.5ml SYRINGE R</td>
<td>R</td>
<td>For use by the Renal Unit only. MMTC, October 2014.</td>
</tr>
<tr>
<td></td>
<td>ERYTHROPOIETIN ALFA 3000units IN 0.3ml SYRINGE R</td>
<td>R</td>
<td>For use by the Renal Unit only. MMTC, October 2014.</td>
</tr>
<tr>
<td><strong>ERYTHROPOIETIN BETA</strong></td>
<td>ERYTHROPOIETIN BETA 500 international units Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>SYRINGE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**METHOXY POLYETHYLENE GLYCOL-EPOETIN BETA**

- METHOXY POLYETHYLENE GLYCOL-EPOETIN BETA 50 microgram PREFILLED SYRINGE
  - R: For chronic renal impairment patients who require a district nurse to administer their ESA at home, or who do not respond to Aranesp due to suspected non-compliance. MAC, January 2009.

- METHOXY POLYETHYLENE GLYCOL-EPOETIN BETA 100 microgram PREFILLED SYRINGE
  - R: For chronic renal impairment patients who require a district nurse to administer their ESA at home, or who do not respond to Aranesp due to suspected non-compliance. MAC, January 2009.

- METHOXY POLYETHYLENE GLYCOL-EPOETIN BETA 30 microgram PREFILLED SYRINGE
  - R: For chronic renal impairment patients who require a district nurse to administer their ESA at home, or who do not respond to Aranesp due to suspected non-compliance. MAC, January 2009.

- METHOXY POLYETHYLENE GLYCOL-EPOETIN BETA 120 microgram PREFILLED SYRINGE
  - R: For chronic renal impairment patients who require a district nurse to administer their ESA at home, or who do not respond to Aranesp due to suspected non-compliance. MAC, January 2009.

- METHOXY POLYETHYLENE GLYCOL-EPOETIN BETA 75 microgram PREFILLED SYRINGE
  - R: For chronic renal impairment patients who require a district nurse to administer their ESA at home, or who do not respond to Aranesp due to suspected non-compliance. MAC, January 2009.

**HYDROXYCARBAMIDE**

09.01.03 Iron overload
09.01.04 Drugs used in platelet disorders

**ELTROMBOPAG**

ELTROMBOPAG 50mg TABLETS R For treating chronic immune (idiopathic) thrombocytopenic purpura as per NICE TA293. (Also included under Medicines for Children Policy) available for paediatrics. MMTC August 2019

ELTROMBOPAG 25mg TABLETS R For treating chronic immune (idiopathic) thrombocytopenic purpura as per NICE TA293. (Also included under Medicines for Children Policy) available for paediatrics. MMTC August 2019

09.01.06 Drugs used in neutropenia

**FILGRASTIM**

FILGRASTIM 300microgram (30million units) in 0.5ml Y SYRINGE

FILGRASTIM 480microgram (48million unit) in 0.5ml Y SYRINGE

**LENOGRASTIM**

LENOGRASTIM 105microgram (13.4million international units) SYRINGE

LENOGRASTIM 263microgram (33.6million international units) SYRINGE

**PEGFILGRASTIM**

PEGFILGRASTIM 6mg SYRINGE NF

**PLERIXAFOR**

PLERIXAFOR 24mg IN 1.2ml INJECTION VIAL R For stem cell mobilization as per NHSE Policy B04/P/2. MMTC, January 2014.

09.02 Fluids and electrolytes

09.02.02 Electrolytes and water

**SODIUM CHLORIDE**

POTASSIUM CHLORIDE 0.15% (10mmol) GLUCOSE UNR

5% SODIUM CHLORIDE 0.9% 500ml For routine fluid replacement in children as per local guidelines. MMTC, December 2016
09.02  Fluids and electrolytes
**Dioralyte**

- Dioralyte Sachets (Plain) Y

**Glucose**

- Glucose 4% & Sod Chloride 0.18% 500ml Y

**Sodium Chloride**

- Buffered Sodium Chloride 0.9% (PH 7.0) UNR
- 250ml bags

*For use in elastomeric devices for ambulatory patients receiving antibiotics only. MMTC, January 2020*

**09.02.01**  Oral preparations for fluid and electrolyte imbalance

**Calcium Resonium**

- Calcium Resonium Powder Y

**Dioralyte**

- Dioralyte Sachets (Blackcurrant) Y

**Patiromer Sorbitex**

- Patiromer Sorbitex Calcium Powder Oral NF
- Suspension Sachets

**Potassium Bicarbonate**

- Potassium Bicarbonate 500mg Tablets NF
- Effervescent (6.5mmol Potassium)

**Potassium Chloride**

- Potassium Chloride 500mg Tablets Y
- Effervescent
  - Potassium Chloride 600mg Tablets M/R Y
  - Potassium Chloride Effervescent 12mmol Y Tablets
  - Potassium Chloride 5mmol/5ml Liquid Y

**Sodium Bicarbonate**

- Sodium Bicarbonate 500mg Capsules Y

**Sodium Chloride**

- Sodium Chloride 600mg Tablets M/R Y
- Sodium Chloride 5.84% (5mmol/5ml) Liquid R For neonatal unit ward stock.
09.02.02 Parenteral preparations for fluid and electrolyte imbalance

GELASPAN
09.02.02 Parenteral preparations for fluid and electrolyte imbalance

**GLUCOSE**

- GLUCOSE 50% INJECTION 50ml (VIALS) Y
- GLUCOSE 5% INFUSION 100ml FE0087 Y
- GLUCOSE 5% INFUSION 1L FE0064 Y
- GLUCOSE 20% 500ml INFUSION Y
- GLUCOSE 5% INFUSION 250ml FE0062 Y
- GLUCOSE 2.5% & SOD CHLORIDE 0.45% 500ml INF Y FE1023
- GLUCOSE 10% INFUSION 500ml FE0163 Y
- GLUCOSE 10% & SODIUM CHL 0.18% 500ml INFUSION 23-62-546 Y
- GLUCOSE 5% INFUSION 500ml FE0063 Y
- GLUCOSE 5% INFUSION 50ml FE0086 Y
- GLUCOSE 50% INFUSION 500ml Y
- GLUCOSE 5% & SOD CHLORIDE 0.9% 500ml INF Y FKE1063

GLUCOSE 5% & SOD CHLORIDE 0.45% 500ml INF Y FKB1073G

- DF GLUCOSE 5% INFUSION 250ml (FE0062) Y
- DF GLUCOSE 5% 1L INFUSION (FE0064) Y
- DF GLUCOSE 10% INFUSION 500ml (FKB0163G) Y
- DF GLUCOSE 5% INFUSION 500ml (FE0063) Y
- GLUCOSE 20% INFUSION 100ml (VIAL) R For adult hypo box to be kept in all adult wards and departments. For the reversal of hypoglycaemia in adults, as per the MIL on The Management of Hypoglycaemia in Adult Inpatients. MMTC, February 2014

- GLUCOSE 4% & SOD CHLORIDE 0.18% 1L INFUSION FE1254 Y
**MANNITOL**

MANNITOL 20% INFUSION 500ml FKD5633G Y

MANNITOL 10% INFUSION 500ml FKD5613G Y

**POTASSIUM CHLORIDE**

DF POTASSIUM CHL 0.3% (40mmol) SOD CHLORIDE 0.9% 1L (FE1984)

DF POTASSIUM CHL 0.15% (20mmol) SOD CHLORIDE 0.9% 1L (FE1764)

DF POTASSIUM CHL 0.15% (20mmol) GLUCOSE 5% 1L (FE1134)

DF POTASSIUM CHL 0.3% (40mmol) GLUCOSE 5% 1L (FE1264)

POTASSIUM CHL 0.6% (40mmol) SOD CHLORIDE 0.9% 500ml (steriflex101) UNR For use by NICU only. Medicines Effectiveness, July 2011.

POTASSIUM CHLORIDE 0.3% (20mmol) GLUCOSE 10% INFUSION 500ml FKB1165 UNR For Adult DKA regime. Medicines Effectiveness, March 2013.

POTASSIUM CHL 0.6% (40mmol) GLUCOSE 5% 500ml (FKB1665) UNR As per the MIL: Guidelines for the Management of Hypokalaemia in Adults. Medicines Effectiveness, March 2013.

POTASSIUM CHL 0.3% (40mmol) SOD CHLORIDE 0.9% 1L FE1984

POTASSIUM CHL 0.3% (40mmol) GLUCOSE 5% 1L FE1264

POTASSIUM CHL 0.3% (40mmol) GLUC 4% SOD CHL 0.18% 500ml FE1724

POTASSIUM CHL 0.3% (20mmol) SOD CHLORIDE 0.9% 500ml FE1983

POTASSIUM CHL 0.15% (10mmol) GLUCOSE 10% SOD CHL 0.18% 500ml IS336

POTASSIUM CHL 0.3% (20mmol) GLUCOSE 5% SOD CHL 0.9% 500ml (FKB2486) SR Restricted to diabetic patients. Medicines Effectiveness, March 2013

POTASSIUM CHL 0.15% (20mmol) GLUC 2.5% SOD CHL 0.45% 1L 109 3156825 SR As per the MIL: Guidelines for the Management of Hypokalaemia in Adults. Medicines Effectiveness, March 2013.

POTASSIUM CHLORIDE 20mmol IN 50ml SODIUM CHLORIDE 0.9% PRE-FILLED SYRINGE for IV SR Restricted as stock to authorised areas, or as per MIL/high strength potassium SOP on receipt of a prescription and CD order. Medicines Effectiveness, April 2010
POTASSIUM CHL 0.15% (20mmol) GLUC 4% SOD Y

CHL 0.18% 1L FE1704

POTASSIUM CHL 0.15% (10mmol) SOD CHLORIDE Y
0.9% 500ml FE1763
POTASSIUM CHL 0.15% (20mmol) GLUCOSE 5% 1L Y
FE1134
POTASSIUM CHL 0.15% (20mmol) SOD CHLORIDE Y
0.9% 1L FE1764

POTASSIUM CHL 0.3% (20mmol) GLUC 5% SOD CHL 0.45% 500ml (GV332)

SODIUM BICARBONATE

SODIUM BICARBONATE 4.2% INJECTION 5ml UNR For treatment of metabolic acidosis and renal hyperkalaemia in paediatrics only. Medicines Effectiveness, June 2017

SODIUM BICARBONATE 8.4% INJECTION 10ml Y For treatment of metabolic acidosis and renal hyperkalaemia in paediatrics only. Medicines Effectiveness, June 2017

SODIUM BICARBONATE 8.4% POLYFUSOR 200ml Y
POLYFUSOR B

SODIUM BICARBONATE 4.2% INJECTION 10ml SR For treatment of metabolic acidosis and renal hyperkalaemia in paediatrics only. Medicines Effectiveness, June 2017

SODIUM BICARBONATE 8.4% INJECTION 100ml Y

SODIUM BICARBONATE 1.26% POLYFUSOR 500ml Y

SODIUM CHLORIDE

SODIUM CHLORIDE 0.9% INFUSION 100ml (STERILE WRAPPED BAGS) R To be issued as ward stock for NOC theatres ONLY, for use in ropivacaine-based LIA Medicines Effectiveness October 2018

DF SODIUM CHLORIDE 0.9% INFUSION 100ml (FE1307) Y
DF SODIUM CHLORIDE 0.9% INFUSION 500ml Y (FE1323)

COMPOUND SODIUM CHLORIDE INF 500ml (RINGERS) B2303G R For use by Perfusionists whilst Cardioplegia is a supply problem. Medicines Effectiveness, April 2013.
<table>
<thead>
<tr>
<th>Product Description</th>
<th>Code</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sodium Chloride 0.9% Infusion 50ml</td>
<td>FE1306</td>
<td>Y</td>
</tr>
<tr>
<td>Sodium Chloride 1.8% Polysor 500ml</td>
<td></td>
<td>NF</td>
</tr>
<tr>
<td>Sodium Chloride 0.45% 500ml</td>
<td>FE1313</td>
<td>Y</td>
</tr>
<tr>
<td>Sodium Chloride 0.9% 5ml Injection (Glass Ampoules)</td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>Sodium Chloride 0.9% Infusion Viaflo 100ml</td>
<td>FE1307</td>
<td></td>
</tr>
<tr>
<td>Sodium Chloride 0.9% Infusion 500ml</td>
<td>FE1323</td>
<td>Y</td>
</tr>
<tr>
<td>Sodium Citrate (4% Dialysis) Infusion 1500ml</td>
<td></td>
<td>R</td>
</tr>
<tr>
<td>Sodium Lactate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compound Sodium Chloride Inf 1L (Ringers)</td>
<td>FE2304</td>
<td>Y</td>
</tr>
<tr>
<td>Compound Sodium Lactate 1L Inf (Hartmanns)</td>
<td>FKE2324</td>
<td></td>
</tr>
<tr>
<td>Compound Sodium Lactate 500ml Inf (Hartmanns)</td>
<td>FKE2323</td>
<td></td>
</tr>
<tr>
<td>Compound Sodium Lactate 1L Inf (Hartmanns)</td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>Compound Sodium Lactate 500ml Inf (Hartmanns)</td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>Compound Sodium Lactate 1L Inf (Hartmanns)</td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>Compound Sodium Lactate 500ml Inf (Hartmanns)</td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>THAM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>THAM 7% W/V 10ml Injection</td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>09.03 Intravenous nutrition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additrace</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additrace 10ml Injection</td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>Cernevit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cernevit Injections</td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>Intralipid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intralipid 20% Infusion 500ml</td>
<td></td>
<td>R</td>
</tr>
<tr>
<td>Numeta</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
NUMETA G13%E PRETERM EMULSION FOR INFUSION (PARENTERAL NUTRITION) R Restricted for use on neonatal unit only. MMTC September 2018

NUMETA LIGHT PROTECTIVE COVERS 1000ml (Pack of 200) Y To be ordered alongside Numeta Parenteral Nutrition bags M.E September 2018

SODIUM GLYCEROPHOSPHATE

SODIUM GLYCEROPHOSPHATE 20mmol (of phosphate) INJECTION (UNLICENSED) UNR Restricted for the treatment of severe hypophosphataemia as per MIL 5 number 4. Medicines Effectiveness, July 2017

SODIUM GLYCEROPHOSPHATE 20mmol (of phosphate) in 20ml INJECTION Y

SYNTHAMIN

SYNTHAMIN 14 INFUSION BAG 1L (Electrolyte-Free) R For use by Oncology only for patients on Dototate treatment. Medicines Effectiveness, November 2011.

VAMIN

VAMIN 18 INFUSION BAG 1L (ELECTROLYTE FREE) Y

09.04 Oral nutrition

PEDITRACE

PEDITRACE 10ml VIAL Y

ROMIPLOSTIM

ROMIPLOSTIM 250microgram INJECTION VIAL R (Medicines for Children Policy) For the treatment of chronic immune (idiopathic) thrombocytopenic purpura, as per NICE TA 221 MMTC August 2019

SACROSIDASE

SACROSIDASE 8,500iu in 1ml SOLUTION NF

09.05 Minerals

CALCIUM GLUCONATE

CALCIUM GLUCONATE 1g TABLETS NF EFFERVESCENT

MAGNESIUM GLYCEROPHOSPHATE
MAGNESIUM GLYCEROPHOSPHATE 4mmol TABLETS R Second line treatment for mild asymptomatic hypomagnesesaemia. MMTC, January 2015

SELENIUM
SELENIUM 100micrograms in 10ml INJECTION NF

SODIUM ACID PHOSPHATE
PHOSPHATE (SODIUM DIHYDROGEN ACID PHOSPHATE) 1mmol/1ml ORAL LIQUID SR Restricted for the treatment of hypophosphataemia and prevention of bone fractures/bone disease in neonates, infants and young children. Medicines Effectiveness, October 2010

09.05.01 Calcium and magnesium

CALCIUM CARBONATE
CALCICHEW 500mg TABLETS Y

CALCIUM CHLORIDE
CALCIUM CHLORIDE 150mmol in 1500ml (100mmol/1000ml) INFUSION 1500ml (CALRECIA) R As part of citrate based renal replacement therapy in critical care units only (ICUs and HDUs)

AICU/CICU/CTCCU/NICU/PICU/P HDU. Supplied as an alternative, MMTC application required.
CALCIUM (SANDOCAL) 1000 TABLETS EFFERVESCENT (10)
CALCIUM 500mg TABLETS EFFERVESCENT (TUBE 19) R For patients with feeding tubes only. Medicines Effectiveness, May 2011.
CALCIUM CHLORIDE 10% SYRINGE (AURUM) 10ml Y
CALCIUM CHLORIDE 10mmol in 10ml INJECTION Y

CALCIUM GLUCONATE
CALCIUM GLUCONATE 10% INJECTION 10ml (Plastic amp) Y

CALCIUM LACTATE
CALCIUM LACTATE 300mg TABLETS BP NF

CINACalcet
<table>
<thead>
<tr>
<th>Medicine</th>
<th>Strength/Format</th>
<th>Type</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>CINACALCET 30mg TABLETS (28)</td>
<td>R</td>
<td>For use by Renal for hyperparathyroidism as per NICE TA 117 only. Medicines Effectiveness, January 2007.</td>
<td></td>
</tr>
<tr>
<td>CINACALCET 90mg TABLETS (28)</td>
<td>R</td>
<td>For use by Renal for hyperparathyroidism as per NICE TA 117 only. Medicines Effectiveness, January 2007.</td>
<td></td>
</tr>
<tr>
<td>CINACALCET 60mg TABLETS (28)</td>
<td>R</td>
<td>For use by Renal for hyperparathyroidism as per NICE TA 117 only. Medicines Effectiveness, January 2007.</td>
<td></td>
</tr>
<tr>
<td>MAGNESIUM SULPHATE</td>
<td></td>
<td></td>
<td>---------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>MAGNESIUM SULPHATE 50% (5g in 10ml) INJECTION</td>
<td>Y</td>
<td></td>
<td>---------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>MAGNESIUM SULPHATE 50% (2.5g in 5ml) INJECTION</td>
<td>Y</td>
<td></td>
<td>---------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>MAGNESIUM SULPHATE 50% (1g in 2ml) INJECTION</td>
<td>Y</td>
<td></td>
<td>---------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>PHOSPHATE</td>
<td></td>
<td></td>
<td>---------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>PHOSPHATE SANDOZ EFFERVESCENT TABLETS</td>
<td>Y</td>
<td></td>
<td>---------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>09.05.02 Phosphorusrus</td>
<td></td>
<td></td>
<td>---------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>CALCIUM ACETATE</td>
<td></td>
<td></td>
<td>---------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>CALCIUM ACETATE 950mg TABLETS (RENACET)</td>
<td>Y</td>
<td></td>
<td>---------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>CALCIUM ACETATE 475mg TABLETS (RENACET)</td>
<td>Y</td>
<td></td>
<td>---------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>09.05.02 Phosphorus</td>
<td></td>
<td></td>
<td>---------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>CALCIUM ACETATE</td>
<td></td>
<td></td>
<td>---------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>CALCIUM ACETATE 1g TABLETS</td>
<td>Y</td>
<td></td>
<td>---------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>CALCIUM ACETATE 435mg &amp; MAGNESIUM CARBONATE HEAVY 235mg TABLETS</td>
<td>NF</td>
<td></td>
<td>---------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>LANTHANUM</td>
<td></td>
<td></td>
<td>Second line to sevelamer for the control of hyperphosphataemia in patients with chronic kidney disease stage 5 who cannot tolerate calcium based phosphate binders or have pre-existing hypercalcaemia. Medicines Effectiveness, August 2007.</td>
</tr>
</tbody>
</table>
LANTHANUM CARBONATE 1000mg CHEWABLE TABLETS  R  Second line to sevelamer for the control of hyperphosphataemia in patients with chronic kidney disease stage 5 who cannot tolerate calcium based phosphate binders or have pre-existing hypercalcaemia. Medicines Effectiveness, August 2007.

LANTHANUM CARBONATE 500mg CHEWABLE TABLETS  R  Second line to sevelamer for the control of hyperphosphataemia in patients with chronic kidney disease stage 5 who cannot tolerate calcium based phosphate binders or have pre-existing hypercalcaemia. Medicines Effectiveness, August 2007.

LANTHANUM CARBONATE 750mg POWDER SACHETS  Y

LANTHANUM CARBONATE

LANTHANUM CARBONATE 1000mg POWDER SACHETS  R  Second line to sevelamer for the control of hyperphosphataemia in patients with chronic kidney disease stage 5 who cannot tolerate calcium based phosphate binders or have pre-existing hypercalcaemia. Medicines Effectiveness, August 2007.

SEVELAMER

SEVELAMER CARBONATE 800mg TABLETS  R  For second or third line use as per the Renal Unit Protocol only. Medicines Effectiveness, July 2003

09.05.03 Fluoride

SEVELAMER

SEVELAMER 2.4g SACHETS  R  For second or third line use as per the Renal Unit Protocol only in patients unable to tolerate Renagel tablets (sevelamer HCl). Medicines Effectiveness, May 2014.

09.05.04 Zinc

ZINC SULPHATE

ZINC SULPHATE 220mg CAPSULES  Y

ZINC SULPHATE 125mg TABLETS EFFERVESCENT  Y

09.05.05 Selenium
# Selenium Sulfide

SELENIUM ACE TABLETS NF
09.06 Vitamins

# Folic Acid

FOLIC ACID 400microgram TABLETS Y

# Multivitamins

AQUADEKS LIQUID R
For use in cystic fibrosis patients. NB: liquid is restricted for patients unable to take the chewable tablets. Medicines Effectiveness, October 2010.

AQUADEKS CHEWABLE TABLETS R
For use in cystic fibrosis patients. MAC, October 2010.

MULTIVITAMINS AND MINERAL TABLETS (VALUPAK) Y

# Sanatogen

SANATOGEN GOLD 30 Y

# Thiamine

THIAMINE 100mg TABLETS Y

THIAMINE 50mg TABLETS Y

# Tocopheryl Acetate

TOCOPHERYL ACETATE 500mg/5ml LIQUID (vitamin E) R
For cystic fibrosis patients and for the management of patients with a diagnosis of osteoradionecrosis (ORN) of the jaw. MMTC, April 2013.

TOCOPHERYL 200international units GEL CAPSULES (Vitamin E) UNR
For cystic fibrosis patients and for the management of patients with a diagnosis of osteoradionecrosis (ORN) of the jaw. MMTC, April 2013.

# Vitamin A

VITAMIN A AND D CAPSULES R
For use in CF patients only. Medicines Effectiveness, January 2004.

# Vitamin B

VITAMIN B COMPOUND STRONG TABLETS BPC Y
<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Code</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>09.06.02</td>
<td>Vitamin B group</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>BIOTIN</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>BIOTIN 5mg TABLETS</td>
<td>UNR</td>
<td>For children with metabolic disorders. Prescribed by Paediatric Neurologists only. Medicines Effectiveness, February 2013.</td>
</tr>
<tr>
<td></td>
<td><strong>NICOTINAMIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NICOTINAMIDE 250mg TABLETS</td>
<td>UNR</td>
<td>For the treatment of Bullous Pemphigoid in patients under the care of dermatology. Note: this is hospital only and prescribing cannot be transferred to primary care. MMTC, February 2017</td>
</tr>
<tr>
<td></td>
<td><strong>PYRIDOXAL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PYRIDOXAL 5 PHOSPHATE 50mg CAPSULES (IDIS-</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td></td>
<td>USA IMPORT)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>PYRIDOXINE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PYRIDOXINE 50mg TABLETS</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PYRIDOXINE 10mg TABLETS</td>
<td>UNR</td>
<td>For the prevention of peripheral neuropathy in patients on isoniazid. Medicines Effectiveness, February 2013.</td>
</tr>
<tr>
<td></td>
<td><strong>VITAMIN B+C</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>VITAMIN B+C HIGH POTENCY INJECTION for IV use</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(PABRINEX IVHP) 5ml</td>
<td></td>
<td></td>
</tr>
<tr>
<td>09.06.03</td>
<td>Vitamin C</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>ASCORBIC ACID</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ASCORBIC ACID 500mg TABLETS</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ASCORBIC ACID 50mg TABLETS</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ASCORBIC ACID 100mg TABLETS</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ASCORBIC ACID 200mg TABLETS</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ASCORBIC ACID 500mg IN 5ml INJECTION</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>CALCIUM CARBONATE + ERGOCALCIFERO</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>CALCIUM &amp; ERGOCALCIFEROL TABLETS</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>09.06.04</td>
<td>Vitamin D</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### ALFACALCIDOL

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALFACALCIDOL 1microgram CAPSULES</td>
<td>Y</td>
</tr>
<tr>
<td>ALFACALCIDOL 0.25microgram CAPSULES</td>
<td>Y</td>
</tr>
<tr>
<td>ALFACALCIDOL 1microgram IN 0.5ml INJECTION</td>
<td>Y</td>
</tr>
<tr>
<td>ALFACALCIDOL 2microgram IN 1ml INJECTION</td>
<td>Y</td>
</tr>
<tr>
<td>ALFACALCIDOL 2microgram/1ml ORAL DROPS</td>
<td>Y</td>
</tr>
<tr>
<td>10ml</td>
<td></td>
</tr>
</tbody>
</table>

### CALCEOS

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>CALCEOS TABLETS</td>
<td>60</td>
</tr>
<tr>
<td>NF</td>
<td></td>
</tr>
</tbody>
</table>

### CALCITRIOL

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>CALCITRIOL 0.5microgram CAPSULES</td>
<td>Y</td>
</tr>
<tr>
<td>CALCITRIOL 0.25microgram CAPSULES</td>
<td>Y</td>
</tr>
</tbody>
</table>

### CALCIUM CARBONATE + COLECALCIFEROL

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADCAL D3 TABLETS</td>
<td>Y</td>
</tr>
<tr>
<td>ADCAL D3 SOLUBLE TABLETS</td>
<td>R</td>
</tr>
</tbody>
</table>

For patients with feeding tubes only. Medicines Effectiveness, May 2011.

Colecalciferol

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>COLECALCIFEROL 10,000units/ml ORAL DROPS</td>
<td>R</td>
</tr>
<tr>
<td>10ml</td>
<td></td>
</tr>
<tr>
<td>COLECALCIFEROL 3000units/ml LIQUID</td>
<td>UNR</td>
</tr>
<tr>
<td>For rickets and vitamin deficiency in children. MMTC, January 2012.</td>
<td></td>
</tr>
<tr>
<td>COLECALCIFEROL 20,000units CAPSULES</td>
<td>R</td>
</tr>
</tbody>
</table>

Restricted to use for patients with significant vitamin D deficiency OR paediatric patients with cystic fibrosis under the care of Dr. Jeremy Hull. Medicines Effectiveness, February 2019.

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>COLECALCIFEROL 800international units CAPSULES</td>
<td>NF</td>
</tr>
<tr>
<td>COLECALCIFEROL 2,740international units/ml ORAL DROPS</td>
<td>NF</td>
</tr>
<tr>
<td>25ml</td>
<td></td>
</tr>
</tbody>
</table>
COLECALCIFEROL 3200unit CAPSULES R To be used by fracture prevention service in accordance with OCCG Pathway for treating vitamin D deficiency. MMTC, November 2014

COLECALCIFEROL 4000units TABLETS R For the supplementation of vitamin D in pregnancy and breastfeeding only. NB: restricted to those unable to take 4 x 1000units. MMTC, June 2017

COLECALIFEROL

COLECALIFEROL 1000units TABLETS R For the supplementation of vitamin D in pregnancy and breastfeeding only. MMTC, June 2017

DIHYDROTACHYSTEROL

DIHYDROTACHYSTEROL 250micrograms ORAL NF SOLUTION

ERGOCALCIFEROL

ERGOCALCIFEROL 300,000units IN 1ml INJECTION Y

09.06.06 Vitamin K

MENADIOL

MENADIOL 10mg TABLETS R Reversal of elevated INR in INPATIENTS. NB: for IV doses only. Medicines Effectiveness, May 2010

PHYTOMENADIONE

PHYTOMENADIONE 10mg in 1ml INJECTION R Reversal of elevated INR in INPATIENTS. NB: for IV doses only. Medicines Effectiveness, May 2010.

PHYTOMENADIONE 2mg IN 0.2ml ORAL/IM/IV R Reversal of elevated INR in INPATIENTS. NB: for ORAL or IV doses. Medicines Effectiveness, May 2010.

PHYTOMENADIONE 10mg TABLETS UNR For reversal of elevated INR in outpatients on warfarin and the prevention of reduction in Vitamin K dependant clotting factors in maternity patients (inpatient and outpatient). Medicines Effectiveness, January 2015

09.06.07 Multivitamin preparations
ABIDEC LIQUID 25ml R For vitamin D supplementation in exclusively breastfed babies less than 34 weeks. MMTC

December 2017

**KETOVITE**

KETOVITE TABLETS Y

KETOVITE LIQUID Y

**MULTIVITAMINS**

DALIVIT DROPS 25ml Y

09.07 Bitters and tonics

**GENTIAN ALKALINE**

GENTIAN ALKALINE MIXTURE 2 Litre R For use by Neurology only. Medicines Effectiveness, March 2013.

09.08 Metabolic disorders

**ARGININE**

L-ARGININE HYDROCHLORIDE 5g IN 10ml (50% W/V) INJECTION UNR For the treatment of Urea Cycle Defects as per BIMDG adult emergency management guideline. To be initiated following discussion with Metabolic Medicine or as per patient's care plan from the national centre. MMTC, July 2016

**CARGLUMIC ACID**

CARGLUMIC ACID 200mg DISPERSIBLE TABLETS NF

**L-CARNITINE**

L-CARNITINE 300mg IN 1ml PAED SOLUTION 20mls NF

L-CARNITINE 1g in 5ml INJECTION NF

L-CARNITINE 500mg CAPSULES NF

09.08.01 Drugs used in metabolic disorders

**CYSTAGON**

MERCAPTAMINE (CYSTEAMINE) 50mg CAPSULES NF

MERCAPTAMINE (CYSTEAMINE)
**MERCAPTAMINE (CYSTEAMINE) 150mg CAPSULES NF**

**TIOPRONIN**

TIOPRONIN 250mg TABLETS UNR

Restricted to Renal Team. Tiopronin is restricted to patients who are intolerant of penicillamine for the long term treatment of cystinuria. Unlicensed in the UK. MMTC

August 2018

**TIOPRONIN**

TRIENTINE DIHYDROCHLORIDE 300mg CAPSULES NF

**ZINC SULPHATE**

ZINC ACETATE 50mg CAPSULES NF

09.08.02 Acite porphyrias

**HAEM ARGINATE**

HAEM ARGINATE (HUMAN HEMIN) 250mg in 10ml R

INJECTION (4x10ml)

For use by Haematology Consultants only. Medicines Effectiveness, August 2009.

10 Musculoskeletal and joint diseases

**DICLOFENAC**

DICLOFENAC 50mg TABLETS E/C R

For short term analgesia in A+E, Maternity and young healthy adults. Medicines Effectiveness, November 2014

**IBUPROFEN**

IBUPROFEN 400mg TABLETS Y

**METHOTREXATE**

METHOTREXATE 12.5mg IN 0.25ml PRE-FILLED PEN R

For NOC patients only. See SOP for screening and dispensing methotrexate prescriptions. Medicines Effectiveness, March 2013

**SUCROSE**

SUCROSE 24% SOLUTION 2ml R

For use in young infants to reduce procedural pain and distress MMTC, July 2015

10.01 Drugs used in rheumatic diseases and gout
**ADALIMUMAB**

ADALIMUMAB 20mg IN 0.2ml PRE-FILLED SYRINGE  R

For the treatment of: Ankylosing spondylitis and non-radiographic axial spondyloarthritis as per NICE TA383; Behcet’s disease following recommendation by the Birmingham Centre of Excellence; Crohn’s disease as per NICE TA187; Hidradenitis suppurativa as per NICE TA392; Juvenile idiopathic arthritis as per NICE TA373; Rheumatoid arthritis as per NICE TA195 and NICE TA375; Psoriasis as per NICETA146; Psoriatic arthritis as per TA199; Ulcerative colitis as per TA329; Uveitis as per NHSE policy 170010/PS; Non-infectious Uveitis as per NICE TA460. MMTC, April 2019

**BARICITINIB**

BARICITINIB 2mg TABLETS  R

For the treatment of moderate to severe rheumatoid arthritis as per NICE TA466. For initiation by consultant rheumatologists only. MMTC, October 2017

BARICITINIB 4mg TABLETS  R

For the treatment of moderate to severe rheumatoid arthritis as per NICE TA466. For initiation by consultant rheumatologists only. MMTC, October 2017

**DIFLUNISAL**

DIFLUNISAL 250mg TABLETS  NF

**ETANERCEPT**

ETANERCEPT 25mg INJECTION PRE-FILLED SYRINGE (BENEPALI)  R

For the treatment of: juvenile arthritis as per NICE TA373; psoriasis as per NICE TA103; plaque psoriasis as per NICE TA455; rheumatoid arthritis as per NICE TA375 and NICE TA195; ankylosing spondylitis as per NICE TA383; and psoriatic arthritis as per NICE TA199. MMTC, April 2019
ETANERCEPT 50mg INJECTION PRE-FILLED SYRINGE (BENEPALI) R For the treatment of: juvenile arthritis as per NICE TA373; psoriasis as per NICE TA103; plaque psoriasis as per NICE TA455; rheumatoid arthritis as per NICE TA375 and NICE TA195; ankylosing spondylitis as per NICE TA383; and psoriatic arthritis as per NICE TA199. MMTC, April 2019

ETODOLAC

ETODOLAC 600mg TABLETS M/R R For use by consultant rheumatologists only. Medicines Effectiveness, March 2001.

GOLIMUMAB

GOLIMUMAB 100mg PRE-FILLED PEN R For the treatment of:
- Psoriatic arthritis as per NICE TA220;
- Rheumatoid arthritis as per TA225;
- Ankylosing spondylitis as per TA383;
- Spondyloarthritis as per NICE TA497;
- Ulcerative colitis as per NICE TA329.
MMTC, December 2018

GOLIMUMAB 50mg PRE-FILLED SYRINGE R Strictly for those unable to use the pre-filled pen. For the treatment of:
- Psoriatic arthritis as per NICE TA220;
- Rheumatoid arthritis as per TA225;
- Ankylosing spondylitis as per TA383;
- Spondyloarthritis as per NICE TA497;
- Ulcerative colitis as per NICE TA329.
MMTC, December 2018

HYALURONIC ACID

HYALURONIC ACID 20MG INJECTION 3ml NF

INFLIXIMAB

INFLIXIMAB 100mg INJECTION (ZESSLY) R For rheumatoid arthritis as per NICE TA130 and TA295, psoriasis as per TA134, for ulcerative colitis as per TA163 and TA329, Crohn’s disease as per TA187, and psoriatic arthritis as per TA199. MMTC, June 2015
INFLIXIMAB 100mg INJECTION R For rheumatoid arthritis as per NICE TA130 and TA295, psoriasis as per TA134, for ulcerative colitis as per TA163 and TA329, Crohn's disease as per TA187, and psoriatic arthritis as per TA199. MMTC, June 2015.

METHYLPREDNISOLONE
METHYLPREDNISOLONE 40mg & LIDOCAINE 10mg Y in 1ml INJECTION DEPOT

SARILUMAB
SARILUMAB 200mg PRE-FILLED PEN R For the treatment of moderate to severe rheumatoid arthritis as per NICE TA485. MMTC, December 2017

SARILUMAB 150mg PRE-FILLED SYRINGE R For the treatment of moderate to severe rheumatoid arthritis as per NICE TA485. MMTC, December 2017

SARILUMAB 200mg PRE-FILLED SYRINGE R For the treatment of moderate to severe rheumatoid arthritis as per NICE TA485. MMTC, December 2017

SARILUMAB 150mg PRE-FILLED PEN R For the treatment of moderate to severe rheumatoid arthritis as per NICE TA485. MMTC, December 2017

TOFACITINIB
TOFACITINIB 5mg TABLETS R For the treatment of: Moderate to severe rheumatoid arthritis as per NICE TA480, Active psoriatic arthritis as per NICE TA543 Moderately to severely active ulcerative colitis as per NICE TA 547

10.01.01 Non-steroidal anti-inflammatory drugs

ACEMETACIN
ACEMETACIN 60mg CAPSULES (NF) NF

CELECOXIB
CELECOXIB 100mg CAPSULES R For use in OA and RA as per NICE guidelines only Medicines Effectiveness, May 2004.
CELECOXIB 200mg CAPSULES R For use in OA and RA as per NICE guidelines only Medicines Effectiveness, May 2004.

**DICLOFENAC**

DICLOFENAC 75mg IN 3ml INJECTION Y

DICLOFENAC PAED 12.5mg SUPPOSITORIES Y

DICLOFENAC 50mg SUPPOSITORIES R For short term analgesia in A+E, Maternity and young healthy adults. Use in patients where oral/enteral route is not suitable only. Medicines Effectiveness, November 2014.


DICLOFENAC 25mg SUPPOSITORIES R For short term analgesia in A+E, Maternity and young healthy adults. Use in patients where oral/enteral route is not suitable only. Medicines Effectiveness, November 2014.

DICLOFENAC 100mg SUPPOSITORIES R For short term analgesia in A+E, Maternity and young healthy adults. Use in patients where oral/enteral route is not suitable only. Medicines Effectiveness, November 2014.

DICLOFENAC 100mg TABLETS M/R R For use by consultant only. Medicines Effectiveness, March 2001.

**DICLOFENAC + MISOPROSTOL**

DICLOFENAC 50mg / MISOPROSTOL 200microgram TABLETS R For use at NOC only. Medicines Effectiveness, August 2000.

DICLOFENAC 75mg / MISOPROSTOL 200microgram TABLETS R For use at NOC only. Medicines Effectiveness, August 2000.

**DICLOFENAC SODIUM**

DICLOFENAC 50mg TABLETS E/C R For short term analgesia in A+E, Maternity and young healthy adults. Medicines Effectiveness, November 2014

November 2014

**ETORCOXIB**
<table>
<thead>
<tr>
<th>Medicine</th>
<th>Strength</th>
<th>Use</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>ETORICOXIB 30mg TABLETS</td>
<td>R</td>
<td>For use in OA and RA as per NICE guidelines only. Medicines Effectiveness, May 2004. For moderate to severe pain in haemophilia patients and patients with an inherited bleeding disorder. This is an off-label indication. MMTC, June 2018</td>
<td></td>
</tr>
<tr>
<td>ETORICOXIB 60mg TABLETS</td>
<td>R</td>
<td>For use in OA and RA as per NICE guidelines only. Medicines Effectiveness, May 2004. For moderate to severe pain in haemophilia patients and patients with an inherited bleeding disorder. This is an off-label indication. MMTC, June 2018</td>
<td></td>
</tr>
<tr>
<td>ETORICOXIB 90mg TABLETS</td>
<td>R</td>
<td>For use in OA and RA as per NICE guidelines only. Medicines Effectiveness, May 2004. For moderate to severe pain in haemophilia patients and patients with an inherited bleeding disorder. This is an off-label indication. MMTC, June 2018</td>
<td></td>
</tr>
<tr>
<td>FENBUFEN 300mg TABLETS</td>
<td>NF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FLURBIPROFEN 50mg TABLETS</td>
<td>NF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FLURBIPROFEN 100mg TABLETS</td>
<td>NF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IBUPROFEN 100mg/5ml LIQUID SUGAR FREE</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IBUPROFEN 200mg TABLETS</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IBUPROFEN 200mg TABLETS</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IBUPROFEN 400mg TABLETS</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IBUPROFEN 600mg TABLETS</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug</td>
<td>Formulation</td>
<td>Availability</td>
<td>Remarks</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>--------------------------------------</td>
<td>--------------</td>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>IBUPROFEN 800mg TABLETS M/R</td>
<td>R</td>
<td>For use by consultants only. Medicines Effectiveness, March 2001.</td>
<td></td>
</tr>
<tr>
<td>IBUPROFEN 600mg SACHETS</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IBUPROFEN 100mg/5ml LIQUID SUGAR FREE</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>INDOMETACIN</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INDOMETACIN 25mg CAPSULES</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>INDOMETACIN 25mg TABLETS MR</td>
<td>NF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>INDOMETACIN 50mg CAPSULES</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>KETOPROFEN</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KETOPROFEN 50mg CAPSULES</td>
<td>NF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KETOPROFEN 200mg CAPSULES M/R</td>
<td>NF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KETOPROFEN 100mg CAPSULES</td>
<td>NF</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MEFENAMIC</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEFENAMIC ACID 500mg TABLETS</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEFENAMIC ACID 250mg CAPSULES</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MEFENAMIC ACID</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEFENAMIC ACID 50MG/5ML LIQUID</td>
<td>NF</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MELOXICAM</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MELOXICAM 7.5mg TABLETS</td>
<td>R</td>
<td>For initiation by rheumatologist at NOC only, Medicines Effectiveness, January 2007.</td>
<td></td>
</tr>
<tr>
<td><strong>NABUMETONE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NABUMETONE 500mg TABLETS</td>
<td>R</td>
<td>For use at NOC only. Medicines Effectiveness, August 2001.</td>
<td></td>
</tr>
<tr>
<td><strong>NAPROXEN</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NAPROXEN 250mg TABLETS E/C</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NAPROXEN 500mg TABLETS E/C</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NAPROXEN 250mg TABLETS</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NAPROXEN 500mg TABLETS</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug</td>
<td>Formulation</td>
<td>Use</td>
<td></td>
</tr>
<tr>
<td>------</td>
<td>-------------</td>
<td>-----</td>
<td></td>
</tr>
<tr>
<td>PIROXICAM</td>
<td>PIROXICAM 20mg CAPSULES</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>PIROXICAM</td>
<td>PIROXICAM 10mg CAPSULES</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>SULINDAC</td>
<td>SULINDAC 100mg TABLETS</td>
<td>R For use by Maternity and Gynaecology only. Medicines Effectiveness, May 2001.</td>
<td></td>
</tr>
<tr>
<td>SULINDAC</td>
<td>SULINDAC 200mg TABLETS</td>
<td>R For use by Maternity and Gynaecology only. Medicines Effectiveness, May 2001.</td>
<td></td>
</tr>
<tr>
<td>TENOXICAM</td>
<td>TENOXICAM 20mg TABLETS</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td>TIAPROFENIC ACID</td>
<td>TIAPROFENIC ACID 300mg CAPSULES M/R NF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VALDECOXIB</td>
<td>VALDECOXIB 10mg TABLETS</td>
<td>NF</td>
<td></td>
</tr>
</tbody>
</table>

**10.01.02 Corticosteroids**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Formulation</th>
<th>Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>PREDNISOLONE</td>
<td>PREDNISOLONE ACETATE 25mg in 1ml INJECTION</td>
<td>Y</td>
</tr>
<tr>
<td>TRIAMCINOLONE</td>
<td>TRIAMCINOLONE HEXACETONIDE 20mg IN 1ml INJECTION</td>
<td>R For Juvenile Idiopathic Arthritis. MMTC, June 2015</td>
</tr>
</tbody>
</table>

**10.01.03 Drugs that suppress the rheumatic disease process**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Formulation</th>
<th>Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABATACEPT</td>
<td>ABATACEPT 250mg INFUSION</td>
<td>R For the treatment of: rheumatoid arthritis as per NICE TA195 and TA280; Juvenile Idiopathic Arthritis as per NICE TA373. MMTC, April 2019.</td>
</tr>
</tbody>
</table>

**ADALIMUMAB**
**ADALIMUMAB 40mg INJECTION PRE-FILLED SYRINGE**

R For the treatment of: Ankylosing spondylitis and non-radiographic axial spondyloarthritis as per NICE TA383; Behcet’s disease following recommendation by the Birmingham Centre of Excellence; Crohn’s disease as per NICE TA187; Hidradenitis suppurativa as per NICE TA392; Juvenile idiopathic arthritis as per NICE TA373; Rheumatoid arthritis as per NICE TA195 and NICE TA375; Psoriasis as per NICET146; Psoriatic arthritis as per TA199; Ulcerative colitis as per TA329; Uveitis as per NHSE policy 170010/PS; Non-infectious Uveitis as per NICE TA460.

MMTC, April 2019

**ADALIMUMAB 40mg PEN**

R For the treatment of: Ankylosing spondylitis and non-radiographic axial spondyloarthritis as per NICE TA383; Behcet’s disease following recommendation by the Birmingham Centre of Excellence; Crohn’s disease as per NICE TA187; Hidradenitis suppurativa as per NICE TA392; Juvenile idiopathic arthritis as per NICE TA373; Rheumatoid arthritis as per NICE TA195 and NICE TA375; Psoriasis as per NICET146; Psoriatic arthritis as per TA199; Ulcerative colitis as per TA329; Uveitis as per NHSE policy 170010/PS; Non-infectious Uveitis as per NICE TA460.

MMTC, April 2019

**APREMILAST**

**APREMILAST 10mg/20mg/30mg TABLETS (TREATMENT INITIATION PACK)**

R For the treatment of: - chronic plaque psoriasis in adults as per NICE TA419 - active psoriatic arthritis as per NICE TA433.

MMTC, April 2017

**APREMILAST 30mg TABLETS**

R For the treatment of: - chronic plaque psoriasis in adults as per NICE TA419 - active psoriatic arthritis as per NICE TA433.

MMTC, April 2017

**BELIMUMAB**
BELIMUMAB 400mg INJECTION POWDER FOR INJECTION

BELIMUMAB 120mg INJECTION POWDER FOR RECONSTITUTION

CERTOLIZUMAB

CERTOLIZUMAB PEGOL 200mg PRE-FILLED SYRINGE

March 2017

ETANERCEPT

ETANERCEPT 25mg INJECTION PRE-FILLED SYRINGE

ETANERCEPT 50mg INJECTION PRE-FILLED SYRINGE

GOLIMUMBAB

HC GOLIMUMBAB 50mg PRE-FILLED SYRINGE

For the treatment of active autoantibody-positive systemic lupus erythematosus as per NICE TA397. MMTC, October 2016

For the treatment of active autoantibody-positive systemic lupus erythematosus as per NICE TA397. MMTC, October 2016

For the treatment of rheumatoid arthritis after inadequate response to a TNF-alpha inhibitor as per NICE TA415. MMTC,

For the treatment of: juvenile arthritis as per NICE TA373; psoriasis as per NICE TA103; plaque psoriasis as per NICE TA455; rheumatoid arthritis as per NICE TA375 and NICE TA195; ankylosing spondylitis as per NICE TA383; and psoriatic arthritis as per NICE TA199. MMTC, April 2019

For the treatment of: juvenile arthritis as per NICE TA373; psoriasis as per NICE TA103; plaque psoriasis as per NICE TA455; rheumatoid arthritis as per NICE TA375 and NICE TA195; ankylosing spondylitis as per NICE TA383; and psoriatic arthritis as per NICE TA199. MMTC, April 2019

For psoriatic arthritis as per NICE TA220, rheumatoid arthritis as per TA233 and Ankylosing spondylitis as per TA233. MMTC, February 2013.
GOLIMUMAB 50mg PRE-FILLED PEN  R  For the treatment of:
- Psoriatic arthritis as per NICE TA220;
- Rheumatoid arthritis as per TA225;
- Ankylosing spondylitis as per TA383;
- Spondyloarthritis as per NICE TA497;
- Ulcerative colitis as per NICE TA329.

MMTC, December 2018

HYDROXYCHLOROQUINE
HYDROXYCHLOROQUINE 200mg TABLETS  Y

INFLIXIMAB
INFLIXIMAB 100mg INJECTION  NF

LEFLUNOMIDE
LEFLUNOMIDE 100mg TABLETS  R  For use by Rheumatology at NOC only. Medicines Effectiveness, August 2001.

LEFLUNOMIDE 20mg TABLETS  R  For use by Rheumatology at NOC only. Medicines Effectiveness, August 2001.

LEFLUNOMIDE 10mg TABLETS  R  For use by Rheumatology at NOC only. Medicines Effectiveness, August 2001.

METHOTREXATE
METHOTREXATE 22.5mg IN 0.45ml PRE-FILLED PEN  R  For NOC patients only. See SOP for screening and dispensing methotrexate prescriptions. Medicines Effectiveness, March 2013

METHOTREXATE 17.5mg in 0.35ml PRE-FILLED PEN  R  For NOC patients only. See SOP for screening and dispensing methotrexate prescriptions. Medicines Effectiveness, March 2013

METHOTREXATE 25mg IN 0.5ml PRE-FILLED PEN  R  For NOC patients only. See SOP for screening and dispensing methotrexate prescriptions. Medicines Effectiveness, March 2013.
METHOTREXATE 30mg IN 0.6ml PRE-FILLED PEN R For NOC patients only. See SOP for screening and dispensing methotrexate prescriptions. Medicines Effectiveness, March 2013

METHOTREXATE 10mg IN 0.2ml PRE-FILLED PEN R For NOC patients only. See SOP for screening and dispensing methotrexate prescriptions. Medicines Effectiveness, March 2013.

METHOTREXATE 20mg IN 0.4ml PRE-FILLED PEN R For NOC patients only. See SOP for screening and dispensing methotrexate prescriptions. Medicines Effectiveness, March 2013.

METHOTREXATE 7.5mg IN 0.15ml PRE-FILLED PEN R For NOC patients only. See SOP for screening and dispensing methotrexate prescriptions. Medicines Effectiveness, March 2013.

METHOTREXATE 15mg IN 0.3ml PRE-FILLED PEN R For NOC patients only. See SOP for screening and dispensing methotrexate prescriptions. Medicines Effectiveness, March 2013.

**PENICILLAMINE**

PENICILLAMINE 250mg TABLETS Y

PENICILLAMINE 125mg TABLETS Y

**SULFASALAZINE**

SULFASALAZINE DESENSITIZATION KIT NF

1mg/10mg/100mg CAPSULES 3X25

**TOCILIZUMAB**

TOCILIZUMAB 200mg in 10ml INJECTION R For the treatment of: Juvenile idiopathic arthritis as per NICE TA238; Rheumatoid arthritis in adults as per NICE TA247; Giant cell arteritis in adults, as per NICE TA518; Takayasu arteritis in adults as per NHSE Clinical Commissioning Policy 16056/P, and Adult Onset Still's disease (off-label) as per NHSE Policy 170056P. MMTC, December 2019
TOCILIZUMAB 80mg in 4ml INJECTION R For the treatment of: Juvenile idiopathic arthritis as per NICE TA238; Rheumatoid arthritis in adults as per NICE TA247; Giant cell arteritis in adults, as per NICE TA518; Takayasu arteritis in adults as per NHSE Clinical Commissioning Policy 16056/P, and Adult Onset Still’s disease (off-label) as per NHSE Policy 170056P. MMTC, December 2019

TOCILIZUMAB 400mg in 20ml INJECTION R For the treatment of: Juvenile idiopathic arthritis as per NICE TA238; Rheumatoid arthritis in adults as per NICE TA247; Giant cell arteritis in adults, as per NICE TA518; Takayasu arteritis in adults as per NHSE Clinical Commissioning Policy 16056/P, and Adult Onset Still’s disease (off-label) as per NHSE Policy 170056P. MMTC, December 2019

TRIAMCINOLONE

TRIAMCINOLONE 50mg in 5ml INJECTION Y

VEDOLIZUMAB

VEDOLIZUMAB 300mg INJECTION R For the treatment of moderately to severely active ulcerative colitis as per TA342 and moderately to severely active Crohn’s disease after prior therapy as per TA352. MMTC, February 2016

10.01.03 Drugs which suppress the rheumatic disease process

ADALIMUMAB
For the treatment of: Ankylosing spondylitis and non-radiographic axial spondyloarthritis as per NICE TA383; Behcet’s disease following recommendation by the Birmingham Centre of Excellence; Crohn’s disease as per NICE TA187; Hidradenitis suppurativa as per NICE TA392; Juvenile idiopathic arthritis as per NICE TA373; Rheumatoid arthritis as per NICE TA195 and NICE TA375; Psoriasis as per NICETRA146; Psoriatic arthritis as per TA199; Ulcerative colitis as per TA329; Uveitis as per NHSE policy 170010/PS; Non-infectious Uveitis as per NICE TA460. MMTC, April 2019
ADALIMUMAB 40mg in 0.8ml PRE- FILLED SYRINGE  R (IMRALDI)

For the treatment of: Ankylosing spondylitis and non-radiographic axial spondyloarthritis as per NICE TA383; Behcet's disease following recommendation by the Birmingham Centre of Excellence; Crohn's disease as per NICE TA187; Hidradenitis suppurativa as per NICE TA392; Juvenile idiopathic arthritis as per NICE TA373; Rheumatoid arthritis as per NICE TA195 and NICE TA375; Psoriasis as per NICETA146; Psoriatic arthritis as per TA199; Ulcerative colitis as per TA329; Uveitis as per NHSE policy 170010/PS; Non-infectious Uveitis as per NICE TA460. MMTC, April 2019

ANAKINRA

ANAKINRA 100MG SYRINGE  R

For treatment of Juvenile Idiopathic Arthritis (JIA) as per NHSE Policy E03/PS/a and Adult Onset Still's disease as per NHSE Policy 170056P. MMTC, December 2019

DENOSUMAB

DENOSUMAB 60mg in 1ml PRE-FILLED SYRINGE  NF

For the prevention of osteoporotic fractures in postmenopausal women as per NICE TA204. For patients unable to receive first dose by GP including non-Oxfordshire patients. MMTC July 2019

TOCILIZUMAB

TOCILIZUMAB 162mg PRE-FILLED SYRINGE  R

For the treatment of: Juvenile idiopathic arthritis as per NICE TA238; Rheumatoid arthritis in adults as per NICE TA247; Giant cell arteritis in adults, as per NICE TA518; Takayasu arteritis in adults as per NHSE Clinical Commissioning Policy 16056/P, and Adult Onset Still's disease (off-label) as per NHSE Policy 170056P. MMTC, December 2019

10.01.04 Gout and cytotoxic-induced hyperuricaemia

ALLOPURINOL

ALLOPURINOL 300mg TABLETS  Y

ALLOPURINOL 100mg TABLETS  Y
**COLCHICINE**

**COLCHICINE 500microgram TABLETS**  Y

**FEBUXOSTAT**

FEBUXOSTAT 120mg TABLETS  R  For the treatment of hyperuricaemia in rheumatology patients who are unable to take or intolerant to allopurinol as per NICE TA164. MAC, April 2009.

FEBUXOSTAT 80mg TABLETS  R  For the treatment of hyperuricaemia in rheumatology patients who are unable to take or intolerant to allopurinol as per NICE TA164. MAC, April 2009.

**PROBENECID**

PROBENECID 500mg TABLETS  UNR  For severe gout/hyperuricaemia. Use only when Benemid is not available. Medicines Effectiveness, July 2011.

**RASBURICASE**

RASBURICASE 1.5mg INJECTION  R  For use by Paediatric and Adult Heamatology/Oncology only. Medicines Effectiveness, December 2012.

RASBURICASE 7.5mg INJECTION  R  For use by Paediatric and Adult Heamatology/Oncology only. Medicines Effectiveness, December 2012.

**SULFINPYRAZONE**

SULFINPYRAZONE 100mg TABLETS  Y

**10.01  Musculoskeletal and joint diseases**

**TOFACITINIB**

TOFACITINIB 10mg TABLETS  R  For the treatment of moderate to severe active ulcerative colitis as per NICE TA547. Medicines Effectiveness, May 2019

**10.01.03  Drugs for the treatment of soft-tissue disorders and topical pain relief**

**TOCILIZUMAB**
10.02 Drugs used in neuromuscular disorders

**BACLOFEN**

BACLOFEN 10mg IN 5ml INTRATHECAL INJECTION R For use by Neurology Consultants only. Medicines Effectiveness, February 2013.

BACLOFEN 10mg TABLETS Y

**QUININE SULPHATE**

QUININE SULPHATE 300mg TABLETS Y

10.02.01 Drugs that enhance neuromuscular transmission

**EDROPHONIUM**

EDROPHONIUM 150mg IN 15ml INJECTION UNR For use by NICU only. Medicines Effectiveness, September 2013.

**NEOSTIGMINE**

NEOSTIGMINE BROMIDE 15mg TABLETS Y

NEOSTIGMINE 2.5mg IN 1ml INJECTION Y

**PYRIDOSTIGMINE**

PYRIDOSTIGMINE 60mg TABLETS Y

10.02.02 Skeletal muscle relaxants

**BACLOFEN**

BACLOFEN 50 micrograms in 1ml INTRATHECAL INJECTION R For use by Neurology Consultants only. Medicines Effectiveness, February 2013.

BACLOFEN 5mg/5ml LIQUID Y

BACLOFEN 10mg in 20ml INTRATHECAL INJECTION R For use by Neurology Consultants only. Medicines Effectiveness, February 2013.
BACLOFEN 3mg IN 1ml INTRATHECAL INFUSION SR For use by Neurology Consultants only. Medicines Effectiveness, May 2016

DANTROLENE SODIUM

DANTROLENE SODIUM 25mg CAPSULES Y
DANTROLENE SODIUM 100mg CAPSULES Y

METHOCARBAMOL

METHOCARBAMOL 750mg TABLETS Y

TIZANIDINE


10.03 Drugs for the treatment of soft-tissue disorders and topical pain relief

BENZYDAMINE

BENZYDAMINE CREAM 100g (DIFFLAM) NF

10.03.01 Enzymes

HYALURONIDASE

HYALURONIDASE 1500 international units INJECTION Y

10.03.02 Rubefacients, topical NSAIDs, capsaicin, and poultices

CAPSAICIN

CAPSAICIN 0.025% CREAM 45g NF

CAPSAICIN 0.075% CREAM 45g R For use by consultants only. Medicines Effectiveness, March 2001.

DICLOFENAC

DICLOFENAC 1% EMUGEL 100g Y

IBUPROFEN

IBUPROFEN 5% GEL 100g Y

PIROXICAM
11 Eye

**AFLIBERCEPT**

AFLIBERCEPT 3.6mg IN 0.09ml INTRAVITREAL INJECTION (PRE-FILLED SYRINGE) R

For the treatment of: wet-age related macular degeneration as per NICE TA294 - diabetic macular oedema as per NICE TA346 - visual impairment caused by macular oedema after branch retinal vein occlusion as per NICE TA409 - Choroidal Neovascularisation as per NICE TA486. MMTC, February 2018

**DISODIUM EDETATE**

DISODIUM EDETATE 0.37% SOLUTION 20ml (PRES FREE) SR

For Ophthalmology use only. Medicines Effectiveness, May 2013.

DISODIUM EDETATE EYE DROPS 0.37% 10ml SR

For Ophthalmology use only. Medicines Effectiveness, May 2013.

**FLUORESCEIN**

FLUORESCEIN 20% INJECTION 5ml UNR

Restricted to angiography (eye). Medicines Effectiveness, February 2013.

**HYDROXYPROPYL METHYLCELLULOSE**

HYDROXYPROPYL METHYLCELLULOSE (HPMC) 2% IN BALANCED SALT 5ml VIALS Y

**MYDRICAINE**

MYDRICAINE No2 INJECTION SR

For use by Ophthalmology only. Medicines Effectiveness, November 2013.

**PERFLUORO**

PERFLUORO OCTANE 5ml (ARCOTANE) Y

Sodium acetate

SODIUM CHLORIDE 5% EYE OINTMENT (Preservative free) NF

**SODIUM HYALURONATE**

SODIUM HYALURONATE 30mg & SOD CHONDROTIN 40mg 0.5ml INJ (VISCOAT) Y

11.03 Anti-infective eye preparations
**CHLORAMPHENICOL**

CHLORAMPHENICOL 0.5% MINIMS  R  
Restricted for patients with documented preservative intolerance/ allergy and to those with compromised cornea where corneal toxicity is a concern. 
Medicines Effectiveness, November 2016

**CHLORHEXIDINE**

CHLORHEXIDINE 0.02% EYE DROPS PRES FREE  UNR  
For use by Ophthalmology or on Microbiology advice only. 
Medicines Effectiveness, February 2003.

**INDOCYANINE GREEN**

INDOCYANINE GREEN 25mg IN 5ml INJECTION  R  
For use as a marking agent during surgery; in patients with allergy to iodine during angiography; retinal imaging and intraocular visualisation; and for mapping of cutaneous lymphatic drainage. MMTC, June 2013.

**OFLOXACIN**

OFLOXACIN 0.3% EYE DROPS 5ml  Y

11.03.01  Antibacterials

**CEFUROXIME**

CEFUROXIME 5% EYE DROPS 5ml  SR  
For use by Ophthalmology or on advice from Microbiology only. 
Medicines Effectiveness, September 2003.

CEFUROXIME 5% EYE DROPS 10ml  SR  
For use by Ophthalmology or on advice from Microbiology only. 
Medicines Effectiveness, September 2003.

**CHLORAMPHENICOL**

CHLORAMPHENICOL 1% EYE OINTMENT 4g  Y  
As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by:

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.
<table>
<thead>
<tr>
<th>Medicine</th>
<th>Formulation</th>
<th>Code</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHLORAMPHENICOL 0.5% EYE DROPS 10ml</td>
<td>Y</td>
<td></td>
<td>As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by: Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.</td>
</tr>
<tr>
<td>CIPROFLOXACIN</td>
<td>CIPROFLOXACIN 0.3% EYE/EAR DROPS 5ml Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FUSIDIC ACID</td>
<td>FUSIDIC ACID 1% EYE DROPS 5g Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GENTAMICIN</td>
<td>GENTAMICIN 0.3% EYE/EAR DROPS 10ml Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GENTAMICIN (FORTE)</td>
<td>GENTAMICIN (FORTE) 1.5% EYE DROPS (PRES FREE)</td>
<td>SR</td>
<td>To be used by Ophthalmology only. Medicines Effectiveness, October 2014.</td>
</tr>
<tr>
<td>LEVOFLOXACIN</td>
<td>LEVOFLOXACIN 5mg/ml UNIT DOSE EYE DROPS PRES FREE 0.5ml</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>MOXIFLOXACIN</td>
<td>MOXIFLOXACIN 0.5% EYE DROPS 5ml NF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PROPAMIDINE</td>
<td>PROPAMIDINE 0.1% EYE DROPS 10ml R</td>
<td></td>
<td>For the treatment of acanthamoeba infection only. Medicines Effectiveness, February 2003.</td>
</tr>
<tr>
<td>VANCOMYCIN</td>
<td>VANCOMYCIN 5% EYE DROPS 5ml SR</td>
<td></td>
<td>For use by Ophthalmology only. Medicines Effectiveness, March 2013.</td>
</tr>
<tr>
<td>11.03.03</td>
<td>Antivirals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GANCICLOVIR</td>
<td>GANCICLOVIR 0.15% EYE GEL 5g R</td>
<td></td>
<td>For the treatment of Acute herpetic keratitis. MMTC, May 2019</td>
</tr>
<tr>
<td>11.04</td>
<td>Corticosteroids and other anti-inflammatory preparations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.04.01</td>
<td>Corticosteroids</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FLUOCINOLONE</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
11.04 Corticosteroids and other anti-inflammatory preparations

**BETAMETHASONE**

BETAMETHASONE 0.1% & NEOMYCIN 0.5% DROPS (EYE/EAR/NOSE) 10ml

**PREDNISOLONE**

PREDNISOLONE (FORTE) 1% EYE DROPS 5ml Y

PREDNISOLONE 1% EYE DROPS PRES FREE 10ml Y

PREDNISOLONE 0.1% PRES FREE EYE DROPS 10ml UNR For ophthalmology use only. Medicines Effectiveness, April 2015.

**DEXAMETHASONE**

DEXAMETHASONE 0.1% TOBRAMYCIN 0.3% EYE DROPS 5ml NF

DEXAMETHASONE 0.1% EYE DROPS 5ml Y

DEXAMETHASONE 700microgram INTRAVITREAL IMPLANT R For macular oedema (retinal vein occlusion) - dexamethasone as per NICE TA229; Diabetic macular oedema TA349; Non-infectious uveitis TA460. MMTC, October 2017

**FLUOROMETHOLONE**

FLUOROMETHOLONE 0.1% EYE SUSPENSION 10ml Y

**IOTEPREDNOL ETABONATE**

IOTEPREDNOL ETABONATE 0.5% EYE DROPS 5ml NF

**MAXITROL**

MAXITROL EYE DROPS 5ml Y

MAXITROL EYE OINTMENT 3.5g Y

November 2019

For treatment of: diabetic macular oedema as per NICE TA301 and non-infectious uveitis as per NICE TA509. MMTC,
PREDNISOLONE
11.04.02 Other anti-inflammatory preparations

**DEXAMETHASONE**
- DEXAMETHASONE 0.1% EYE DROPS (MINIMS) Y

**LODOXAMIDE**
- LODOXAMIDE 0.1% EYE DROPS 10ml Y

**NEDOCROMIL**
- NEDOCROMIL SODIUM 2% EYE DROPS 5ml Y

**OLOPATADINE**
- OLOPATADINE 1mg/ml EYE DROPS 5ml R For the treatment of allergic conjunctivitis in those where sodium cromoglicate is ineffective or not appropriate. MMTC, February 2018

**OTRIVINE-ANTISTIN**
- OTRIVINE-ANTISTIN EYE DROPS 10ml NF

**SODIUM CROMOGLICATE**
- SODIUM CROMOGLICATE 2% UNIT DOSE EYE DROPS (PRESERVATIVE FREE) Y
- SODIUM CROMOGLICATE 2% EYE DROPS 13.5ml Y

11.05 Mydriatics and cycloplegics

**ATROPINE**
- ATROPINE 1% EYE DROPS (MINIMS) Y

**CYCLOPENTOLATE**
- CYCLOPENTOLATE 0.5% EYE DROPS (MINIMS) Y
- CYCLOPENTOLATE 0.5% EYE DROPS 5ml Y
- CYCLOPENTOLATE 1% EYE DROPS (minims) Y
- CYCLOPENTOLATE 1% EYE DROPS 5ml Y

**DORZOLAMIDE**
DORZOLAMIDE 20mg/ml (0.2%) EYE DROPS PRES FREE

Second line carbonic anhydrase inhibitor for the treatment of glaucoma and ocular hypertension as per the OUH-OCCG treatment guideline. NB: Preservative-free drops should only be used if there are documented intolerance or allergy to preservatives or there is a pre-existing ocular surface disease which is likely to be exacerbated by preservatives. MMTC, August 2017

**PHENYLEPHRINE**

**PHENYLEPHRINE 10% EYE DROPS (MINIMS) Y**

**PHENYLEPHRINE 2.5% EYE DROPS (MINIMS) Y**

**TROPICAMIDE**

**TROPICAMIDE 1% EYE DROPS (MINIMS) Y**

**TROPICAMIDE 0.5% EYE DROPS (MINIMS) Y**

**TROPICAMIDE 0.2mg / PHENYLEPHRINE 3.1mg / LIDOCAINE 10mg INJECTION R**

For mydriasis and local anaesthesia in cataract surgery only. MMTC, July 2017

**11.06 Treatment of glaucoma**

**ACETAZOLAMIDE**

**ACETAZOLAMIDE 500mg INJECTION Y**

**ACETAZOLAMIDE 250mg TABLETS Y**

**ACETAZOLAMIDE 250mg CAPSULES M/R Y**

**BETAXOLOL**

**BETAXOLOL 0.25% EYE DROPS 5ml Y**

**BETAXOLOL 0.5% EYE DROPS 5ml NF**

**BETAXOLOL 0.25% UNIT DOSE PRESERVATIVE FREE EYE DROPS NF**

**BIMATOPROST**

**BIMATOPROST 100micrograms/ml EYE DROPS R**

Third line prostaglandin analogue for the treatment of glaucoma and ocular hypertension as per the OUH-OCCG treatment guideline. MMTC, August 2017
BIMATOPROST 300microgram/ml EYE DROPS 0.4ml R UNIT DOSE (PRES FREE)

Third line prostaglandin analogue for the treatment of glaucoma and ocular hypertension as per the OUH-OCCG treatment guideline. 
NB: Preservative-free drops should only be used if there are documented intolerance or allergy to preservatives or there is a pre-existing ocular surface disease which is likely to be exacerbated by preservatives. MMTC, August 2017

**BRIMONIDINE**

BRIMONIDINE TARTRATE 0.2% (2mg/ml) EYE DROPS 5ml R First line alpha agonist for the treatment of glaucoma and ocular hypertension as per the OUH-OCCG treatment guideline. MMTC, August 2017

**BRIMONIDINE + TIMOLOL**

BRIMONIDINE 2mg/ml and TIMOLOL 5mg/ml EYE DROPS 5ml R For the treatment of glaucoma and ocular hypertension as per the OUH-OCCG treatment guideline. NB: Fixed dose combinations should only be used if the patient requires more than two different eye drops or compliance is an issue MMTC, August 2017

**BRINZOLAMIDE**

BRINZOLAMIDE 10mg/ml EYE DROPS 5ml R First line carbonic anhydrase inhibitor for the treatment of glaucoma and ocular hypertension as per the OUH-OCCG treatment guideline. MMTC, August 2017

**BRINZOLAMIDE + BRIMONIDINE**

BRINZOLAMIDE 10mg/ml and BRIMONIDINE 2mg/ml R EYEDROPS 5ml For the treatment of glaucoma and ocular hypertension as per the OUH-OCCG treatment guideline. Restricted to those where beta blockers are contraindicated and combination product indicated. NB: Fixed dose combinations should only be used if the patient requires more than two different eye drops or compliance is an issue MMTC, August 2017

**BRINZOLAMIDE + TIMOLOL**
BRINZOLAMIDE 10mg/ml and TIMOLOL 5mg/ml EYE DROPS 5ml

For the treatment of glaucoma and ocular hypertension as per the OUH-OCCG treatment guideline. NB: Fixed dose combinations should only be used if the patient requires more than two different eye drops or compliance is an issue MMTC.

August 2017

CARBACHOL

CARBACHOL 3.0% EYE DROPS 10ml NF

DORZOLAMIDE

DORZOLAMIDE 20mg/ml EYE DROPS 5ml R

Second line carbonic anhydrase inhibitor for the treatment of glaucoma and ocular hypertension as per the OUH-OCCG treatment guideline. MMTC, August 2017

DORZOLAMIDE 20mg/ml & TIMOLOL 5mg/ml UNIT DOSE EYE DROPS PRES FREE R

For patients need a preservative-free preparation only. Medicines Effectiveness, March 2008.

DORZOLAMIDE 20mg/ml & TIMOLOL 5mg/ml EYE DROPS 5ml R

For the treatment of glaucoma and ocular hypertension as per the OUH-OCCG treatment guideline. NB: Fixed dose combinations should only be used if the patient requires more than two different eye drops or compliance is an issue MMTC.

August 2017

GANFORT

BIMATOPROST 300micrograms/ml & TIMOLOL 5mg/ml EYE DROPS 3ml R

For the treatment of glaucoma and ocular hypertension as per the OUH-OCCG treatment guideline. NB: Fixed dose combinations should only be used if the patient requires more than two different eye drops or compliance is an issue MMTC.

August 2017
BIMATOPROST/TIMOLOL 300MCG/5ML 0.4ML EYE DROPS PRESERVATIVE FREE

For the treatment of glaucoma and ocular hypertension as per the OUH-OCCG treatment guideline.
NB: Preservative-free drops should only be used if there are documented intolerance or allergy to preservatives or there is a pre-existing ocular surface disease which is likely to be exacerbated by preservatives.
NB: Fixed dose combinations should only be used if the patient requires more than two different eye drops or compliance is an issue
MMTC, August 2017

**LATANOPROST**

LATANOPROST 50microgram/ml + TIMOLOL 5mg/ml R

This combination is not deemed to be clinically effective. All requests should be challenged. Please see the OUH-OCCG glaucoma and ocular hypertension guideline.
Medicines Effectiveness, April 2018

LATANOPROST 0.005% (50micrograms/ml) EYE DROPS 2.5ml

First line prostaglandin analogue for the treatment of glaucoma and ocular hypertension as per the OUH-OCCG treatment guideline.
MMTC, August 2017

LATANOPROST 0.005% (50micrograms/ml) UNIT DOSE EYE DROPS PRES FREE

First line prostaglandin analogue for the treatment of glaucoma and ocular hypertension as per the OUH-OCCG treatment guideline.
NB: Preservative-free drops should only be used if there are documented intolerance or allergy to preservatives or there is a pre-existing ocular surface disease which is likely to be exacerbated by preservatives.
MMTC, August 2017

**LATANOPROST + TIMOLOL**
LATANOPROST 50 microgram/ml & TIMOLOL 5mg/ml R For the treatment of glaucoma and ocular hypertension as per the OUH-OCCG treatment guideline. NB: Preservative-free drops should only be used if there are documented intolerance or allergy to preservatives or there is a pre-existing ocular surface disease which is likely to be exacerbated by preservatives. MMTC, October 2019

**LEVOBUNOLOL**

LEVOBUNOLOL 0.5% EYE DROPS 5ml Y

LEVOBUNOLOL 0.5% UNIT DOSE EYE DROPS (PRES FREE) Y

**PILOCARPINE**

PILOCARPINE 1% EYE DROPS 10ml Y

PILOCARPINE 2% EYE DROPS (MINIMS) (20) Y

PILOCARPINE 4% EYE DROPS 10ml Y

PILOCARPINE 2% EYE DROPS 10ml Y

**TAFLUPROST**

TAFLUPROST 15 microgram/ml EYE DROPS (SINGLE DOSE UNITS) (30) R For the treatment of glaucoma and ocular hypertension as per the OUH-OCCG treatment guideline. NB: Preservative-free drops should only be used if there are documented intolerance or allergy to preservatives or there is a pre-existing ocular surface disease which is likely to be exacerbated by preservatives. MMTC, August 2017

**TAFLUPROST + TIMOLOL**

TAFLUPROST 15 micrograms/ml and TIMOLOL 5mg/ml EYEDROPS Preservative Free R For the treatment of glaucoma and ocular hypertension as per the OUH-OCCG treatment guideline. NB: Fixed dose combinations should only be used if the patient requires more than two different eye drops or compliance is an issue. MMTC, August 2017

**TIMOLOL**
TIMOLOL 0.5% EYE DROPS 5ml TTO PK SR For areas allowed to keep TTO packs. Medicines Effectiveness, March 2013.

TIMOLOL 0.1% EYE GEL Preservative free 30 R First line beta blocker for the treatment of glaucoma and ocular hypertension as per the OUH-OCCG treatment guideline. NB: Preservative-free drops should only be used if there are documented intolerance or allergy to preservatives or there is a pre-existing ocular surface disease which is likely to be exacerbated by preservatives. MMTC, August 2017

TIMOLOL 0.25% EYE DROPS 2.5ml L.A. R Second line prostaglandin analogue for the treatment of glaucoma and ocular hypertension as per the OUH-OCCG treatment guideline. MMTC, August 2017

TIMOLOL 0.5% EYE DROPS 2.5ml L.A. NF

TIMOLOL 0.25% EYE DROPS 5ml R First line beta blocker for the treatment of glaucoma and ocular hypertension as per the OUH-OCCG treatment guideline. MMTC, August 2017

TIMOLOL 0.5% EYE DROPS 5ml NF

11.07 Local anaesthetics

**BENOXINATE (OXYBUPROCAINE)**

OXYBUPROCAINE 0.4% MINIMS Y

**LIDOCAINE**

LIDOCAINE 4% & FLUORESCEIN 0.25% MINIMS Y

LIDOCAINE 5% & PHENYLEPHRINE 0.5% TOPICAL SOLUTION 2.5ml Y

**PROXYMETACAINE**

PROXYMETACAINE 0.5% EYE DROPS (MINIMS) Y

**TETRACAINE**

TETRACAINE 0.5% EYE DROPS (MINIMS) Y

TETRACAINE 1% EYE DROPS (MINIMS) Y
**TRAVOPROST**

TRAVOPROST EYE DROPS 2.5ml  R  Second line prostaglandin analogue for the treatment of glaucoma and ocular hypertension as per the OUH-OCCG treatment guideline. MMTC, August 2017

**11.08 Miscellaneous ophthalmic preparations**

**ACETYLCOLINE**

ACETYLCOLINE CHLORIDE 20mg in 2ml  UNR INTRAOCULAR IRRIGATION 2ml (Unlicensed)

**CARAMELLOSE**

CARAMELLOSE 1% EYE DROPS 0.4ml (30)  R  For use by Ophthalmology only. Medicines Effectiveness, March 2013.

**CICLOSPORIN**

CICLOSPORIN 1mg/ml UNIT DOSE EYE DROPS 0.3ml (30)  R  For treating dry eye disease that has not improved despite treatment with artificial tears as per NICE TA369. Initiation by consultant ophthalmologist only. MMTC, April 2016

**NATAMYCIN**

NATAMYCIN 5% EYE DROPS 15ml  UNR  For proven or suspected or fungal keratitis infections. Restricted to consultant ophthalmology and/or microbiology/infectious diseases physician prescribing or recommendation only. MMTC June 2019

**OCRIPLASMIN**

OCRIPLASMIN 500microgram IN 0.2ml INTRAVITREAL INJECTION  R  For vitreomacular traction on advice of a consultant ophthalmologist in line with NICE TA297. MMTC, January 2014.

**POLYHEXAMETHYLENE BIGUANIDE**

POLYHEXAMETHYLENE BIGUANIDE (POLIHEXANIDE) 0.06% EYE DROPS  SR  For use by Ophthalmology only. Medicines Effectiveness, January 2014.

POLYHEXAMETHYLENE BIGUANIDE 0.02% EYE DROPS  SR  For use by Ophthalmology only. Medicines Effectiveness, January 2014.

**SODIUM CHLORIDE**
SODIUM CHLORIDE 5% EYE DROPS PRES FREE  
10ml

SODIUM HYALURONATE
SODIUM HYALURONATE 18mg in 1ml (0.85ml) G.V  
Y
INJECTION
SODIUM HYALURONATE 0.1% EYE DROPS (PRES  
FREE) 10ml

SODIUM HYALURONATE 0.18% EYE DROPS  
SINGLE USE 0.3ml (20sach)  
R

SODIUM HYALURONATE 0.2% EYE DROPS (PRES  
FREE) 10ml
SODIUM HYALURONATE 10mg in 1ml (0.85ml)  
Y
INJECTION

VERTEPORFIN
VERTEPORFIN 15mg INJECTION  
R

VISCOTEARS
CARBOMER 980 0.2% LIQUID GEL 10g  
Y

11.08.01  Tear deficiency, ocular lubricants and astringents

LIQUID PARAFFIN
LIQUID PARAFFIN EYE OINTMENT  
Y

11.08.01  Tear deficiency, ocular lubricants, and astringents

ACETYLCYSTEINE
ACETYLCYSTEINE 5% EYE DROPS 10ml  
Y

ARTIFICIAL TEARS
ARTIFICIAL TEARS MINIMS  
Y

BALANCED SALT SOLUTION
BALANCED SALT SOLUTION 500ml  
Y
BALANCED SALT SOLUTION PLUS 500ml  
Y
BALANCED SALT SOLUTION 15ml  
Y

CARMELLOSE
CARMELLOSE 0.5% EYE DROPS 0.4ml (30)  
R

For use by Ophthalmology only.  
Medicines Effectiveness, March 2006.
CARMELLOSE 0.5% EYE DROPS 10ml (OPTIVE)  Y
CARMELLOSE 0.5% GLYCERINE 1% CASTOR OIL  Y
0.25% EYE DROPS

HYPROMELLOSE

HYPROMELLOSE 2% EYE DROPS 10ml  SNF
HYPROMELLOSE 0.5% EYE DROPS 10ml  NF
HYPROMELLOSE 0.3% EYE DROPS 10ml  Y

LACRI-LUB

LACRI-LUBE EYE OINTMENT 3.5g  Y

LIQUIFILM TEARS

LIQUIFILM TEARS EYE DROPS 15ml  Y
LIQUIFILM TEARS UNIT DOSE EYE DROPS (PRES FREE)  Y

LUBRI TEARS

LUBRI TEARS EYE OINTMENT 5g  NF

SODIUM CHLORIDE

SODIUM CHLORIDE 5% EYE DROPS 10ml  Y
SODIUM CHLORIDE 0.9% EYE DROPS 10ml  NF

SODIUM HYALURONATE + DEXPANTHENOL

SODIUM HYALURONATE 0.1% & DEXPANTHENOL  2% EYE DROPS 10ml  NF

11.08.02 Ocular diagnostic and peri-operative preparations and photodynamic treatment

ACETYLCHOLINE

ACETYLCHOLINE CHLORIDE 1% INTRAOCULAR  Y
IRRIGATION 2ml

AFLIBERCEPT

AFLIBERCEPT 4mg IN 0.1ml INTRAVITREAL INJECTION  R

For the treatment of:- wet-age related macular degeneration as per NICE TA294 -diabetic macular oedema as per NICE TA346 - visual impairment caused by macular oedema after branch retinal vein occlusion as per NICE TA409 - Choroidal Neovascularisation as per NICE TA 486. MMTC, February 2018
APRACLONIDINE
**APRACLONIDINE 0.5% EYE DROPS 5ml** Y

**APRACLONIDINE 1% PRESERVATIVE FREE SOLUTION** Y

**DICLOFENAC**

- **DICLOFENAC 0.1% EYE DROPS (Preservative free)** R

For patients requiring a preservative free NSAID eye drop. For all other patients recommend changing to Ketorolac eye drops. Medicines Effectiveness, January 2001.

**FLUORESCEIN**

- **FLUORESCEIN 2% EYE DROPS (MINIMS)** Y

**KETOROLAC**

- **KETOROLAC 0.5% EYE DROPS 5ml** Y

**POVIDONE IODINE**

- **POVIDONE IODINE 5% EYE DROPS (MINIMS) 0.4ml** R

For use in EYE O/Ps only. Medicines Effectiveness, Apr 2015.

**RANIBIZUMAB**

- **RANIBIZUMAB 1.65mg in 0.165ml (10mg/ml) PRE-FILLED SYRINGE** R

For use by Consultant Ophthalmology in patients with age related macular degeneration as per NICE TA155; and treating choroidal neovascularisation associated with pathological myopia NICE TA298. Also approved for use as per other NICE TAs following the completion of a NICE implementation form (see PPDU SharePoint). MMTC, February 2014.

**SIMPLE EYE**

- **SIMPLE EYE OINTMENT B.P 4g** Y

**SODIUM CHLORIDE**

- **SODIUM CHLORIDE 0.9% EYE DROPS (MINIMS)** Y

**SODIUM HYALURONATE**

- **SODIUM HYALURONATE 23mg in 1ml (0.6ml)** Y
- **SODIUM HYALURONATE 10mg in 1ml (0.55ml)** Y

INJECTION (PROVISC)
TRY PAN BLU E
11.08.02 Ocular diagnostic and peri-operative preparations and photodynamic treatments

**FLUORESCEIN**

FLUORESCEIN 10% INJECTION 5ml  

R Restricted to angiography (eye) and confocal endomicroscopy. Medicines Effectiveness, February 2013

11.6 Treatment of glaucoma

**TIMOLOL + TRAVOPROST**

TRAVOPROST 40micrograms in 1ml / TIMOLOL 5mg  

R For the treatment of glaucoma and ocular hypertension as per the OUH-OCCG treatment guideline. NB: Fixed dose combinations should only be used if the patient requires more than two different eye drops or compliance is an issue. MMTC, August 2017

12 Ear, nose, and oropharynx

12.01 Drugs acting on the ear

**SOFRADEX**

SOFRADEX EAR/EYE DROPS 8ml  

Y

12.01.01 Otitis externa

**ALUMINIUM ACETATE**

ALUMINIUM ACETATE 13% EAR DROPS 10ml  

SR For inflammation in otitis externa. Medicines Effectiveness, January 2014.

**BORIC ACID**

POVIDONE IODINE 1% w/w in BORIC ACID POWDER 5g  


**CHLORAMPHENICOL**

CHLORAMPHENICOL 5% EAR DROPS 10ml  

Y As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by:

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.
**GENTAMICIN**
GENTAMICIN HC EAR DROPS 10ml Y

**LOCORTEN-VIOFORM**
LOCORTEN-VIOFORM EAR DROPS 7.5ml Y

**OTOMIZE EAR**
OTOMIZE EAR SPRAY 5ml Y

**SOFRADEX**
SOFRADEX EAR/EYE DROPS 8ml TTO PACK SR For areas allowed to keep TTO packs.

12.01.03 Removal of ear wax

**OLIVE OIL**
OLIVE OIL 92ml Y

**SODIUM BICARBONATE**
SODIUM BICARBONATE 5% EAR DROPS B.P 10ml Y

12.02 Drugs acting on the nose

**GLUCOSE**
GLUCOSE 25% and GLYCEROL Nasal drops 30ml Y

**SODIUM CHLORIDE**
SODIUM CHLORIDE 0.9% NASAL DROPS 10ml Y

12.02.01 Drugs used in nasal allergy

**BECLOMETASONE**
BECLOMETASONE AQUEOUS 50micrograms/DOSE Y NASAL SPRAY

**FLUTICASONE**
FLUTICASONE 50microgram AQUEOUS NASAL NF SPRAY
FLUTICASONE FUROATE 27.5microgram NASAL NF SPRAY

**MOMETASONE**
Topical nasal decongestants

EPHEDRINE
EPHEDRINE HYDROCHLORIDE 0.5% NASAL DROPS 10ml
EPHEDRINE HYDROCHLORIDE 1% NASAL DROPS 10ml

FLUTICASONE
- FLUTICASONE PROPIONATE 400micrograms NASAL DROPS 0.4ml UNITS
  For the treatment of oral mucosal diseases following recommendation by oral medicine or dermatology. Also available for use by ENT surgery. MMTC, January 2017

IPRATROPIUM
- IPRATROPIUM BROMIDE 21microgram/dose NASAL SPRAY

SODIUM CHLORIDE
- SODIUM CHLORIDE 0.9% NASAL SPRAY 100ml

TRIAMCINOLONE
- TRIAMCINOLONE 55microgram NASAL SPRAY 120 DOSE

XYLOMETAZOLINE
- XYLOMETAZOLINE 0.1% NASAL DROPS 10ml
- XYLOMETAZOLINE 0.05% DROPS 10ml (paediatric)
- XYLOMETAZOLINE 0.1% NASAL SPRAY 10ml

12.02.03 Nasal preparations for infection

MUPIROCIN
- MUPIROCIN 2% NASAL OINTMENT 3g

NASEPTIN
- NASEPTIN NASAL CREAM 15g

12.03.01 Drugs used in nasal allergy

BUDESONIDE
- BUDESONIDE 64micrograms/DOSE NASAL SPRAY NF 120DOSE

12.03 Drugs acting on the oropharynx
BIOXTRA

BIOXTRA DRY MOUTH SPRAY 50ml R For head and neck patients undergoing radiotherapy.

Medicines Effectiveness,
12.03.01 Drugs for oral ulceration and inflammation

**BENZYDAMINE**

- BENZYDAMINE 0.15% SPRAY 30ml Y
- BENZYDAMINE 0.15% ORAL RINSE 300ml Y
- BENZYDAMINE 0.15% SPRAY 30ml Y

**CHOLINE SALICYLATE**

- CHOLINE SALICYLATE 8.7% DENTAL GEL BP 15g Y

**EPISIL**

- EPISIL ORAL SPRAY 10ml (72 dose) NF

**GELCLAIR**


**HYDROCORTISONE**

- HYDROCORTISONE SUCCINATE 2.5mg LOZENGES Y

**ORABASE**

- ORABASE ORAL PASTE 30g Y

12.03.02 Oropharyngeal anti-infective drugs

**MICONAZOLE**

- MICONAZOLE 20mg/g ORAL GEL 80g Y
- MICONAZOLE ORAL GEL 15g Y

**NYSTATIN**

- NYSTATIN 100,000 international units/ml LIQUID 30ml R First line for the treatment of oral thrush. ASG, March 2017

12.03.03 Lozenges and sprays

**BENZOCAINE + TYROTHRICIN**

- BENZOCAINE 5mg/ TYROTHRICIN 1mg LOZENGES Y (PK24)

**DEQUALINIUM**

- DEQUALINIUM 250 microgram LOZENGES Y
12.03.04 Mouthwashes, gargles, and dentifrices

**CHLORHEXIDINE**

CHLORHEXIDINE 0.2% MOUTHWASH 300ml PLAIN  Y  As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by:

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

CHLORHEXIDINE MINT 0.2% MOUTHWASH 300ml  Y  As per OUH Antimicrobial Guidelines. It is also available following approval/prescribing by:

- Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

**HEXETIDINE**

HEXETIDINE 0.1% MOUTHWASH 200ml  Y

**MOUTHWASH TABLETS**

MOUTHWASH TABLETS (100)  Y

12.03.05  Treatment of dry mouth

**GLANDOSANE**

GLANDOSANE NATURAL AEROSOL SPRAY 50ml  Y

**ORALBALANCE**

ORALBALANCE SALIVA REPLACEMENT GEL 50g  Y

**PILOCARPINE**

PILOCARPINE 5mg TABLETS  NF

**SALIVA ORTHANA**

SALIVA ORTHANA ORAL SOLUTION 50ml  Y

13 Skin

**CALCIPOTRIOL**

CALCIPOTRIOL 50MCG/G WITH BETAMETHASONE R 0.05% FOAM 60g  For the treatment of psoriasis following recommendation by dermatology only. MMTC, October 2017

**CETRABEN CREAM**
<table>
<thead>
<tr>
<th>DIPHENYLCYCLOPROPENONE (DCP)</th>
<th>Strength</th>
<th>Form</th>
<th>Indications</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.001% Liquid SR</td>
<td>Restricted for the topical treatment of alopecia areata, viral warts and in transit melanoma metastases by dermatology only. MMTC, February 2016</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.01% Liquid SR</td>
<td>Restricted for the topical treatment of alopecia areata, viral warts and in transit melanoma metastases by dermatology only. MMTC, February 2016</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.025% Liquid SR</td>
<td>Restricted for the topical treatment of alopecia areata, viral warts and in transit melanoma metastases by dermatology only. MMTC, February 2016</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.05% Liquid SR</td>
<td>Restricted for the topical treatment of alopecia areata, viral warts and in transit melanoma metastases by dermatology only. MMTC, February 2016</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.075% Liquid SR</td>
<td>Restricted for the topical treatment of alopecia areata, viral warts and in transit melanoma metastases by dermatology only. MMTC, February 2016</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.1% Liquid SR</td>
<td>Restricted for the topical treatment of alopecia areata, viral warts and in transit melanoma metastases by dermatology only. MMTC, February 2016</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.5% Liquid SR</td>
<td>Restricted for the topical treatment of alopecia areata, viral warts and in transit melanoma metastases by dermatology only. MMTC, February 2016</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.75% Liquid SR</td>
<td>Restricted for the topical treatment of alopecia areata, viral warts and in transit melanoma metastases by dermatology only. MMTC, February 2016</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
DIPHENYLCYCLOPROPENONE (DCP) 0.25% LIQUID SR Restricted for the topical treatment of alopecia areata, viral warts and in transit melanoma metastases by dermatology only. MMTC, February 2016

DIPHENYLCYCLOPROPENONE (DCP) 1% LIQUID SR Restricted for the topical treatment of alopecia areata, viral warts and in transit melanoma metastases by dermatology only. MMTC, February 2016

DIPHENYLCYCLOPROPENONE (DCP) 2.5% LIQUID SR Restricted for the topical treatment of alopecia areata, viral warts and in transit melanoma metastases by dermatology only. MMTC, February 2016

DIPHENYLCYCLOPROPENONE (DCP) 1.75% LIQUID SR Restricted for the topical treatment of alopecia areata, viral warts and in transit melanoma metastases by dermatology only. MMTC, February 2016

DIPHENYLCYCLOPROPENONE (DCP) 1.5% LIQUID SR Restricted for the topical treatment of alopecia areata, viral warts and in transit melanoma metastases by dermatology only. MMTC, February 2016

DIPHENYLCYCLOPROPENONE (DCP) 1.25% LIQUID SR Restricted for the topical treatment of alopecia areata, viral warts and in transit melanoma metastases by dermatology only. MMTC, February 2016

P20 SPF50 SUNSCREEN LOTION

P20 SPF50 SUNSCREEN LOTION SAMPLES R Second line sunscreen in those undergoing photodynamic therapy (PDT) only. For dermatology use only. MMTC, January 2018

PHENOL

PHENOL 89% SWAB (30) Y

POTASSIUM HYDROXIDE

POTASSIUM HYDROXIDE 20% SOLUTION 10ml Y

SULPHUR

SULPHUR 2% IN AQUEOUS CREAM 100g Y

13.01 Management of skin conditions
**DUPILUMAB**

DUPILUMAB 300mg in 2ml PRE-FILLED SYRINGE NF
(SEVERE ASThma 7EC)

DUPILUMAB 300mg IN 2ml PRE-FILLED SYRINGE R For treatment of moderate to severe atopic dermatitis in adults as per NICE TA534 and in adolescents aged 12 to 17 years. MMTC September 2019

**SIROLIMUS**

SIROLIMUS 0.1% IN W.S.P OINTMENT 15g SR For the treatment of facial angiofibromas in tuberous sclerosis complex (TSC) under the care of dermatology only. MMTC, March 2017

13.02 Emollient and barrier preparations

**DRAPOLENE CREAM**

DRAPOLENE CREAM 100g Y

**E45 BATH**

E45 BATH OIL 500ml Y

**EPADERM**

EPADERM OINTMENT 500g NF

**OILATUM**

OILATUM EMOLLIENT 500ml Y

13.02.01 Emollients

**AQUEOUS CREAM**

AQUEOUS CREAM 500g Y

AQUEOUS CREAM 100g Y

**ARACHIS OIL**

ARACHIS OIL 200ml Y

**BALNEUM BATH**

BALNEUM BATH OIL 200ml Y

**BALNEUM PLUS**

BALNEUM PLUS Bath Oil 500ml Y

**CETOMACROGOL CREAM**
<table>
<thead>
<tr>
<th>Product Name</th>
<th>Quantity</th>
<th>Usage Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DERMOL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DERMOL 500 LOTION 500ml</td>
<td>Y</td>
<td>Restricted to Dermatology only. Medicines Effectiveness, March 2013.</td>
</tr>
<tr>
<td>DERMOL 600 BATH EMOLLIENT</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td><strong>DIPROBASE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIPROBASE CREAM 500g</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>DIPROBASE CREAM 50g</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td><strong>E45 CREAM</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E45 CREAM 500g</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>E45 CREAM 50g</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td><strong>EMULSIDERM EMULSION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMULSIDERM EMULSION LIQUID 300ml</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td><strong>EMULSIFYING OINTMENT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMULSIFYING OINTMENT BP 500g</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td><strong>ENOPEN</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ENOPEN CREAM 500g</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td><strong>FLAMINAL FORTE GEL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FLAMINAL FORTE GEL 50g</td>
<td>R</td>
<td>Restricted to prescribing by and on advice of Tissue Viability Team only. MMTC October 2019</td>
</tr>
<tr>
<td><strong>HYDROMOL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HYDROMOL OINTMENT 500g</td>
<td>R</td>
<td>Second-line use after aqueous cream or emulsifying ointment. Medicines Effectiveness, June 2007.</td>
</tr>
<tr>
<td>HYDROMOL OINTMENT 125g</td>
<td>R</td>
<td>Second-line use after aqueous cream or emulsifying ointment. Medicines Effectiveness, June 2007.</td>
</tr>
<tr>
<td><strong>LIQUID PARAFFIN</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ZEROBASE (LIQUID PARAFFIN) CREAM 500g</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td><strong>LIQUID PARAFFIN + WHITE SOFT PARAFFIN</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Product Description</td>
<td>Code</td>
<td>Notes</td>
</tr>
<tr>
<td>--------------------------------------------------------------</td>
<td>------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>LIQUID PARAFFIN 50% &amp; WHITE SOFT PARAFFIN R 50% SPRAY 150ml</td>
<td>R</td>
<td>For treatment of exceptionally painful skin and children with severe eczema on Dermatology recommendation only. MAC, June 2009.</td>
</tr>
<tr>
<td>LIQUID PARAFFIN 50% &amp; WHITE SOFT PARAFFIN R 50% SPRAY 240ml</td>
<td>R</td>
<td>For treatment of exceptionally painful skin and children with severe eczema on Dermatology recommendation only. If the patient gets supplied 100g or more, details of the Paraffin Alert must be issued (flammable). MAC, June 2009.</td>
</tr>
<tr>
<td><strong>LUBRICATING JELLY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LUBRICATING JELLY 42g (OPTILUBE)</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>LUBRICATING JELLY STERILE 5g SACHETS</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>LUBRICATING JELLY 42g (AQUAGEL)</td>
<td>R</td>
<td>Only for X-ray. Medicines Effectiveness, January 2012.</td>
</tr>
<tr>
<td><strong>OILATUM</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OILATUM EMOLLIENT 250ml</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>OILATUM PLUS BATH ADDITIVE 500ml</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td><strong>PARAFFIN</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PARAFFIN WHITE SOFT 500g</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>PARAFFIN LIQUID STERILE 25ml</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>PARAFFIN LIQUID 50% in WHITE SOFT PARAFFIN 250g</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>PARAFFIN YELLOW SOFT 15g</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td><strong>UNGUENTUM</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNGUENTUM CREAM 50g</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td><strong>WOOL FAT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WOOL FAT HYDROUS OINTMENT BPC 500g</td>
<td>NF</td>
<td></td>
</tr>
<tr>
<td><strong>ZINC OXIDE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ZINC OXIDE OINTMENT</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>ZINC &amp; CASTOR OIL OINTMENT 500g</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td><strong>13.02.02</strong> Barrier preparations**</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**KERI LIQUID**
KERI LIQUID 380ml (NF)  NF

**METANIUM**
METANIUM OINTMENT 30g  Y

**SIOPEL CREAM**
SIOPEL CREAM 50g  Y

**SPRILON**
SPRILON SPRAY  Y

13.02  Emollients and barrier preparations

13.02.01  Emollients

**ENOPEN CREAM**
ENOPEN CREAM 50g  Y

13.03  Topical local anaesthetics and antipruritics

**CALAMINE**
CALAMINE LOTION 200ml  Y

**CROTAMITON**
CROTAMITON 10% CREAM 30g  Y

**MENTHOL**
MENTHOL 1% IN AQUEOUS CREAM 100g  Y

13.04  Topical corticosteroids

**ACTISORB**
ACTISORB SILVER 10.5cm X 10.5cm DRESSINGS  NF
(220)

**TRIMOVATE**
TRIMOVATE CREAM 30g  Y

13.04  Topical corticosteroids

**BETAMETHASONE**
BETNOVATE-C CREAM 30g  Y
BETNOVATE-N CREAM 30g  Y
<table>
<thead>
<tr>
<th>Product Description</th>
<th>Present?</th>
</tr>
</thead>
<tbody>
<tr>
<td>BETAMETHASONE RD 0.025% CREAM 100g</td>
<td>Y</td>
</tr>
<tr>
<td>BETAMETHASONE 0.1% OINTMENT 100g</td>
<td>Y</td>
</tr>
<tr>
<td>BETAMETHASONE 0.1% SCALP APPLICATION 100ml</td>
<td>Y</td>
</tr>
<tr>
<td>BETAMETHASONE 0.1% CREAM 30g</td>
<td>Y</td>
</tr>
<tr>
<td>BETAMETHASONE 0.1% CREAM 100g</td>
<td>Y</td>
</tr>
<tr>
<td>BETNOVATE C OINTMENT 30g</td>
<td>Y</td>
</tr>
<tr>
<td>BETAMETHASONE RD 0.025% OINTMENT 100g</td>
<td>Y</td>
</tr>
<tr>
<td>BETAMETHASONE 0.1% LOTION 100ml</td>
<td>Y</td>
</tr>
<tr>
<td>BETAMETHASONE 0.1% OINTMENT 30g</td>
<td>Y</td>
</tr>
<tr>
<td>BETNOVATE-N OINTMENT 100g</td>
<td>NF</td>
</tr>
</tbody>
</table>

**CLOTRIMAZOLE**

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Present?</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLOTRIMAZOLE &amp; HYDROCORTISONE 1% CREAM 30g</td>
<td>Y</td>
</tr>
</tbody>
</table>

**CROTAMITON**

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Present?</th>
</tr>
</thead>
<tbody>
<tr>
<td>CROTAMITON 10% LOTION 100ml</td>
<td>Y</td>
</tr>
</tbody>
</table>

**DAKTACORT**

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Present?</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAKTACORT OINTMENT 30g</td>
<td>Y</td>
</tr>
<tr>
<td>DAKTACORT CREAM 30g</td>
<td>Y</td>
</tr>
</tbody>
</table>

**DERMOVATE**

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Present?</th>
</tr>
</thead>
<tbody>
<tr>
<td>DERMOVATE 0.05% CREAM 30g</td>
<td>Y</td>
</tr>
<tr>
<td>DERMOVATE 0.05% OINTMENT 30g</td>
<td>Y</td>
</tr>
<tr>
<td>DERMOVATE 0.05% SCALP APPLICATION 100ml</td>
<td>Y</td>
</tr>
<tr>
<td>CLOBETASOL 0.05%, NEOMYCIN 0.5% &amp; NYSTATIN 100,000units OINTMENT 30g</td>
<td>Y</td>
</tr>
<tr>
<td>DERMOVATE 0.05% OINTMENT 100g</td>
<td>Y</td>
</tr>
<tr>
<td>DERMOVATE 0.05% SCALP APPLICATION 30ml</td>
<td>Y</td>
</tr>
<tr>
<td>DERMOVATE 0.05% CREAM 100g</td>
<td>Y</td>
</tr>
</tbody>
</table>

**DIPROSALIC**
<table>
<thead>
<tr>
<th>Product</th>
<th>Size</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIPROSALIC SCALP APPLICATION 100ml</td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>DIPROSALIC OINTMENT 30g</td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>EUMOVATE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EUMOVATE CREAM 100g</td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>EUMOVATE OINTMENT 100g</td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>EUMOVATE OINTMENT 30g</td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>EUMOVATE CREAM 30g</td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>EURAX-HYDROCORTISONE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EURAX-HYDROCORTISONE CREAM 30g</td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>FLUDROXYCORTIDE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FLUDROXYCORTIDE 7.5cm X 20cm TAPE (HAEELAN)</td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>FLUCINOLONE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FLUCINOLONE ACETONIDE 0.025% GEL 30g</td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>FLUCINOLONE ACETONIDE 0.025% CREAM 30g</td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>FLUCINOLONE ACETONIDE 0.0025% CREAM 50g</td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>FLUTICASONE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FLUTICASONE PROPIONATE 15g CREAM</td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>FUCIBET</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FUCIBET 30g CREAM</td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>FUCIDIN H</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FUCIDIN H CREAM 30g</td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>HYDROCORTISONE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HYDROCORTISONE 1% OINTMENT 15g</td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>HYDROCORTISONE BUTYRATE 0.1% LIPOCREAM 30g</td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>HYDROCORTISONE 1% CREAM 15g</td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>HYDROCORTISONE 0.5% CREAM 15g</td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>HYDROCORTISONE BUTYRATE 0.1% SCALP APPLICATION</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
HYDROCORTISONE 2.5% CREAM 15g NF

LOTIRIDERM CREAM
LOTIRIDERM CREAM 30g Y

NYSTAFORM HC
NYSTAFORM HC CREAM 30g Y

TIMODINE
TIMODINE CREAM 30g Y

TRIADCORTYL
TRIADCORTYL OINTMENT 4g SR For use by ENT only for otitis externa and mastoid cavity infections. MMTC, November 2013

VIOFORM HYDROCORTISONE
VIOFORM HYDROCORTISONE OINTMENT 30g Y

13.05 Preparations for eczema and psoriasis

ACITRETIN
ACITRETIN 25mg CAPSULES Y
ACITRETIN 10mg CAPSULES Y

ALITRETINOIN
ALITRETINOIN 10mg CAPSULES R Dermatology consultants only. For the treatment of severe chronic hand eczema as per NICE TA177. MAC, February 2011.

ALITRETINOIN 30mg CAPSULES R Dermatology consultants only. For the treatment of severe chronic hand eczema as per NICE TA177. MAC, February 2011.

ALPHOSYL
ALPHOSYL SHAMPOO 125ml Y

CALCIPOTRIOL + BETAMETHASONE
CALCIPOTRIOL 0.005% / BETAMETHASONE 0.05% NF OINTMENT 30g

COAL TAR + SALICYLIC ACID
CRUDE COAL TAR 6%, SALICYCLIC ACID 6% IN WSP 200g
CRUDE COAL TAR 4%, SALICYCLIC ACID 4% IN W.S.P 200g
CRUDE COAL TAR 10%, SALICYCLIC ACID 10% IN WSP 200g
CRUDE COAL TAR 2%, SALICYLIC ACID 2% IN WSP 200g
CRUDE COAL TAR 8%, SALICYCLIC ACID 8% IN WSP 200g

COCOIS

COCONUT OIL COMPOUND SCALP APPLICATION 100g

DIMETHYL FUMARATE

DIMETHYL FUMARATE 120mg TABLETS
DIMETHYL FUMARATE 30MG TABLETS
• Psoriatic arthritis as per NICE TA220;
• Rheumatoid arthritis as per TA233;
• Ankylosing spondylitis as per TA233;
• Spondyloarthritis as per NICE TA497;
• Ulcerative colitis as per NICE TA329.

DITHRANOL

DITHRANOL 2% in LASSARS PASTE 100g
DITHRANOL 0.1% CREAM 50g
DITHRANOL 0.1% in LASSARS PASTE 50g
DITHRANOL 0.25% in LASSARS PASTE 100g
DITHRANOL 0.5% CREAM 50g

For use by Dermatology only. Medicines Effectiveness, March 2013.
For the treatment of moderate to severe plaque psoriasis as per NICE TA475. MMTC, December 2017
For the treatment of:

Restricted to Dermatology only. Medicines Effectiveness, January 2009.
Restricted to Dermatology only. Medicines Effectiveness, January 2009.
Restricted to Dermatology only. Medicines Effectiveness, January 2009.
<table>
<thead>
<tr>
<th>Product</th>
<th>Strength</th>
<th>Usage</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>DITHRANOL 0.5% in LASSARS PASTE 100g</td>
<td>R</td>
<td>Restricted to Dermatology only. Medicines Effectiveness, January 2009.</td>
<td></td>
</tr>
<tr>
<td>DITHRANOL 1% in LASSARS PASTE 100g</td>
<td>R</td>
<td>Restricted to Dermatology only. Medicines Effectiveness, January 2009.</td>
<td></td>
</tr>
<tr>
<td>DITHRANOL 3% IN LASSARS PASTE 50g</td>
<td>R</td>
<td>For Dermatology use only. Medicines Effectiveness, January 2009.</td>
<td></td>
</tr>
<tr>
<td>DITHRANOL 5% in LASSARS PASTE 50g</td>
<td>R</td>
<td>For Dermatology use only. Medicines Effectiveness, January 2009.</td>
<td></td>
</tr>
</tbody>
</table>

**DITHROCREAM**

<table>
<thead>
<tr>
<th>Product</th>
<th>Strength</th>
<th>Usage</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>DITHRANOL 1% CREAM 50g</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DITHRANOL 2% CREAM 50g</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DOVONEX**

<table>
<thead>
<tr>
<th>Product</th>
<th>Strength</th>
<th>Usage</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOVONEX 30g OINTMENT</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DUPILUMAB**

<table>
<thead>
<tr>
<th>Product</th>
<th>Strength</th>
<th>Usage</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>DUPILUMAB 200mg in 1.14ml PRE-FILLED SYRINGE (DOPD only)</td>
<td>R</td>
<td>For treatment of moderate to severe atopic dermatitis in adults as per NICE TA534 and in adolescents aged 12 to 17 years. MMTC September 2019</td>
<td></td>
</tr>
</tbody>
</table>

**EXOREX**

<table>
<thead>
<tr>
<th>Product</th>
<th>Strength</th>
<th>Usage</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXOREX LOTION 250ml</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**GUSELKUMAB**

<table>
<thead>
<tr>
<th>Product</th>
<th>Strength</th>
<th>Usage</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>GUSELKUMAB 100mg IN 1ml PRE-FILLED PEN</td>
<td>R</td>
<td>Restricted for treatment of psoriasis as per NICE TA52. MMTC September 2018</td>
<td></td>
</tr>
</tbody>
</table>

**METHOXYPSORALEN**

<table>
<thead>
<tr>
<th>Product</th>
<th>Strength</th>
<th>Usage</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>METHOXYPSORALEN 10mg TABLETS (8 MOP)</td>
<td>UNR</td>
<td>For use by Dermatology for PUVA treatment only. Medicines Effectiveness, March 2013.</td>
<td></td>
</tr>
<tr>
<td>METHOXSALEN 0.005% GEL 50g</td>
<td>UNR</td>
<td>For use by Dermatology for PUVA treatment only. Medicines Effectiveness, March 2013.</td>
<td></td>
</tr>
</tbody>
</table>
METHOXYPSOROLEN 20mg TABLETS (5-MOP) UNR For use by Dermatology for PUVA treatment only. Medicines Effectiveness, March 2013.

**MOMETASONE**
- MOMETASONE FUROATE 0.1% OINTMENT 100g Y
- MOMETASONE FUROATE 0.1% CREAM 30g Y
- MOMETASONE FUROATE 0.1% OINTMENT 30g Y

**PIMECROLIMUS**
- PIMECROLIMUS 1% CREAM 30g R For moderate atopic eczema on the face and neck of children aged 2-16yrs in line with NICE TA 82. MMTC, March 2013

**RISANKIZUMAB**
- RISANKIZUMAB 75mg PRE-FILLED SYRINGE R For treatment of severe plaque psoriasis in adults as per NICE TA596. MMTC September 2019

**SALICYLIC ACID**
- SALICYLIC ACID 10% IN W.S.P 150g Y

**SECUKINUMAB**
- SECUKINUMAB 150mg PRE-FILLED PEN R For treatment of: Ankylosing spondylitis TA407; Moderate to severe plaque psoriasis as per NICE TA350; Psoriatic arthritis as per NICE TA445. MMTC, July 2017

**USTEKINUMAB**
- USTEKINUMAB 45mg in 0.5ml PRE-FILLED SYRINGE R For the treatment of: - moderate to severe psoriasis, as per NICE TA180; - active psoriatic arthritis as per NICE TA340. MMTC, June 2017

**ZINC OXIDE**
- ZINC & SALICYCLIC ACID PASTE 50% in WHITE Y
- SOFT PARAFFIN 100g
- 13.05.02 Preparations for psoriasis

**CALCIPOTRIOL + BETAMETHASONE**
- CALCIPOTRIOL 0.005% / BETAMETHASONE 0.05% NF
- GEL 60g

**CALCITRIOL**
- CALCITRIOL 3microgram/g OINTMENT 100g NF
**IXEKIZUMAB**

IXEKIZUMAB 80mg PRE-FILLED PEN R

For the treatment of: Plaque psoriasis in adults as per NICE TA442; Psoriatic arthritis in adults as per NICE TA537 MMTC, October 2018

**USTEKINUMAB**

USTEKINUMAB 130mg IN 26ml INJECTION VIAL R

For treatment of moderately to severely active Crohn’s disease as per NICE TA456 MMTC, September 2018

**13.05.03 Drugs affecting the immune response > Cytokine modulators**

**USTEKINUMAB**

USTEKINUMAB 90mg IN 1ml PRE-FILLED SYRINGE R

For the treatment of: Moderate to severe psoriasis as per NICE TA180; Active psoriatic arthritis as per NICE TA340; Moderately to severely active Crohn’s disease as per NICE TA456 MMTC, September 2018

**13.06 Acne and rosacea**

**ADAPALENE + BENZOYL PEROXIDE**

ADAPALENE 0.1% / BENZOYL PEROXIDE 2.5% GEL NF 45g

**CLINDAMYCIN**

CLINDAMYCIN AQUEOUS LOTION 30ml Y

CLINDAMYCIN ALCOHOLIC SOLUTION 30ml Y

**COAL TAR**

CAPASAL 250ml SHAMPOO Y

**DIANETTE**

DIANETTE TABLETS Y

**ERYTHROMYCIN**

ERYTHROMYCIN 4% GEL NF

**ISOTRETINOIN**
ISOTRETINOIN 20mg CAPSULES (ALLIANCE BEACON)  
Restricted for use in licensed indications for patients with peanut allergy but who are confirmed to be tolerant of soy/soya products. Medicines Effectiveness May 2019.

ISOTRETINOIN 20mg CAPSULES (BEACON BRAND)  

ISOTRETINOIN 40mg CAPSULES  

**TRETINOIN**

TRETINOIN 0.025% CREAM (RETIN-A) 60g  

13.06.01  Topical preparations for acne

**AZELAIC ACID**

AZELAIC ACID 20% CREAM 30g  

13.07  Preparations for warts and calluses

**IMIQUIMOD**

IMIQUIMOD 5% CREAM (12x250mg SACHETS)  
For superficial basal cell carcinoma OR for patients with recalcitrant external anogenital warts (initiation by GUM consultants only). MAC, October 2007.

**ISOTRETINOIN**

ISOTRETINOIN 5mg CAPSULES (ALLIANCE BEACON)  

**PODOPHYLLOTOXIN**

PODOPHYLLOTOXIN 0.15% CREAM 5g  
PODOPHYLLOTOXIN 0.5% SOLUTION 3ml  

**SALACTOL**

SALACTOL PAINT  

**SALATAC**

SALATAC GEL 8g  

**SILVER NITRATE**

SILVER NITRATE APPLICATORS 75%  

**TRICHLOROACETIC**
13.08  Sunscreens and camouflagers

**ACTINICA**

<table>
<thead>
<tr>
<th>Product</th>
<th>Grade</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACTINICA LOTION</td>
<td>R</td>
<td>First line sunscreen in those undergoing photodynamic therapy (PDT) only. For dermatology use only. MMTC,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>January 2018</td>
</tr>
</tbody>
</table>

**ANTHELIOS**

<table>
<thead>
<tr>
<th>Product</th>
<th>Grade</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANTHELIOS SUNCREAM SPF50+ CREAM 50ml</td>
<td>R</td>
<td>For photosensitivity from genetic disorders or photodermatosis following recommendation by Dermatology only. MMTC,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>October 2015</td>
</tr>
</tbody>
</table>

**METHY-5-AMINOLEVULINATE**

<table>
<thead>
<tr>
<th>Product</th>
<th>Grade</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>METHY-5-AMINOLEVULINATE 160mg/g CREAM 2g</td>
<td>R</td>
<td>For use by Dermatology for PUVA treatment only. Medicines Effectiveness, September 2008.</td>
</tr>
</tbody>
</table>

13.08.01  Sunscreen preparations

**DAILY FACE**

<table>
<thead>
<tr>
<th>Product</th>
<th>Grade</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAILY FACE SPF60 CREAM 75g</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**E45 SUN**

<table>
<thead>
<tr>
<th>Product</th>
<th>Grade</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>E45 SUN LOTION Spf25 150ml</td>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>

**REFLECTANT**

<table>
<thead>
<tr>
<th>Product</th>
<th>Grade</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>REFLECTANT SUNSCREEN CORAL PINK 50g</td>
<td>SNF</td>
<td></td>
</tr>
<tr>
<td>REFLECTANT SUNSCREEN (BEIGE) CREAM 50g</td>
<td>SNF</td>
<td></td>
</tr>
<tr>
<td>REFLECTANT SUNSCREEN (COFFEE) CREAM 50g</td>
<td>NF</td>
<td></td>
</tr>
</tbody>
</table>

**SUNSENSE**

<table>
<thead>
<tr>
<th>Product</th>
<th>Grade</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUNSENSE ULTRA SPF50 MILK</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUNSENSE ULTRA SPF60 MILK (NF)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

13.08.02  Camouflagers

**PIGMANORM**
13.09 Shampoos and other preparations for scalp and hair conditions

**COCOIS**
COCOIS SCALP OINTMENT 100g R

**EFLORNITHINE**
EFLORNITHINE 11.5% CREAM 60g NF

**SELENIUM SULFIDE**
SELSUN SHAMPOO 150ml Y

13.10 Anti-infective skin preparations

**AMOROLFINE**
AMOROLFINE 5% NAIL LACQUER 5ML NF

**BISMUTH + IODOFORM**
BISMUTH & IODOFORM PASTE BPC 30g Y

**DIMETICONE**
DIMETICONE 4% LOTION 50ml Y

**SODIUM FUSIDATE**
SODIUM FUSIDATE 2% OINTMENT 30g Y

13.10.01 Antibacterial preparations

**FUSIDIC ACID**
FUSIDIC ACID 2% CREAM 15g Y

**GENTAMICIN**
GENTAMICIN 0.1% CREAM 15g UNR For Tenckhoff catheter exit site infections. Medicines Effectiveness, March 2013.

**METRONIDAZOLE**
METRONIDAZOLE 0.75% GEL 40g (Metrogel) Y

**MUPIROCIN**
13.10.02 Antifungal preparations

**CLOTRIMAZOLE**
- CLOTRIMAZOLE 1% CREAM 20g  
- CLOTRIMAZOLE 1% SOLUTION 20ml

**KETOCONAZOLE**
- KETOCONAZOLE 2% SHAMPOO 120ml  
- KETOCONAZOLE 2% CREAM 30g  
  - For seborrhoeic dermatitis and pityriasis versicolor. Medicines Effectiveness, March 2013.

**MICONAZOLE**
- MICONAZOLE POWDER 2% 20g  
- MICONAZOLE 2% CREAM 30g

**TERBINAFINE**
- TERBINAFINE 1% CREAM 15g  
  - This antimicrobial requires prescribing by: - Dermatology (adult + paediatric) consultant or registrar It is also available following approval/prescribing by:  
    - Microbiology/ID consultant or registrar - Paediatric ID consultant or registrar Antimicrobials Steering Group, January 2012.

**TIOCONAZOLE**
- TIOCONAZOLE NAIL SOLUTION NF

13.10.03 Antiviral preparations

**ACICLOVIR**
- ACICLOVIR 5% CREAM 2g

13.10.04 Parasiticidal preparations

**MALATHION**
- MALATHION 0.5% LIQUID 50ml (DERBAC-M)

**PERMETHRIN**
**PERMETHRIN DERMAL CREAM 30g**

**PERMETHRIN 1% CREAM RINSE 59ml**

**PHENOTHTHRIN**

PHENOTHTHRIN 0.5% LIQUID 200ml

13.10.05 Preparations for minor cuts and abrasions

**HISTOACRYL**

HISTOACRYL TISSUE ADHESIVE 500mg in 0.5ml

HISTOACRYL TISSUE ADHESIVE BLUE 0.5ml R To secure paediatric epidurals.

**MAGNESIUM SULPHATE**

MAGNESIUM SULPHATE PASTE 50g

13.11 Skin cleansers, antiseptics, and desloughing agents

**CHLORHEXIDINE**

CHLORHEXIDINE GLUCONATE 0.5% w/v in IPA

CHLORHEXIDINE OBSTETRIC CREAM +

**HYDREX SURGICAL**

CHLORHEXIDINE SURGICAL SCRUB 4% (PINK)

**HYDROGEN PEROXIDE**

HYDROGEN PEROXIDE 1% CREAM 25g R For use by Dermatology only.

HYDROGEN PEROXIDE 3% 10 VOLS 200ml

**NORMASOL**

NORMASOL SACHETS 25ml

**OCTENIDINE**

OCTENIDINE LOTION 150ml (OCTENISAN) R For decontamination of premature neonates where chlorhexidine cannot be used.

**POTASSIUM PERMANGANATE**

POTASSIUM PERMANGANATE TABLETS
POVIDONE IODINE
POVIDONE IODINE 2.5% DRY POWDER SPRAY Y
(BETADINE) 100ml

POVIDONE IODINE 7.5% SURGICAL SCRUB 500ml UNR
Restricted for use by Miss Hague only. Medicines Effectiveness, March 2013.

POVIDONE IODINE ALCOHOLIC SOLUTION 500ml Y
POVIDONE IODINE ANTISEPTIC SOLUTION 500ml Y
POVIDONE IODINE SURGICAL SCRUB 500ml Y

TISEPT
TISEPT SACHETS 100ml Y
TISEPT SACHETS 25ml Y

13.11.01 Alcohols and saline

IMS
IMS 70% SPRAY 200ml Y

13.11.02 Chlorhexidine salts

CHLORHEXIDINE
CHLORHEXIDINE GLUCONATE 1% SKIN WASH NF
150ml (CEPTON)

TRAVASEPT
CHLORHEXIDINE ACETATE 0.015%, CETRIMIDE Y
0.15% 1L (TRAVASEPT 100) FKF7774
13.12 Antiperspirants

ALUMINIUM CHLORIDE
ALUMINIUM CHLORIDE 20% SOLUTION 75ml Y

GLYCOPYRRONIUM
GLYCOPYRRONIUM BROMIDE 0.05% SOLUTION IN UNR WATER 500ml
For intractable hyperhidrosis. Medicines Effectiveness, March 2013.

13.13 Topical circulatory preparations

ACTIVHEAL
ACTIV HEAL HYDROGEL 15g Y
<table>
<thead>
<tr>
<th>Product</th>
<th>Description</th>
<th>Availability</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALLEVYN LIFE</td>
<td>10.3cm x 10.3cm DRESSING</td>
<td>R</td>
<td>Following recommendation by Tissue Viability Team only. MAC, October 2009.</td>
</tr>
<tr>
<td>AQUACEL</td>
<td>AQUACEL 2cm x 45cm PACKING</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>BISMUTH + IODOFORM</td>
<td>BISMUTH &amp; IODOFORM GAUZE 1.25cm X 100cm (10)</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>CLINISORB</td>
<td>CLINISORB 15cm x 25cm ODOUR CONTROL DRESSING</td>
<td>R</td>
<td>RESTRICTED: This dressing may be used by Palliative care OR Following recommendation by Tissue Viability Team. MAC, October 2009.</td>
</tr>
<tr>
<td>GRANUFLEX</td>
<td>GRANUFLEX PASTE 30g</td>
<td>R</td>
<td>Following recommendation by Tissue Viability Team MAC, October 2009.</td>
</tr>
<tr>
<td>HIRUDOID</td>
<td>HEPARINOID 0.3% CREAM 50g</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>IODOSORB</td>
<td>IODOSORB OINTMENT 10g</td>
<td>R</td>
<td>Following recommendation by Tissue Viability Team. MAC, October 2009.</td>
</tr>
<tr>
<td>PRONTOSAN</td>
<td>PRONTOSAN IRRIGATION SOLUTION 350ml</td>
<td>R</td>
<td>Following recommendation by the Tissue Viability team ONLY. MAC, December 2009.</td>
</tr>
<tr>
<td>PRONTOSAN HYDROGEL</td>
<td>PRONTOSAN HYDROGEL WOUND GEL 50g</td>
<td>R</td>
<td>Following recommendation by the Tissue Viability team ONLY. MAC, December 2009.</td>
</tr>
<tr>
<td></td>
<td>PRONTOSAN HYDROGEL WOUND GEL 250g</td>
<td>R</td>
<td>Following recommendation by the Tissue Viability team ONLY. MAC, December 2009.</td>
</tr>
<tr>
<td>PURILON</td>
<td>PURILON 15g GEL</td>
<td>R</td>
<td>Following recommendation by Tissue Viability Team only. MAC, October 2009.</td>
</tr>
<tr>
<td>SILICONE</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
13.2 Emollient and barrier preparations

14 Immunological products and vaccines

**FLU**

- FLU VACCINE 0.5ml SYRINGE (FLUAD) R Restricted for Patients and staff members over the age of 65. Medicines Effectiveness, March 2018

**FLU VACCINE**

- FLU VACCINE RECOMBINANT 0.5ml SYRINGE (FLUCELVAX TETRA) R To be alligned with EPR when decided.

**IMMUNOGLOBULIN NORMAL**

- IMMUNOGLOBULIN NORMAL IV 20g in 400ml (5%) Y INF (FLEBOGAMMADIF)

**MENINGOCOCCAL A,C,W135&Y**

- MENINGOCOCCAL A,C,W135&Y CONJUGATE VACCINE (NIMENRIX) NF For preventing severe infections in patients with an absent or dysfunctional spleen

**QUADRIVALENT FLU VACCINE**
**VACCINE**

RABIES VACCINE (VERORAB) - WHOLESALE USE ONLY

**14.04 Vaccines and antisera**

**ADSORBED**

ADSORBED DIPHTHERIA, TETANUS PERTUSSIS (ACELLULAR COMPONENT) AND INACTIVATED

**BCG (BACILLUS CALMETTE-GURIN)**

BCG INTRADERMAL VACCINE 10 DOSE

**DIPHTHERIA**

DIPHTHERIA (adsorbed), TETANUS, PERTUSIS (Acellular), HEPATITIS B, POLIOMYELITIS and DIPHTHERIA, TETANUS, PERTUSSIS (ACELLULAR, COMPONENT) AND INACTIVATED POLIOMYELITIS

**DIPHTHERIA, TETANUS AND PERTUSSIS**

Diphtheria, Tetanus, Acellular Pertussis & Inactivated Poliomyelitis VACCINE PFS (Outbreak stock)

Aug 2012

Diphtheria, Tetanus, Acellular Pertussis & Inactivated Poliomyelitis VACCINE (REPEVAX/INFANRIX IPV)

Diphtheria, Tetanus, Acellular Pertussis, Inactivated Polio & ACT-HIB VACCINE 0.5ml

DIPHTHERIA, TETANUS PERTUSSIS POLIOMYELITIS

HAEMOPHILUS INFLUENZA B VACCINE

**DIPHTHERIA, TETANUS AND POLIOMYELITIS**

DIPHTHERIA, TETANUS AND POLIOMYELITIS VACCINE SYRINGE

**FLU**

FLU VACCINE NASAL SPRAY 0.2ml (FLUENZ FOR SNIFFLE STUDY)

For use by CDW only. For SNIFFLE study only. Medicines Effectiveness, October 2013.

**HAEMOPHILLUS**

HAEMOPHILLUS TYPE B + NEISSERIA

For quadrivalent flu vaccine is for patients and staff under 65 years as per JCVI guidance. MMTC
MENINGITIDIS C VACCINE

HEPATITIS

HEPATITIS B VACCINE 40microgram IN 1ml NF INJECTION (FENDRIX)
HEPATITIS B VACCINE 10microgram IN 1ml  Y

INJECTION (HB VAX PRO)

HEPATITIS B PAEDIATRIC 0.5ml VACCINE  Y
(ENGEX)

HEPATITIS B IMMUNOGLOBULIN 200units IN 2ml VACC (HBIG) UNR Following recommendation od Microbiology only. Medicines Effectiveness, March 2001.

HEPATITIS A+B PAEDIATRIC VACCINE SYRINGE  Y
0.5ml

HEPATITIS A+B VACCINE SYRINGE (ADULT) 1ml Y

HEPATITIS A VACCINE 1ml SYRINGE (HAVRIX ADULT)
HEPATITIS A VACCINE 0.5ml SYRINGE (HAVRIX JUNIOR)
HEPATITIS B PAEDIATRIC VACCINE 5microgram in NF
0.5ml INJECTION (HB VAX PRO)

HEPATITIS B

HEPATITIS B VACCINE 20microgram in 1ml PRE- Y
FILLED SYRINGE (ENGEX - PFS)

HUMAN PAPILLOMA

HUMAN PAPILLOMA VIRUS VACCINE (CERVARIX) R 0.5ml PREFILLED SYRINGE For use by Children’s Infectious Diseases / Immunology Out-Patient clinic only. NB: brands are not interchangeable. MAC,
February 2011

HUMAN PAPILLOMA VIRUS VACCINE

HUMAN PAPILLOMA VIRUS VACCINE (GARDASIL) R 0.5ml PRE-FILLED SYRINGE (MSM STOCK) For vaccination against Human Papillomavirus in Men who have sex with Men (MSM), as per Public Health England (PHE) guidance MMTC July 2018

HUMAN PAPILLOMA VIRUS VACCINE (GARDASIL) NF 0.5ml PRE-FILLED SYRINGE

Influenza vaccine

FLU VACCINE 0.5ml SYRINGE (QUADRIVALENT) R For use in: Dialysis patients aged under 65 years who have not had a flu vaccine elsewhere. Long stay in-patients under 65 years that require flu vaccine to be administered because they will be an in-patient after early November when GPs may cease
MEASLES, MUMPS AND RUBELLA
**MENINGOCOCCAL**

MENINGOCOCCAL GROUP B VACCINE 0.5ml PFS  Y
(BEXSERO) (CHARGEABLE STOCK)

MENINGOCOCCAL A,C, W135 & Y CONJUGATE VACCINE (MENVEO)  R
For preventing severe infections in patients with an absent or dysfunctional spleen as recommended on the MIL: Preventing Severe Infection in Patients with an Absent or Dysfunctional Spleen. Medicines Effectiveness, August 2012.

MENINGOCOCCAL GROUP B VACCINE (BEXSERO)  R
0.5ML
For use in line the Department of Health guidelines for childhood immunisation and asplenia/hyposplenia schedules. MMTC,

May 2016

**PNEUMOCOCCAL**

PNEUMOCOCCAL VACCINE CONJUGATED  Y
INJECTION PREVENAR 13 DOH
PNEUMOCOCCAL VACCINE 0.5ml INJ  Y

**RABIES**

RABIES VACCINE (BP)  R
For use following approval by a microbiologist (Registrar or Consultant), if not available the HPA form (http://www.hpa.org.uk/topics/infectiousdiseases/infectionsAZ/rabies) should be completed by microbiologist within 24 hours. Medicines Effectiveness, March 2001.

**ROTA VIRUS**

ROTA VIRUS VACCINE 1.5ml PRE-FILLED ORAL SYRINGE  R
As per the National Immunisation Programme. MMTC, April 2014

**VACCINE**

VARICELLA VACCINE INJECTION 0.5ml  R
For use in NON- IMMUNE healthcare workers with patient exposure. Medicines Effectiveness, June 2017

VI CAPSULAR POLYSACCHARIDE VACCINE  Y
(TYPHIM VI)
HEPATITIS B 20mcg IN 1ml VACCINE PRE-FILLED  Y
SYRINGE
### 14.05 Immunoglobulins

#### IMMUNOGLOBULIN

<table>
<thead>
<tr>
<th>Description</th>
<th>Quantity</th>
<th>% in Solution</th>
<th>Approval Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>IMMUNOGLOBULIN ANTI-TETANUS 250 units in 1ml INJECTION (TETAGAM P)</td>
<td></td>
<td></td>
<td>UNR</td>
<td>Approved by microbiology/ID only - until licensed product is available. August 2018</td>
</tr>
<tr>
<td>IMMUNOGLOBULIN NORMAL IV 20g IN 200ml (10%) INFUSION (GAMUNEX)</td>
<td></td>
<td></td>
<td>R</td>
<td>Restricted for use by immunology ONLY. MMTC, September 2017</td>
</tr>
<tr>
<td>IMMUNOGLOBULIN NORMAL IV 5g IN 50ml (10%) INFUSION (GAMUNEX)</td>
<td></td>
<td></td>
<td>R</td>
<td>Restricted for use by immunology ONLY. MMTC, September 2017</td>
</tr>
<tr>
<td>IMMUNOGLOBULIN NORMAL IV 10g IN 100ml (10%) INFUSION (GAMUNEX)</td>
<td></td>
<td></td>
<td>R</td>
<td>Restricted for use by immunology ONLY. MMTC, September 2017</td>
</tr>
<tr>
<td>IMMUNOGLOBULIN NORMAL IV 20g in 200ml (10%) INFUSION (INTRATECT)</td>
<td></td>
<td></td>
<td>R</td>
<td>To be used strictly in accordance with the demand management protocol only. Do not substitute brands in established patients, but use Privigen for newly initiated patients. Medicines Effectiveness, November 2016</td>
</tr>
<tr>
<td>IMMUNOGLOBULIN NORMAL IV 10g in 100ml (10%) INFUSION (INTRATECT)</td>
<td></td>
<td></td>
<td>R</td>
<td>To be used strictly in accordance with the demand management protocol only. Do not substitute brands in established patients, but use Privigen for newly initiated patients. Medicines Effectiveness, November 2016</td>
</tr>
</tbody>
</table>

#### IMMUNOGLOBULIN NORMAL

<table>
<thead>
<tr>
<th>Description</th>
<th>Quantity</th>
<th>% in Solution</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>IMMUNOGLOBULIN NORMAL IV 10g IN 200ml INFUSION (GAMMAPLEX)</td>
<td></td>
<td></td>
<td>R</td>
</tr>
<tr>
<td>IMMUNOGLOBULIN NORMAL IV 5g IN 100ml INFUSION (GAMMAPLEX)</td>
<td></td>
<td></td>
<td>R</td>
</tr>
</tbody>
</table>
IMMUNOGLOBULIN NORMAL IV 2g in 20ml (10%) R INFUSION (OCTAGAM)  
To be used strictly in accordance to the “demand management” protocol only. Do not substitute brands in established patients, but use Octagam for initiated patients. Medicines Effectiveness, March 2013.

IMMUNOGLOBULIN NORMAL IV 10g in 100ml (10%) R INFUSION (OCTAGAM)  
To be used strictly in accordance to the “demand management” protocol only. Do not substitute brands in established patients, but use Octagam for initiated patients. Medicines Effectiveness, March 2013.

IMMUNOGLOBULIN NORMAL IV 10g in 100ml R INFUSION (PRIVIGEN)  
To be used strictly in accordance to the “demand management” protocol only. Do not substitute brands in established patients, but use Octagam for initiated patients. Medicines Effectiveness, March 2013.

IMMUNOGLOBULIN NORMAL IV 10g in 200ml (5%) R INF (FLEBOGAMMADIF)  
To be used strictly in accordance to the “demand management” protocol only. Do not substitute brands in established patients, but use Octagam for initiated patients. Medicines Effectiveness, March 2013.

IMMUNOGLOBULIN NORMAL IV 2.5g in 25ml R INFUSION (PRIVIGEN)  
To be used strictly in accordance to the “demand management” protocol only. Do not substitute brands in established patients, but use Octagam for initiated patients. Medicines Effectiveness, March 2013.

IMMUNOGLOBULIN NORMAL IV 2.5g in 50ml (5%) INFR (FLEBOGAMMADIF)  
To be used strictly in accordance to the “demand management” protocol only. Do not substitute brands in established patients, but use Octagam for initiated patients. Medicines Effectiveness, March 2013.

IMMUNOGLOBULIN NORMAL IV 20g in 200ml (10%) R INFUSION (OCTAGAM)  
To be used strictly in accordance to the “demand management” protocol only. Do not substitute brands in established patients, but use Octagam for initiated patients. Medicines Effectiveness, March 2013.
IMMUNOGLOBULIN NORMAL IV 20g in 200ml INFUSION (PRIVIGEN) R
To be used strictly in accordance to the “demand management” protocol only. Do not substitute brands in established patients, but use Octagam for initiated patients. Medicines Effectiveness, March 2013.

IMMUNOGLOBULIN NORMAL IV 5g in 100ml (5%) INF (FLEBOGAMMADIF) R
To be used strictly in accordance to the “demand management” protocol only. Do not substitute brands in established patients, but use Octagam for initiated patients. Medicines Effectiveness, March 2013.

IMMUNOGLOBULIN NORMAL IV 5g IN 50ml (10%) INFUSION (OCTAGAM) R
To be used strictly in accordance to the “demand management” protocol only. Do not substitute brands in established patients, but use Octagam for initiated patients. Medicines Effectiveness, March 2013.

IMMUNOGLOBULIN NORMAL IV 5g in 50ml INFUSION (PRIVIGEN) R
To be used strictly in accordance to the “demand management” protocol only. Do not substitute brands in established patients, but use Octagam for initiated patients. Medicines Effectiveness, March 2013.

IMMUNOGLOBULIN SUB-CUTANEOUS 1650mg in 10ml INJECTION (GAMMANORM) R
To be used strictly in accordance to the “demand management” protocol only. Do not substitute brands in established patients, but use Octagam for initiated patients. Medicines Effectiveness, March 2013.

IMMUNOGLOBULIN SUB-CUTANEOUS 2g IN 10ml INJECTION (HIZENTRA) R
To be used strictly in accordance to the “demand management” protocol only. Do not substitute brands in established patients, but use Octagam for initiated patients. Medicines Effectiveness, March 2013.

IMMUNOGLOBULIN SUB-CUTANEOUS 3330mg in 20ml INJECTION (GAMMANORM) R
To be used strictly in accordance to the “demand management” protocol only. Do not substitute brands in established patients, but use Octagam for initiated patients. Medicines Effectiveness, March 2013.
IMMUNOGLOBULIN SUB-CUTANEOUS 4g IN 20ml R
INJECTION (HIZENTRA)

IMMUNOGLOBULIN NORMAL IV 5g in 50ml (10%)
INJECTION (INTRATECT)

IMMUNOGLOBULIN NORMAL IV 5g in 50ml (10%)
INFUSION (INTRATECT)

To be used strictly in accordance to the “demand management” protocol only. Do not substitute brands in established patients, but use Octagam for initiated patients. Medicines Effectiveness, March 2013.

IMMUNOGLOBULIN NORMAL IV 5g in 50ml (10%)

INTERFERON
INTERFERON GAMMA 100microgram in 0.5ml Y
INJECTION

NORMAL IMMUNOGLOBULIN HUMAN
IMMUNOGLOBULIN SUB-CUTANEOUS 4g IN 25ml R
INJECTION (SUBGAM)

IMMUNOGLOBULIN SUB-CUTANEOUS 2g in 12.5ml R
INJECTION (SUBGAM)

RESTRICTED to IMMUNOLOGY use only. Medicines Effectiveness, November 2004

RESTRICTED to IMMUNOLOGY use only. Medicines Effectiveness, November 2004

VARICELLA
VARICELLA VACCINE (VARILRIX) R

Immunisation should continue to be done by the GP as often as possible, but this is on the formulary as a contingency if for any reason access to the GP is likely to be delayed. MMTC

August 2018

VARICELLA ZOSTER IMMUNOGLOBULIN 250mg UNR
VACC (VZIG)

Following recommendation od Microbiology only. Medicines Effectiveness, March 2013.

14.05.01 Normal immunoglobulin

IMMUNOGLOBULIN NORMAL
IMMUNOGLOBULIN SUB-CUTANEOUS 2g in 12ml R
INJECTION (GAMMANORM)

RESTRICTED TO IMMUNOLOGY USE ONLY.

14.05.02 Disease-specific immunoglobulins

HEPATITIS
HEPATITIS B IMMUNOGLOBULIN 5,000international NF
units in 100ml (HUMAN)
SPECIFIC IMMUNOGLOBULIN
### 15 Anaesthesia

#### ATRACURIUM

<table>
<thead>
<tr>
<th>Description</th>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATRACURIUM 500mg in 50ml SOLUTION FOR INJECTION PRE-FILLED SYRINGE (CTASU PREP)</td>
<td>SR</td>
<td>For use on critical care areas during covid-19. Medicines Effectiveness, April 2020</td>
</tr>
<tr>
<td>ATRACURIUM 250mg IN 25ml INJECTION</td>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>

#### Atropine

<table>
<thead>
<tr>
<th>Description</th>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATROPINE 500microgram IN 5ml INJECTION PRE-FILLED SYRINGE</td>
<td>R</td>
<td>For use during Covid-19 only. MMTC, March 2020</td>
</tr>
</tbody>
</table>

#### BUPIVACAINE

<table>
<thead>
<tr>
<th>Description</th>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUPIVACAINE 0.125% INFUSION 250ml</td>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>

#### Dexmedetomidine

<table>
<thead>
<tr>
<th>Description</th>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEXMEDETOMIDINE 200micrograms IN 2ml INJECTION</td>
<td>R</td>
<td>For use as continuous sedation in adult patients on critical care units (400 microgram size preferred); and procedural sedation of paediatric patients undergoing MRI scans under direct supervision by an anaesthetist. MMTC May 2020</td>
</tr>
</tbody>
</table>

#### FENTANYL

<table>
<thead>
<tr>
<th>Description</th>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>FENTANYL 2.5mg in 50ml PRE-FILLED SYRINGE</td>
<td>SR</td>
<td></td>
</tr>
<tr>
<td>FENTANYL 2.5mg in 50ml INJECTION VIAL (UNLICENSED)</td>
<td>UNR</td>
<td>MMTC, May 2020</td>
</tr>
</tbody>
</table>

#### MIDAZOLAM

<table>
<thead>
<tr>
<th>Description</th>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>MIDAZOLAM 10mg IN 5ml INJECTION</td>
<td>R</td>
<td>For use in Critical Care Areas during COVID only. CTG March 2020</td>
</tr>
</tbody>
</table>

#### PRILOCAINE

<table>
<thead>
<tr>
<th>Description</th>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRILOCAINE 3% &amp; OCTAPRESSIN INJECTION 2.2ml (Self-Aspirating)</td>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>

#### PROPOFOL

<table>
<thead>
<tr>
<th>Description</th>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROPOFOL 500mg in 50ml (1%) INJECTION PRE-FILLED SYRINGE (CTASU PREP)</td>
<td>UNR</td>
<td>For use on critical care areas during covid-19. Medicines Effectiveness, April 2020</td>
</tr>
</tbody>
</table>

10.02 Drugs used in neuromuscular disorders
**10.02.02 Skeletal muscle relaxants**

**BACLOFEN**

BACLOFEN 60mg IN 20ml INJECTION (INTRATHECAL) SR For use by Neurology Consultants only. Medicines Effectiveness, February 2013.

15.01 General anaesthesia

**ATROPINE**

ATROPINE SULPHATE 1mg in 5ml SYRINGE Y

**GLYCOPPYRONIUM**

GLYCOPPYRONIUM BROMIDE 1mg TABLETS UNR For use in upper airways and hypersalivation. Medicines Effectiveness, March 2013.

**GLYCOPPYRONIUM BROMIDE**

GLYCOPPYRONIUM BROMIDE 2mg TABLETS UNR For use in upper airways and hypersalivation. Medicines Effectiveness, March 2013.

GLYCOPPYRONIUM BROMIDE 1mg/5ml LIQUID R For use in upper airways and hypersalivation. Medicines Effectiveness, March 2013.

**REMIFENTANIL**

REMIFENTANIL 5mg INJECTION R ADULTS: For analgesia, sedation or as part of anaesthesia in mechanically ventilated patients on in critical care and theatres only. MMTC, April 2016

REMIFENTANIL 1mg INJECTION R ADULTS: For analgesia, sedation or as part of anaesthesia in mechanically ventilated patients on in critical care and theatres only. PAEDIATRICS: For analgesia and enhancement of anaesthesia in theatres only. Medicines Effectiveness, April 2016

REMIFENTANIL 2mg INJECTION R ADULTS: For analgesia, sedation or as part of anaesthesia in mechanically ventilated patients on in critical care and theatres only. PAEDIATRICS: For analgesia and enhancement of anaesthesia in theatres only. Medicines Effectiveness, April 2016
**FENTANYL**

FENTANYL 100micrograms in 2ML INJECTION (UNLICENSED) UNR

Only to be ordered while there is a supply problem with the licensed product. RESTRICTED: For use in critical care areas, renal & transplant, interventional areas xray, endoscopy, cardiac cath labs, theatres, anaesthetics & recovery, A&E resus areas, Toms and Melanies. NB: fentanyl is non-formulary for other ward areas for PRN analgesia or preparation of PCAs unless advised by the acute pain team or approved by John Reynolds MAC

**ETOMIDATE**

ETOMIDATE 20mg in 10ml INJECTION Y

**KETAMINE**

KETAMINE 500mg IN 10ml INJECTION Y

KETAMINE 200mg IN 20ml INJECTION Y

KETAMINE 50mg/5ml LIQUID (SUGAR FREE) SR Pre-medication in children with severe behavioural issues undergoing procedures; pre-medication in children during COVID-19; and in adults with special needs undergoing dental procedures. MMTC, April 2020.

KETAMINE 500mg IN 10ml INJECTION (LICENSED) Y

**PROPOFOL**

PROPOFOL 500mg IN 50ml (1%) INJECTION Y

PROPOFOL 1g in 100ml (1%) INJECTION Y

PROPOFOL 200mg IN 20ml (1%) INJECTION Y

**THIOPENTAL**

THIOPENTAL 500mg IN 20ml INTRAVENOUS PRE-FILLED SYRINGE SR For emergency intubation prior to cesarian section. Medicines Effectiveness, March 2013.

THIOPENTAL 500mg INJECTION (without water) Y
15.01.02 Inhalational anaesthetics

**DESFLURANE**

DESFLURANE 240ml  R  For use by Churchill theatres in selected group of patients, i.e. bariatric, morbidly obese, for admission to CORU. Consultant anaesthetic initiation only. MMTC, May 2014

**ISOFLURANE**

ISOFLURANE 250ml LIQUID  Y

**SEVOFLURANE**

SEVOFLURANE 250ml <<  Y

15.01.03  Antimuscarinic drugs

**ATROPINE**

ATROPINE SULPHATE 600micrograms IN 1ml  Y INJECTION

ATROPINE SULPHATE 3mg in 10ml SYRINGE  Y

**GLYCOPHYLLINUM**

GLYCOPHYLLINUM BROMIDE 600mcg IN 3ml  Y INJECTION

**GLYCOPYRRONIUM BROMIDE**

GLYCOPHYLLINUM BROMIDE 200micrograms IN 1ml  Y INJECTION

GLYCOPHYLLINUM BROMIDE 600micrograms IN  Y 3ml INJECTION

**HYOSCINE HYDROBROMIDE**

HYOSCINE HYDROBROMIDE 400microgram in 1ml  R  For Ward stock NITU and CCU (Horton) only. MAC, April 2011.

15.01.04  Sedative and analgesic peri-operative drugs

**ALFENTANIL**

ALFENTANIL CONCENTRATE 5mg IN 1ml  INJECTION  R  Restricted for on advice of the palliative care team only. MMTC, September 2018

ALFENTANIL 1mg IN 2ml INJECTION  R  Restricted for on advice of the palliative care team only. MMTC, September 2018
DEXMEDETOMIDINE
<table>
<thead>
<tr>
<th>Medicine</th>
<th>Description</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DEXMEDETOMIDINE</strong></td>
<td>400 micrograms in 4ml R</td>
<td>Restricted for use in sedation on AICU and CICU. Initiation by ICU consultants only as per dexmedetomidine guidelines. MMTC, March 2019</td>
</tr>
<tr>
<td><strong>FENTANYL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FENTANYL 2.5mg in 50ml VIAL R</td>
<td>Restricted to Critical Care wards only for use in continuous infusions. Medicines Effectiveness, May 2019</td>
<td></td>
</tr>
<tr>
<td>FENTANYL 500micrograms in 10ml INJECTION R</td>
<td>For use in critical care areas, renal &amp; transplant, interventional areas xray, endoscopy, cardiac cath labs, theatres, anaesthetics &amp; recovery, A&amp;E resus areas, Toms and Melanies.</td>
<td></td>
</tr>
<tr>
<td>FENTANYL 500microgram IN 10ml INJECTION R</td>
<td>For use in critical care areas, renal &amp; transplant, interventional areas xray, endoscopy, cardiac cath labs, theatres, anaesthetics &amp; recovery, A&amp;E resus areas, Toms and Melanies. NB: fentanyl is non-formulary for other ward areas for PRN analgesia or preparation of PCAs unless advised by the acute pain team or approved by Dr. John Reynolds. MAC, December 2010.</td>
<td></td>
</tr>
<tr>
<td>FENTANYL 100microgram IN 2ml INJECTION R</td>
<td>For use in critical care areas, renal &amp; transplant, interventional areas xray, endoscopy, cardiac cath labs, theatres, anaesthetics &amp; recovery, A&amp;E resus areas, Toms and Melanies. NB: fentanyl is non-formulary for other ward areas for PRN analgesia or preparation of PCAs unless advised by the acute pain team or approved by Dr. John Reynolds. MAC, December 2010.</td>
<td></td>
</tr>
<tr>
<td><strong>KETOROLAC</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KETOROLAC 30mg IN 1ml INJECTION Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MIDAZOLAM</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MIDAZOLAM 50mg in 10ml INJECTION R</td>
<td>Temporary product during shortage of normal strength. Restricted for use on Neuro Intensive Care Unit only. Medicines Effectiveness, April 2019</td>
<td></td>
</tr>
</tbody>
</table>
MIDAZOLAM (BASE) 12.5mg/5ml LIQUID SR
Pre-medication in children; and in adults with special needs undergoing dental procedures. MMTC, November 2013

MIDAZOLAM 100mg IN 50ml INJECTION 50ml VIAL R
Restricted to adult ICU only. Medicines Effectiveness, November 2009.

MIDAZOLAM 5mg IN 5ml INJECTION Y

MIDAZOLAM 10mg IN 2ml INJECTION R
HIGH STRENGTH product restricted to palliative care and paediatric use only. Medicines Effectiveness, July 2009.

MORPHINE
MORPHINE SULPHATE 100mg SACHETS M/R NF

15.01.05 Neuromuscular blocking drugs

ATRACURIUM
ATRACURIUM 25mg in 2.5ml INJECTION Y
ATRACURIUM 50mg in 5ml INJECTION Y
ATRACURIUM 250mg in 25ml INJECTION Y
ATRACURIUM 25mg in 2.5ml INJECTION Y
ATRACURIUM 50mg in 5ml INJECTION Y

CISATRACURIUM
CISATRACURIUM 20mg IN 10ml INJECTION R
For patients with proven hypersensitivity to atracurium and other curare like muscle relaxants. MAC, March 2009.

CISATRCURIUM
CISATRCURIUM 150mg in 30ml INJECTION NF

MIVACURIUM
MIVACURIUM 10mg IN 5ml INJECTION Y
MIVACURIUM 20mg IN 10ml INJECTION Y

PANCURONIUM
PANCURONIUM 4mg IN 2ml INJECTION Y

ROCURONIUM
<table>
<thead>
<tr>
<th>Medicine</th>
<th>Strength/Volume</th>
<th>Container</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ROCURONIUM</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ROCURONIUM 50mg IN 5ml INJECTION</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ROCURONIUM 100MG / 10ML INJECTION</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUXAMETHONIUM</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUXAMETHONIUM 100mg IN 2ml INJECTION</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUXAMETHONIUM 200mg IN 10ml INTRAVENOUS PRE-FILLED SYRINGE</td>
<td>SR</td>
<td></td>
<td>For emergency intubation in obstetrics for emergency cesarian section. Medicines Effectiveness, March 2013.</td>
</tr>
<tr>
<td>VECURONIUM</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VECURONIUM BROMIDE 10mg INJECTION</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>NEOSTIGMINE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NEOSTIGMINE 2.5mg &amp; GLYCOPYRROLATE</td>
<td>Y</td>
<td></td>
<td>500microgram IN 1ml INJECTION</td>
</tr>
<tr>
<td><strong>NALOXONE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NALOXONE 400microgram in 1ml INJECTION</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUGAMMADEX</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUGAMMADEX 200mg IN 2ml INJECTION</td>
<td>R</td>
<td></td>
<td>For routine reversal of induced muscle paralysis during COVID-19 only. MMTC, April 2020</td>
</tr>
<tr>
<td><strong>DANTROLENE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DANTROLENE 20mg INJECTION</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>BUPIVACAINE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BUPIVACAINE 0.25% INJECTION 10ml STERILE</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BUPIVACAINE 0.5% INJECTION 10ml STERILE</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ARTICAINE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ARTICAINE &amp; ADRENALINE 1 in 100,000 INJECTION</td>
<td>NF</td>
<td></td>
<td>2.2ml (pk 50)</td>
</tr>
</tbody>
</table>
BUPIVACAINE
### Bupivacaine

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bupivacaine 0.25% injection 10ml sterile</td>
<td>Y</td>
</tr>
<tr>
<td>Bupivacaine 0.125% infusion 250ml</td>
<td>Y</td>
</tr>
<tr>
<td>Bupivacaine 0.25% + adrenaline injection 10ml</td>
<td>Y</td>
</tr>
<tr>
<td>Bupivacaine heavy 20mg in 4ml (0.5%) injection</td>
<td>Y</td>
</tr>
<tr>
<td>Bupivacaine 0.5% + adrenaline injection 10ml</td>
<td>Y</td>
</tr>
<tr>
<td>Bupivacaine 0.125% infusion 500ml</td>
<td>SR</td>
</tr>
</tbody>
</table>

For local anaesthesia - either as an epidural or for local infiltration such as paravertible block. Medicines Effectiveness, November 2014

### Bupivacaine/Clonidine

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clonidine 250 micrograms &amp; bupivacaine 0.1% epidural bag 250ml</td>
<td>SR</td>
</tr>
</tbody>
</table>

For pain relief in children with cerebral palsy undergoing orthopaedic surgery. MMTC, February 2015.

### Cocaine

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cocaine 25% paste syringe 2g</td>
<td>Y</td>
</tr>
<tr>
<td>Cocaine 5% nasal solution 2ml (colourless)</td>
<td>SR</td>
</tr>
</tbody>
</table>

For topical local anaesthesia in awake fibrotic intubation and during ENT procedures. Medicines Effectiveness, April 2016

### Emla Cream

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emla cream 30g surgical pack</td>
<td>Y</td>
</tr>
<tr>
<td>Emla cream 5g with dressing</td>
<td>Y</td>
</tr>
</tbody>
</table>

### Ethyl Chloride

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethyl chloride bp spray 100ml</td>
<td>Y</td>
</tr>
</tbody>
</table>

### Instillagel

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lidoicaine 2% &amp; chlorhexidine lubricating gel 6ml syringe</td>
<td>Y</td>
</tr>
<tr>
<td>Lidoicaine 2% &amp; chlorhexidine lubricating gel 11ml syringe</td>
<td>Y</td>
</tr>
</tbody>
</table>

### Lidoicaine

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lidoicaine 5% (700mg) patches</td>
<td>NF</td>
</tr>
<tr>
<td>Lidoicaine 1% &amp; adrenaline 1 in 200,000</td>
<td>R</td>
</tr>
<tr>
<td>Product Description</td>
<td>Concentration</td>
</tr>
<tr>
<td>---------------------</td>
<td>---------------</td>
</tr>
<tr>
<td>Lidocaine 2% 100mg in 5ml Injection</td>
<td>Y</td>
</tr>
<tr>
<td>Lidocaine 5% Ointment 15g</td>
<td>Y</td>
</tr>
<tr>
<td>Lidocaine 2% 400mg in 20ml Injection</td>
<td>Y</td>
</tr>
<tr>
<td>Lidocaine 2% &amp; Adrenaline 1:80,000 units 2.2ml CARTRIDGE</td>
<td>Y</td>
</tr>
<tr>
<td>Lidocaine 4% Adrenaline 0.1% Tetracaine 0.5% Sterile Gel 3ml (L.A.T GEL)</td>
<td>SR</td>
</tr>
<tr>
<td>Lidocaine 10mg/dose Spray</td>
<td>Y</td>
</tr>
<tr>
<td>Lidocaine 1% 100mg in 10ml Injection</td>
<td>Y</td>
</tr>
<tr>
<td>Lidocaine 1% Injection 20ml (For use in Eye Theatres for intraocular use only)</td>
<td>R</td>
</tr>
<tr>
<td>Lidocaine 2% 40mg in 2ml Injection</td>
<td>Y</td>
</tr>
<tr>
<td>Lidocaine 1% 50mg in 5ml Injection</td>
<td>Y</td>
</tr>
<tr>
<td>Lidocaine 1% 20mg in 2ml Injection</td>
<td>Y</td>
</tr>
<tr>
<td>Lidocaine 1% 200mg in 20ml Injection</td>
<td>Y</td>
</tr>
<tr>
<td>Lidocaine 1% 100mg in 10ml Injection (Sterile WRAP)</td>
<td>Y</td>
</tr>
<tr>
<td>Lidocaine 4% Topical Solution 25ml</td>
<td>Y</td>
</tr>
<tr>
<td>Lidocaine 0.5% 50mg in 10ml Injection</td>
<td>Y</td>
</tr>
<tr>
<td><strong>Lidocaine + Adrenaline</strong></td>
<td></td>
</tr>
<tr>
<td>Lidocaine 2% &amp; Adrenaline 1 in 200,000 Y Injection 20ml</td>
<td>Y</td>
</tr>
</tbody>
</table>

**Meptivacaine**

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Concentration</th>
<th>Container Size</th>
<th>Application</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meptivacaine 3% Injection 2.2ml Cartridge (Plain)</td>
<td>R</td>
<td></td>
<td></td>
<td>For use in the fitting of intrauterine devices (off-label indication). MMTC, June 2014.</td>
</tr>
</tbody>
</table>

**Prilocaine**

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Concentration</th>
<th>Container Size</th>
<th>Application</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prilocaine 100mg in 5ml (2%) Hyperbaric Injection</td>
<td>R</td>
<td></td>
<td></td>
<td>For use in spinal anaesthesia for short procedures in the day surgery units at the Horton hospital, Churchill urology unit, NOC and Gynae theatres only. MMTC, January 2020</td>
</tr>
</tbody>
</table>
PRILOCAINE 1% INJECTION 50ml  Y

**ROPIVACAINE**

ROPIVACAINE 20mg in 10ml INJECTION  R  For use by the NOC theatres only. Medicines Effectiveness, May 2003.

ROPIVACAINE 75mg IN 10ml INJECTION  R  For use by the NOC theatres only. Medicines Effectiveness, May 2003.

**TETRACAINE**

TETRACAINE GEL 1.5g   Y

16 Emergency treatment of poisoning

16.03 Drug Toxicity

**IDARUCIZUMAB**

IDARUCIZUMAB 2.5g IN 50ml INJECTION  R  For urgent reversal of dabigatran only: (1) emergency surgery, i.e. where the surgery must be performed within the next 8 hours and (2) life-threatening or serious bleeding. MMTC, February 2016

19 Unknown

**PRICK TEST**

SOLU-PRICK BARLEY FLOUR 3ml 782 218  R  For use by Dermatology/Immunology only. Medicines Effectiveness, March 2013.

SOLU-PRICK 3 TREE MIX 3ml 197 204  R  For use by Dermatology/Immunology only. Medicines Effectiveness, March 2013.

23 Disinfectants

**CHLORHEXIDINE**

CHLORHEXIDINE 2% IN 70% IPA PINK 200ml  Y

30. Injectable Contrast Media
**DOTAREM**

DOTAREM VIAL 10ml R For use by MRI only. MMTC, November 2017

DOTAREM VIAL 5ml R For use by MRI only. MMTC, November 2017

**PERFLUTREN**

PERFLUTREN CONTAINING LIPID MICROSPHERES R 150 microlitres IN 1ml INJECTION Contrast for use in cardiac ECHO (cardiac out-patients) only. MMTC, September 2017

**32 Dialysis fluids**

**HAEMOFILTRATION**

HAEMOFILTRATION (Ci-Ca K2 DIALYSATE) R INFUSION 5L For use on CTCC only as part of citrate haemodiafiltration. MMTC, March 2013

**SODIUM CHLORIDE**

DF SODIUM CHLORIDE 0.9% IRRIGATION 3L Y (FKB7528T) EASYFLOW
DF SODIUM CHLORIDE 0.9% IRRIGATION 3L Y (3KB7127) UROMATIC
DF SODIUM CHLORIDE 0.9% INFUSION 50ml Y 440732
DF SODIUM CHLORIDE 0.9% IRRIGATION BOTTLE Y 1L UKF7124

**WATER**

DF WATER FOR IRRIGATION 1L (EASIFLOW BAGS) Y FKB7515ST
DF WATER FOR IRRIGATION 1L (UROMATIC BAGS) Y 3KB7114

**80 Unknown**

**HAND SANITISING RUB**

HAND SANITISING RUB 100mlSR

**LORLATINIB**

LORLATINIB 100mg TABLETS (FREE OF CHARGE NF SUPPLY)
LORLATINIB 25mg TABLETS (FREE OF CHARGE NF SUPPLY)
**METARAMINOL**

METARAMINOL 25mg IN 50ml INJECTION PRE-FILLED SYRINGE (CTASU PREP) SR For use on critical care areas during covid-19. Medicines Effectiveness, April 2020

**PATCH TEST**

FERROUS SULPHATE 5% PATCH TEST ALLERGEN Y 2405

**PLASMALYTE**

PLASMALYTE 148 (PH 7.4) SOLUTION FOR NF INFUSION 1L BAGS (FKB2534)
PLASMALYTE 148 & GLUCOSE 5% SOLUTION FOR NF INFUSION 1L BAGS (FKE2583)

**99 Unknown**

**POVIDONE IODINE**

POVIDONE IODINE 5% OPHTHALMIC SOLUTION SR 4x20ml For pre-op in eye theatres only, Medicines Effectiveness, August 2018

Appendix 02 Borderline substances
A02.05 Feed additives
A02.05.01 Special additives for conditions of intolerance

**PROBIOTIC SACHET**

PROBIOTIC SACHET (VSL#3) NF

Appendix 05 Wound management products and elasticated garments

**BOOT DRESSING**

BOOT DRESSING FOR MAGGOTS Y

**HAEMOSTATIC FELT**

HAEMOSTATIC FELT 3cm x 5cm DRESSING Y (LYOSTYPT)

**HALF BOOT**

HALF BOOT DRESSING FOR MAGGOTS

A05.01 Basic wound contact dressings

**PARAFFIN GAUZE**
PARAFFIN GAUZE 15cm x 2m DRESSING (ROLL) R This dressing may be used by Plastics or following recommendation by Tissue Viability Team. MAC, October 2009.

PARAFFIN GAUZE 10cm x 10cm DRESSING R This dressing may be used by Plastics or following recommendation by Tissue Viability Team. MAC, October 2009.

PARAFFIN GAUZE 5cm x 5cm DRESSING R This dressing may be used by Plastics or following recommendation by Tissue Viability Team. MAC, October 2009.

PARAFFIN GAUZE 40cm x 10cm DRESSING R This dressing may be used by Plastics or following recommendation by Tissue Viability Team. MAC, October 2009.

A05.01.02 Absorbent dressings

KERRAMAX

KERRAMAX 20cm x 22cm DRESSING R Following recommendation by Tissue Viability Team. MAC, October 2009.

KERRAMAX 10cm x 22cm DRESSING R Following recommendation by Tissue Viability Team. MAC, October 2009.

A05.02 Advanced wound dressings
A05.02.01 Hydrogel dressings

ACTIFOAM

ACTIFORM COOL 10cm X 15cm DRESSING R Following recommendation by Tissue Viability or Vascular only. MAC, May 2010.

ACTIFORM COOL 10cm X 10cm DRESSING R Following recommendation by Tissue Viability or Vascular only. MAC, May 2010.

ACTIVHEAL

ACTIV HEAL HYDROCOLLOID 5cm X 7.5cm Y DRESSING
ACTIV HEAL HYDROCOLLOID 15cm X 18cm Y SACRAL DRESSING
ACTIV HEAL HYDROCOLLOID 15cm X 15cm Y DRESSING
### ACTIV HEAL HYDROCOLL OID 10cm X 10cm

ACTIV HEAL HYDROCOLLOID 10cm X 10cm

Y

### ACTIV HEAL FOAM HEEL DRESSING

ACTIV HEAL FOAM HEEL DRESSING

R

Following recommendation by Tissue Viability Team only. MAC, May 2010.

### ACTIV HEAL FOAM ADHESIVE 20cm X 20cm

ACTIV HEAL FOAM ADHESIVE 20cm X 20cm

Y

### ACTIV HEAL FOAM ADHESIVE 15cm X 15cm

ACTIV HEAL FOAM ADHESIVE 15cm X 15cm

Y

### ACTIV HEAL FOAM ADHESIVE 12.5cm X 12.5cm

ACTIV HEAL FOAM ADHESIVE 12.5cm X 12.5cm

Y

### ACTIV HEAL FOAM ADHESIVE 10cm X 10cm

ACTIV HEAL FOAM ADHESIVE 10cm X 10cm

Y

### ACTIV HEAL ALGINATE CAVITY 30cm DRESSING

ACTIV HEAL ALGINATE CAVITY 30cm DRESSING

Y

(ROPE)

### ACTIV HEAL ALGINATE 10cm X 10cm

ACTIV HEAL ALGINATE 10cm X 10cm

Y

### ACTIV HEAL ALGINATE 10cm X 20cm

ACTIV HEAL ALGINATE 10cm X 20cm

Y

### ACTIV HEAL ALGINATE 5cm X 5cm

ACTIV HEAL ALGINATE 5cm X 5cm

Y

### ACTIV HEAL FOAM 5cm X 5cm

ACTIV HEAL FOAM 5cm X 5cm

Y

### ACTIV HEAL FOAM 10cm X 20cm

ACTIV HEAL FOAM 10cm X 20cm

Y

### ACTIV HEAL FOAM 10cm X 10cm

ACTIV HEAL FOAM 10cm X 10cm

Y

### ACTIV HEAL FOAM 10cm X 17.8cm

ACTIV HEAL FOAM 10cm X 17.8cm

Y

### ACTIV HEAL FOAM 20cm X 20cm

ACTIV HEAL FOAM 20cm X 20cm

Y

### INTRASITE

INTRASITE GEL 15g DRESSING APPLIPAK

R

For use by Plastic Out-patients (PLOP) only. Medicines Effectiveness, May 2010.

A05.02.02 Vapour-permeable films and membranes

### OPSITE

OPSITE SPRAY DRESSING 100ml

Y

A05.02.03 Soft polymer dressings

### ALLEVYN

ALLEVYN SACRUM 17cm x 17cm DRESSING

R

Following recommendation by Tissue Viability Team only. MAC, October 2009.

### MEPILEX
MEPILEX LITE 10cm X 10cm DRESSING  R  Following recommendation by Tissue Viability Team only. MAC, October 2009.

MEPILEX 10cm x 11cm DRESSING  R  For use by A+E, Radiotherapy, Palliative Care and FEU, Plastics, Paediatrics OR following recommendation by Tissue Viability Team. MAC, October 2009.

MEPILEX LITE 6cm X 8.5cm DRESSING  R  Following recommendation by Tissue Viability Team only. MAC, October 2009.

MEPILEX 11cm x 20cm DRESSING  R  For use by A+E, Radiotherapy, Palliative Care and FEU, Plastics, Paediatrics OR following recommendation by Tissue Viability Team. MAC, October 2009.

MEPILEX WITH SILICONE ADHESIVE BORDER 17cm X 20cm DRESSING  R  For use by A+E, Radiotherapy, Palliative Care and FEU, Plastics, Paediatrics OR following recommendation by Tissue Viability Team. MAC, October 2009.

MEPILEX 15cm X 16cm DRESSING  R  For use by A+E, Radiotherapy, Palliative Care and FEU, Plastics, Paediatrics OR following recommendation by Tissue Viability Team. MAC, October 2009.

MEPILEX BORDER LITE 4cm X 5cm DRESSING  R  Following recommendation by Tissue Viability Team only. MAC, October 2009.

MEPILEX BORDER LITE 7.5 X 7.5cm DRESSING  R  Following recommendation by Tissue Viability Team only. MAC, October 2009.

MEPILEX LITE 15cm x 15cm DRESSING  R  Following recommendation by Tissue Viability Team only. MAC, October 2009.

MEPILEX WITH SILICONE ADHESIVE BORDER 10cm X 12.5cm DRESSING  R  For use by A+E, Radiotherapy, Palliative Care and FEU, Plastics, Paediatrics OR following recommendation by Tissue Viability Team. MAC, October 2009.
<table>
<thead>
<tr>
<th>Product Description</th>
<th>R</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEPILEX TRANSFER 20cm X 50cm DRESSING</td>
<td>R</td>
<td>Following recommendation by Tissue Viability Team only. MAC, October 2009.</td>
</tr>
<tr>
<td>MEPILEX BORDER LITE 15cm X 15cm DRESSING</td>
<td>R</td>
<td>FOLLOWING RECOMMENDATION BY TISSUE VIABILITY TEAM ONLY.</td>
</tr>
<tr>
<td>MEPILEX WITH SILICONE ADHESIVE BORDER 7cm x 7.5cm DRESSING</td>
<td>R</td>
<td>For use by A+E, Radiotherapy, Palliative Care and FEU, Plastics, Paediatrics OR following recommendation by Tissue Viability Team. MAC, October 2009</td>
</tr>
<tr>
<td><strong>MEPITEL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEPITEL 8cm X 10cm DRESSING</td>
<td>R</td>
<td>For use by Trauma, A+E, Plastic, Palliative Care and FEU, Radiotherapy OR following recommendation by Tissue Viability Team. MAC, October 2009</td>
</tr>
<tr>
<td>MEPITEL 12cm X 15cm DRESSING</td>
<td>R</td>
<td>For use by Trauma, A+E, Plastic, Palliative Care and FEU, Radiotherapy OR following recommendation by Tissue Viability Team. MAC, October 2009</td>
</tr>
<tr>
<td>MEPITEL 5cm X 7cm DRESSING</td>
<td>R</td>
<td>For use by Trauma, A+E, Plastic, Palliative Care and FEU, Radiotherapy OR following recommendation by Tissue Viability Team. MAC, October 2009</td>
</tr>
<tr>
<td>MEPITEL 20cm x 32cm DRESSING</td>
<td>R</td>
<td>For use by Trauma, A+E, Plastic, Palliative Care and FEU, Radiotherapy OR following recommendation by Tissue Viability Team. MAC, October 2009</td>
</tr>
<tr>
<td><strong>SORBION SANA</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SORBION SANA 8.5cm X 8.5cm DRESSING</td>
<td>R</td>
<td>Following recommendation by Tissue Viability Team only. MAC, October 2009.</td>
</tr>
<tr>
<td>SORBION SANA 12cm X 12cm DRESSING</td>
<td>R</td>
<td>Following recommendation by Tissue Viability Team only. MAC, October 2009.</td>
</tr>
<tr>
<td><strong>URGOTUL</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
URGOTUL 15cm x 20cm DRESSING NF

SOFT POLYMER DRESSING WITH SILVER 16cm x 21cm NF

_A05.02.04 Hydrocolloid dressings_

**AQUACEL**

AQUACEL 10cm x 10cm DRESSING Y

AQUACEL 5cm x 5cm DRESSING Y

AQUACEL 15cm x 15cm DRESSING Y

**DUO-DERM EXTRA**

DUO-DERM EXTRA THIN 10cm x 10cm DRESSING R Following recommendation by Tissue Viability Team only. MAC, October 2009.

**GRANUFLEX**

GRANUFLEX BORDERED 10cm x 10cm DRESSING R S156 Following recommendation by Tissue Viability Team MAC, October 2009.

_A05.02.06 Alginate dressings_

**SORBSAN**

SORBSAN 10cm x 10cm DRESSING R Following recommendation by Tissue Viability Team only. MAC, October 2009.

SORBSAN 10cm x 20cm DRESSING R Following recommendation by Tissue Viability Team only. MAC, October 2009.

SORBSAN 5cm x 5cm DRESSING R Following recommendation by Tissue Viability Team only. MAC, October 2009.

SORBSAN PLUS 10cm x 15cm DRESSING R Following recommendation by Tissue Viability Team only. MAC, October 2009.

SORBSAN PLUS 7.5cm x 10cm DRESSING R Following recommendation by Tissue Viability Team only. MAC, October 2009.

_A05.02.08 Odour absorbent dressings_

**CLINISORB**

CLINISORB 15cm x 25cm ODOUR CONTROL DRESSING R Following recommendation by Tissue Viability Team or Palliative care. MAC October 2010
CLINISORB 10cm x 10cm ODOUR CONTROL DRESSING

SORBSAN
ALGINATE DRESSING WITH ACTIVATED CARBON (SORBSAN PLUS CARBON) 15cmX20cm
Following recommendation by Tissue Viability Team or Palliative care. MAC October 2009

ALGIVON
ALGIVON (DRESSING IMPREGNATED WITH MEDICAL GRADE MANUKA HONEY) 5X5cm
Following recommendation by the Tissue Viability Team only. MAC, February 2010.

ALGIVON (DRESSING IMPREGNATED WITH MEDICAL GRADE MANUKA HONEY) 10X10cm
Following recommendation by the Tissue Viability Team only. MAC, February 2010.

MANUKA
ACTIVON MANUKA HONEY TULLE 10cm X 10cm DRESSING
Following recommendation by Tissue Viability Team only. MAC, May 2010.

MESITRAN
MESITRAN MESH 10cm x 10cm DRESSING
Following recommendation by Tissue Viability Team only. MAC, October 2009.

MESITRAN MESH 20cm x 15cm DRESSING
Following recommendation by Tissue Viability Team only. MAC, October 2009.

A05.03 Antimicrobial dressings
A05.03.01 Honey

POVIDONE IODINE
POVIDONE IODINE 5cm x 5cm DRESSINGS (Inadine)

POVIDONE-IODINE
POVIDONE-IODINE 9.5cm x 9.5cm DRESSINGS (Inadine)

A05.03.02 Iodine

A05.03.03 Silver

ACTICOAT
ACTICOAT FLEX 3 10cm x 20cm DRESSING

ACTISORB
ACTISORB SILVER 10.5cm X 19cm DRESSINGS (220)
<table>
<thead>
<tr>
<th>Product Name</th>
<th>Use/Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>AQUACEL AG BURN 13cm x 10cm DRESSING</td>
<td>Restricted to use in burns patients only (under Mrs Sarah Tucker). Medicines Effectiveness, January 2014</td>
</tr>
<tr>
<td>AQUACEL AG 10cm x 10cm DRESSING</td>
<td>Following recommendation by Tissue Viability Team only. MAC, October 2009.</td>
</tr>
<tr>
<td>AQUACEL AG 15cm x 15cm DRESSING</td>
<td>Following recommendation by Tissue Viability Team only. MAC, October 2009.</td>
</tr>
<tr>
<td>AQUACEL AG 2cm x 45cm DRESSING</td>
<td>Following recommendation by Tissue Viability Team only. MAC, October 2009.</td>
</tr>
<tr>
<td>AQUACEL AG 5cm x 5cm DRESSING</td>
<td>Following recommendation by Tissue Viability Team only. MAC, October 2009.</td>
</tr>
<tr>
<td>AQUACEL AG BURN 23cm x 30cm DRESSING</td>
<td>Restricted to use in burns patients only (under Mrs Sarah Tucker). Medicines Effectiveness, January 2014</td>
</tr>
<tr>
<td>AQUACEL AG BURN 17cm x 15cm DRESSING</td>
<td>Restricted to use in burns patients only (under Mrs Sarah Tucker). Medicines Effectiveness, January 2014</td>
</tr>
</tbody>
</table>

**ATRAUMAN AG**

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Use/Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATRAUMAN AG 10cm X 10cm DRESSING</td>
<td>Y</td>
</tr>
<tr>
<td>ATRAUMAN AG 5cm X 5cm DRESSING</td>
<td>Y</td>
</tr>
<tr>
<td>ATRAUMAN AG 20cm X 10cm DRESSING</td>
<td>Y</td>
</tr>
</tbody>
</table>

**URGOCELL**

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Use/Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>URGOCELL SILVER 10cm X 10cm DRESSING</td>
<td>R Following recommendation by Tissue Viability Team. MAC, October 2009.</td>
</tr>
<tr>
<td>URGOCELL SILVER 15cm x 20cm DRESSING</td>
<td>R Following recommendation by Tissue Viability Team. MAC, October 2009.</td>
</tr>
</tbody>
</table>

**HYDROGEL**

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Use/Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>HYDROGEL DRESSING STERILE (PRONTOSAN) GEL 30ml</td>
<td>R Following recommendation by Tissue Viability Team. MAC, October 2009.</td>
</tr>
</tbody>
</table>

_A05.03.04 Other antimicrobials_
SUPRASORB
SUPRASORB X + POLYHEXANIDE 14cm x 20cm R Following recommendation by Tissue Viability Team. MAC, October 2009.
A05.04 Specialised dressings
A05.04.02 Silicone keloid dressings

MEPIFORM
MEPIFORM 9cm x 18cm SCAR DRESSING NF
A5.03 Antimicrobials
A5.03.01 Honey

MANUKA
MANUKA HONEY STERILE 25g R Following recommendation by Tissue Viability Team only. MAC, March 2010.
A5.08 Bandagespreparations
A5.08.09 Medicated bandages

ICHTHOPASTE
ICHTHOPASTE 7.5cm X 6m BANDAGE 120-659 Y

Emergency treatment of poisoning

ACETYLCYSTEINE
ACETYLCYSTEINE 2g in 10ml (20%) INJECTION Y
10ml

METHYLTHIONINIUM
METHYLTHIONINIUM CHLORIDE 50mg in 10ml Y (0.5%) INJECTION

Other poisons

HYDROXOCOBALAMIN
HYDROXOCOBALAMIN 5g INJECTION R For emergency treatment of cyanide poisoning. MMTC, April 2020

PRALIDOXIME
PRALIDOXIME CHLORIDE 1g INJECTION Y

Cyananides

SODIUM THIOSULPHATE
SODIUM THIOSULPHATE 12.5g IN 50ml INJECTION R

For use as part of Cyanide Poisons Antidote Kit kept in AE. Medicines Effectiveness, March 2013

Removal and elimination
removal from the gastro-intestinal tract

ACTIVATED CHARCOAL

ACTIVATED CHARCOAL 200mg/ml LIQUID 250ml Y

Unknown

ACETIC ACID

ACETIC ACID 5% SOLUTION 200ml Y

ACETONE

ACETONE 50ml Y

ACETONE 500ml Y

AJMALINE

AJMALINE 50mg in 10ml INJECTION UNR Diagnostic test for Brugada syndrome. Medicines Effectiveness, February 2013.

AMINOLEVULINIC ACID

5-AMINOLEVULINIC ACID 30mg/ml (1.5g) POWDER R FOR ORAL SOLUTION Visualisation of malignant tissue during surgery for malignant glioma. MMTC, November 2013.

ARTISS

ARTISS SEALANTS 2ml SOLUTIONS FOR SEALANT R For use in breast surgery. MMTC, September 2015

ARTISS FIBRIN SEALANT 4ml R OUH formulary approved for use in Breast Surgery. MMTC,

September 2015

AZITHROMYCIN

AZITHROMYCIN 500mg INJECTION NF

BAGS

BAGS - PHARMACY DISPENSARY, RED CD Y

PORTER BAGS, (E109421) 370x410mm

BAGS - PHARMACY DISPENSARY - BLUE Y

TRANSPORTATION BAGS 510mmx420mm (E109038)
BAGS - CRITICAL CARE EMERGENCY TRAY BAGS, CLEAR 362mmx562mm (E109075)

BARIUM SULPHATE

BARIUM ENEMA TIPS (Q09) (10tips) Y
BARIUM SULPHATE EZ-HD (24x340g) Y
BARIUM SULPHATE LIQUID 300ml Y
BARIUM SULPHATE 94.6%W/W GRANULES Y

BEVACIZUMAB

BEVACIZUMAB 1.25mg PRE-FILLED SYRINGE 0.05ml SR For neo-vascularisation in non wet-AMD conditions and glaucoma prior to laser treatment. And as an alternative to retinal laser treatment during COVID-19. MMTC, March 2020

BORIC ACID

BORIC ACID 5g POWDER UNR Restricted for use in the ear Medicines Effectiveness, June 2011.

CANNABIDIOL

CANNABIDIOL 500mg/5ml LIQUID 100ml R For the treatment of Dravet’s Syndrome as per NICE TA614 and Lennox-Gastaut Syndrome as per NICE TA615. MMTC, February 2020

CARDIOPLEGIA

CARDIOPLEGIA STERILE CONCENTRATE 20ml R For use by perfusionists only. Medicines Effectiveness, August 2008.

CARDIOPLEGIA (BLOOD) PERFUSION SOLUTION - HIGH STRENGTH POTASSIUM 500ml INFUSION SR For use by perfusionists only. Medicines Effectiveness, August 2008.

CARNOYS

CARNOYS SOLUTION (MODIFIED) 10ml SR For use in Max-Fax patients treated for cystic lesions of the jaw or keratocyst. MMTC, December 2012.

CAROB BEAN

CAROB BEAN 1% SOLUTION CY

CHLOR-CLEAN TABLETS
CHLORHEXIDINE

CHLORHEXIDINE GLUCONATE PATCH 86.8mg R For use after the insertion of a new peritoneal dialysis (PD)-catheter. NB: for peritoneal dialysis use size 2.5cm with 7mm hole and radial slit, which is kept as stock on the word. MAC, January 2010.

CHLORHEXIDINE ACETATE 0.05% CLEAR 1L Y IRRIGATION BOTTLES (FKF7984)

CHLORHEXIDINE 0.5% in DEB PINK SPRAY 200ml Y

CHLORHEXIDINE GLUCONATE DENTAL GEL 1% Y 50g

CHLORHEXIDINE 2% IN 70% IPA PINK 500ml UNR For skin preparation prior to surgical incision in theatres, anaesthetics and other interventional areas. Medicines Effectiveness, February 2013.

CHLORHEXIDINE 0.5% IN DEB PINK 600ml Y

CITRIC ACID

CITRIC ACID 1g in 10ml SACHET + SOLUTION Y (CARBEX)

COCAINE

COCAINE HYDROCHLORIDE POWDER Y

COCONUT OIL

COCONUT OIL BP R For use by Dermatology only. Medicines Effectiveness, March 2013.

COLLATAMP G

COLLATAMP G 5 x 20cm IMPLANT R For use in cardiac surgery only. ASG March 2020

COLLATAMP EG 10cm x 10cm IMPLANT R For use at NOC only. Medicines Effectiveness, September 2002.

Dacomitinib
DACOMITINIB 45mg TABLETS

NICETA Approved for use as per NICE TA595 only. An individual patient NICE implementation form is required (see PPDU SharePoint). Medicines Effectiveness, January 2020

**DIAMINOPYRIDINE**

3,4 DIAMINOPYRIDINE 20mg TABLETS (DURBIN) SR
To enhance neuromuscular transmission in the treatment of Myastenia gravis (MG), Lambert-Eaton Myasthenic Syndrome (LEMS), Congenital Myasthenia (CM). Use by Neurology only. Medicines Effectiveness, January 2020

**DIBOTERMIN**

DIBOTERMIN ALFA 12mg VIAL (IMPLANT) R
Bone morphogenetic protein-2 for use in spinal fusion as per NHSE Policy 16063/P. MMTC April 2018

**DICHLOROISOCYANURATE**

TROCLOSENE SODIUM 50% TABLETS 5g (PRESEPT)

**DIHYDROXYACETONE**

DIHYDROXYACETONE 30% W/V SOLUTION Y

**DIMETHYL FUMARATE**

DIMETHYL FUMARATE 0.1% PATCH TEST DOR643 Y
5ml

**DOTAREM**

DOTAREM VIAL 20ml R For use by MRI only. MMTC,
November 2017

DOTAREM VIALS 15ml R For use by MRI only. MMTC,
November 2017

**EMICIZUMAB**

EMICIZUMAB CONVENIENCE KIT R To be supplied with emicizumab prescriptions

**ENTERAL SYRINGE**

ENTERAL SYRINGE (PURPLE) 60ml Y

**ERYTHROMYCIN**

E2499 ERYTHROMYCIN 1% Y
ESTER GUM RESIN 20% IN WSP 5g  Y

EVA
EVA BAG 1000ml (CTASU)  Y

EXTRAVASATION
EXTRAVASATION KIT  Y

FERRIC CHLORIDE
FERRIC CHLORIDE CRYSTALS  NF

FLUMAZENIL
FLUMAZENIL 500microgram in 5ml INJECTION

FOMEPIZOLE
FOMEPIZOLE 1.5g IN 1.5ml INJECTION  UNR  For use after recommendation by the Poison Unit only. Medicines Effectiveness, December 2009.
FOMEPIZOLE 1.5g IN 1.5ml INJECTION  UNR  For use after recommendation by the Poison Unit only. Medicines Effectiveness, December 2009.

FORMALDEHYDE
FORMALDEHYDE 2% PATCH TEST (TRIAL) 8ml  Y
FORMALDEHYDE SOLUTION BP 4% V/V IN PURIFIED WATER 50ml  UNR  For radiation proctitis. MMTC, October 2012

FRUCTOSE

GASTROMIRO SOLUTION
GASTROMIRO 300 SOLUTION 50ml  Y

GELOFUSINE
GELOFUSINE INFUSION 500ml  Y

GLUCOSE
GLUCOSE POWDER  Y
GLUCOSE ANHYDROUS POWDER (LEMON) 75g  Y

GLYCERIN
GLYCERYL MONOTHIOGLYCOLATE
G004 GLYCERYL MONOTHIOGLYCOLATE (GMTG)

GLYCOPHYRROLATE

 GLYCOPHYRROLATE AQUEOUS SOLUTION 0.5% SR 50ml
 For use by Dermatology only. Medicines Effectiveness, March 2013.

 GLYCOPHYRROLATE 0.5% IN AQUEOUS CREAM 50g UNR
 For intractable hyperhidrosis. Medicines Effectiveness, March 2013.

HAEMOCCULT

HAEMOCCULT PATIENT PACK (40 tests) <<

HAEMOFILTRATION

 HAEMOFILTRATION multiBic 0 SUBSTITUTION FLUID (NO POTASSIUM) 5L R
 For use on CTCC only as part of citrate haemodiafiltration. MMTC, March 2013.

 HAEMOFILTRATION multiBic 2 SUBSTITUTION FLUID (10mmol POTASSIUM) 5L R
 For use on CTCC only as part of citrate haemodiafiltration. MMTC, March 2013.

 HAEMOFILTRATION multiBic 4 SUBSTITUTION FLUID (20mmol POTASSIUM) 5L R
 For use on CTCC only as part of citrate haemodiafiltration. MMTC, March 2013.

 HAEMOFILTRATION (Ci-Ca K4 DIALYSATE) INFUSION 5L R
 For use on CTCCU & ITU's only as part of citrate haemodiafiltration. MMTC, March 2013

HAZ-TAB

 HAZ-TAB GRANULES 500g Y

 HAZ-TAB 4.5g TABLETS Y

HEMASTIX REAGENT

 HEMASTIX REAGENT STRIPS Y

HEXAMINOLEVULINATE

 HEXAMINOLEVULINATE 85mg POWDER FOR BLADDER INSTILLATION R
 For use by Urology Department only. Medicines Effectiveness, September 2008.

HIBISCRUB
<table>
<thead>
<tr>
<th>Product Code</th>
<th>Description</th>
<th>Quantity</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>HYDROXYMETHYL PENTYL CYCLOHEXENECARBO</td>
<td>HYDROXYMETHYL PENTYL CYCLOHEXENECARBO ALDEHYDE 5% PATCH TEST</td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>HYDROXYPROPYL METHYLCELLULOSE</td>
<td>HYDROXYPROPYL METHYLCELLULOSE (HPMC) 2% PRE-FILLED SYRINGE 2ml</td>
<td></td>
<td>R</td>
</tr>
<tr>
<td>HYDROXYZINE</td>
<td>H028 HYDROXYZINE HYDROCHLORIDE 1% PATCH TEST</td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>IDEBENONE</td>
<td>IDEBENONE 45mg TABLETS</td>
<td></td>
<td>UNR</td>
</tr>
<tr>
<td>IMS</td>
<td>IMS 70% POUR BOTTLES 600ml</td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>INFACARE BABY</td>
<td>INFACARE BABY BATH</td>
<td></td>
<td>NF</td>
</tr>
<tr>
<td>IOHEXOL</td>
<td>IOMERON 350 INJECTION 100ml</td>
<td></td>
<td>NF</td>
</tr>
<tr>
<td></td>
<td>OMNIPAQUE 350 INJECTION 75ml</td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>IOMERON 350 INJECTION 200ml</td>
<td></td>
<td>NF</td>
</tr>
<tr>
<td></td>
<td>OMNIPAQUE 350 INJECTION 500ml</td>
<td></td>
<td>R</td>
</tr>
<tr>
<td></td>
<td>OMNIPAQUE 350 INJECTION 200ml</td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>IOMERON</td>
<td>IOMERON 350 50ml</td>
<td></td>
<td>NF</td>
</tr>
<tr>
<td>ISOCYANATE</td>
<td>ISOCYANATE COMPLETE SERIES I-1000</td>
<td></td>
<td>Y</td>
</tr>
</tbody>
</table>
**ISOPRENALINE**

ISOPRENALINE HYDROCHLORIDE 2mg IN 2ml INJECTION SR For use in bradycardia only. Medicines Effectiveness, July 2011

**KELTROL**

SUSPENSION DILUENT A (XANTHAN GUM 1%) Y

**KEROSENE**

KEROSENE 10% IN OLIVE OIL Y

KEROSENE 10% IN W.S.P Y

**LACTIC ACID**

LACTIC ACID SALICYLIC,PROPYLENE IN AQUEOUS CREAM Y

**LIDOCAINE**

LIDOCAINE SPRAY NOZZLES Y

**LIPIODOL ULTRA**

LIPIODOL ULTRA FLUID 10ml INJECTION Y

**MAGGOTS**

MAGGOTS IN 10cm X 10cm BIOBAG BB400 R This dressing may be used by Vascular, Plastics or following recommendation by Tissue Viability team. MAC, October 2009.

MAGGOTS IN 12cm X 6cm BIOBAG BB300 R This dressing may be used by Vascular, Plastics or following recommendation by Tissue Viability team. MAC, October 2009

MAGGOTS LOOSE FULL POT (300 LARVAE) R This dressing may be used by Vascular, Plastics or following recommendation by Tissue Viability team. MAC, October 2009.

MAGGOTS IN 5cm X 6cm BIOBAG BB200 R This dressing may be used by Vascular, Plastics or following recommendation by Tissue Viability team. MAC, October 2009.
MAGGOTS IN 4cm X 5cm BIOBAG BB100 R
This dressing may be used by Vascular, Plastics or following recommendation by Tissue Viability team. MAC, October 2009.

MANUKA
MESITRAN HONEY OINTMENT 15g NF

MEDIHONEY
MEDIHONEY (MANUKA HONEY) 80% WOUND GEL 20g R FOLLOWING RECOMMENDATION BY THE TISSUE VIABILITY TEAM ONLY.
MAC OCTOBER 2009
MEDIHONEY (MANUKA HONEY) 80% WOUND GEL 10g R Following recommendation by the Tissue Viability Team only. MAC, October 2009.

MEPITAC
MEPITAC TAPE 2cm x 3m NF

METHYLCHOLINE
METHYLCHOLINE 8mg/ml BRONCHIAL SOLUTION FOR NEBULISATION 50ml UNR For use by Lung Function Lab Only to assess bronchial hyperresponsiveness. MMTC, May 2014.
METHYLCHOLINE 16mg/ml BRONCHIAL SOLUTION FOR NEBULISATION 50ml UNR For use by Lung Function Lab Only to assess bronchial hyperresponsiveness. MMTC, May 2014.
METHYLCHOLINE 0.06mg/ml BRONCHIAL SOLUTION FOR NEBULISATION 50ml UNR For use by Lung Function Lab Only to assess bronchial hyperresponsiveness. MMTC, May 2014.
METHYLCHOLINE 0.25mg/ml BRONCHIAL SOLUTION FOR NEBULISATION 50ml UNR For use by Lung Function Lab Only to assess bronchial hyperresponsiveness. MMTC, May 2014.
METHYLCHOLINE 2mg/ml BRONCHIAL SOLUTION FOR NEBULISATION 50ml UNR For use by Lung Function Lab Only to assess bronchial hyperresponsiveness. MMTC, May 2014.
METHYLCHOLINE 0.125mg/ml BRONCHIAL SOLUTION FOR NEBULISATION 50ml UNR For use by Lung Function Lab Only to assess bronchial hyperresponsiveness. MMTC, May 2014.
METHYLCHOLINE 1mg/ml BRONCHIAL SOLUTION UNR For use by Lung Function Lab Only to assess bronchial hyperresponsiveness. MMTC, May 2014.

METHYLCHOLINE 0.03mg/ml BRONCHIAL SOLUTION FOR NEBULISATION 50ml UNR For use by Lung Function Lab Only to assess bronchial hyperresponsiveness. MMTC, May 2014.

METHYLCHOLINE 0.5mg/ml BRONCHIAL SOLUTION UNR For use by Lung Function Lab Only to assess bronchial hyperresponsiveness. MMTC, May 2014.

METHYLCHOLINE 4mg/ml BRONCHIAL SOLUTION UNR For use by Lung Function Lab Only to assess bronchial hyperresponsiveness. MMTC, May 2014.

METHYLISOTHIGZOLINE
METHYLISOTHIGZOLINE 200parts per million PATCH Y TEST (TRIAL) 8ml

MILTON
MILTON 2% SOLUTION 500ml Y

MINI-HAZ- TABS
HAZ-TAB 0.5g TABLETS (MINI-HAZ) Y

MO12-
MO12- METHYL-4- HYDROXYBENZOATE Y

MONSELS
MONSELS SOLUTION (FERRIC SUBSULPHATE) SR For Haemostasis following cervical biopsy. For use by GUM and Colposcopy Only. Medicines Effectiveness, December 2017

MULTIHANCE
MULTIHANCE INJECTION 10ml R Restricted to use in liver scans only. MMTC, November 2017

MULTISTIX
MULTISTIX 10-SG Y
MULTISTIX 10SG REPORT PADS Y
MULTISTIX 8-SG Y
MULTISTIX 8SG REPORT PADS Y

NYSTATIN

NYSTATIN 100,000 VAGINAL TABLETS UNR Restricted for use in Vaginal candida resistant to standard alternatives while vaginal cream is unavailable. MMTC June 2020

NYSTATIN 100,000 international units/g VAGINAL CREAM 75g UNR For vaginal candidiasis. Restricted to GUM consultants only. MMTC, June 2012.

OMNIPAQUE

OMNIPAQUE 300 INJECTION 200ml Y
OMNIPAQUE 300 INJECTION 100ml Y
OMNIPAQUE 240 INJECTION 50ml Y
OMNIPAQUE 350 INJECTION 50ml Y
OMNIPAQUE 350 INJECTION 100ml Y
OMNIPAQUE 300 INJECTION 20ml Y
OMNIPAQUE 140 INJECTION 200ml Y
OMNIPAQUE 300 INJECTION 50ml Y

PATCH TEST

CETYL/STEARYL ALCOHOL 20% PATCH TEST Y
S017 SODIUM TETRACHLOROPALLADATE HYDRATE PATCH TEST Y

PATENT BLUE

PATENT BLUE DYE 2.5% INJECTION 2ml UNR For lymph node mapping. Medicines Effectiveness, March 2013.

PECTIN

PECTIN FROM CITRUS FRUITS 500g Y

PERFLUTREN

PERFLUTREN CONTAINING LIPID MICROSPHERES R 150 microlitres IN 1ml INJECTION Contrast for use in cardiac ECHO (cardiac out-patients) only. MMTC, September 2017

PERITONEAL DIALYSIS FLUID
PERITONEAL DIALYSIS FLUID 1.5% No2 2L Y

PHENOBARBITAL
PHENOBARBITAL SODIUM BP Y

PLASTIC TRAY
PLASTIC ALLERGEN TRAY Y

POTASSIUM CHLORIDE
POTASSIUM CHLORIDE STRONG 15% (20mmol) R
INJECTION 10ml
For use as per approved local guidelines on: - Children’s areas - Silver Star - Cardiac Theatres MMTC, May 2017

POVIDONE IODINE
POVIDONE IODINE 5% OPTHALMIC SOLUTION SR For pre-op in eye theatres only, Medicines Effectiveness July 2019
50ml

PREGNANCY TEST
PREGNANCY TEST 25million International Units/ml Y (ALERE hCG CASSETTE)

PRICK TEST
SOLU-PRICK-6 GRASS MIX 3ml 299 204 R For use by Dermatology/Immunology only. Medicines Effectiveness, March 2013.

L004= LAURYL POLYGLUCOSE PRICK TEST Y

D065= DECYL GLUCOSIDE PRICK TEST Y

PROHANCE
PROHANCE VIAL 20ml R Strictly restricted for use in those unable to have Dotarem. MMTC, November 2017

PROHANCE VIAL 15ml R Strictly restricted for use in those unable to have Dotarem. MMTC, November 2017

RADIO-OPAQUE
PACK (3X2)

RED STAINING
RED STAINING DYE FOR CHLORHEXIDINE Y
**SALAZOPYRIN**

SALAZOPYRIN 10% IN W.S.P PATCH TEST  Y

**SECRETIN**

SECRETIN 100 international units INJECTION  UNR  For secretin-stimulated magnetic resonance cholangiopancreatography (MRCP) (unlicensed indication). Medicines Effectiveness, June 2007.

**SIROLIMUS**

SIROLIMUS 0.1% IN W.S.P OINTMENT 30g  SR  For the treatment of facial angiofibromas in tuberous sclerosis complex (TSC) under the care of dermatology only. MMTC, March 2017

**SKIN MARKER**

SKIN MARKER PENS SM-R  Y

**SODIUM BICARBONATE**

SODIUM BICARBONATE POWDER 200g  Y

**SODIUM CHLORIDE**

SODIUM CHLORIDE 0.9% INJECTION 10ml  SR  (STERILE WRAP)

DF SODIUM CHLORIDE 0.9% INFUSION 250ml  Y  (FE1322)

DF SODIUM CHLORIDE 0.9% INFUSION 1L (FE1324)  Y

SODIUM CHLORIDE 0.9% IRRIGATION 3L (B7127)  R  UROMATIC

SODIUM CHLORIDE 0.9% PLASTIC AMP 10ml  Y

SODIUM CHLORIDE 0.9% PLASTIC AMP 20ml  Y

SODIUM CHLORIDE 0.9% PLASTIC AMP 5ml  Y

SODIUM CHLORIDE 5% BRONCHIAL SOLUTION FOR NEBULISATION 100ml  UNR  For use by Lung Function Lab only for Induced Sputum Testing to assess bronchial hyperresponsiveness MMTC, May 2014.
SODIUM CHLORIDE 2.7% INTRAVENOUS INFUSION R
500ml

Restricted for the use of intracranial pressure on NICU and AICU as per Neurosciences Guideline and Severe Symptomatic Hyponatraemia as per the MIL: Guidelines for the Management of Acute Severe Symptomatic Hyponatraemia in Adults. MMTC, March 2016

SODIUM CHLORIDE 30% (25mmol/5ml) LIQUID UNR

Sodium Supplementation to adjust the serum levels (and sodium urine losses) in neonates, infants and in children with sodium deficiency (hyponatraemia). Medicines Effectiveness, March 2013.

SODIUM CHLORIDE 30% (50mmol) INJECTION Y 10ml
SODIUM CHLORIDE 0.9% IRRIGATION 3L Y (FKB7528T) EASYFLO
SODIUM CHLORIDE 0.9% IRRIGATION BOTTLE 1L Y UKF7124

SODIUM CHLORIDE 0.9% INFUSION 250ml FE1322 Y
SODIUM CHLORIDE 0.9% INFUSION 1L Y FKE1324TPS
SODIUM CHLORIDE 0.9% 50ml VIAL Y

SODIUM CHLORIDE 4% BRONCHIAL SOLUTION FOR NEBULISATION 100ml UNR For use by Lung Function Lab only for Induced Sputum Testing to assess bronchial hyperresponsiveness MMTC, May 2014.

SODIUM CHLORIDE 3% BRONCHIAL SOLUTION FOR NEBULISATION 100ml UNR For use by Lung Function Lab only for Induced Sputum Testing to assess bronchial hyperresponsiveness MMTC, May 2014.

SODIUM CHLORIDE 0.9% FLOWFUSOR 2L Y (FBP7215)
SODIUM CHLORIDE 0.9% IRRIGATION BAGS 1L Y (FKB7525T) EASIFLOW

SODIUM CITRATE
SODIUM CITRATE GRANULES Y

SODIUM NITRITE
SODIUM NITRITE 300mg IN 10ml INJECTION  R

For use by Accidents and Emergency Department for treatment of poisoning with cyanides (used in conjunction with sodium thiosulfate). Medicines Effectiveness, October 2013.

SODIUM ZIRCONIUM CYCLOSILICATE

SODIUM ZIRCONIUM CYCLOSILICATE 10g  R
POWDER

SOFTISAN

S016 = SOFTISAN 649 Y

SOLU-BEEF

SOLU-BEEF  Y

SOMATORELIN

SOMATORELIN 50microgram INJECTION (NP)  UNR

Restricted to GHRH test. Medicines Effectiveness, March 2013.

SONOVUE

SONOVUE 40microlitres/5ml INJECTION  R

Restricted to use by radiology (adults and paediatrics) and cardiac physiology only. MMTC, January 2018

SPILLAGE

SPILLAGE PILLOWS 230 X 380mm (POWERSORB)  Y

STERILE WATER

WATER FOR IRRIGATION 1L (UROMATIC BAGS)  Y
3KB7114

SUPRASORB

SUPRASORB X + POLYHEXANIDE 9cm x 9cm DRESSING  R

Following recommendation by Tissue Viability Team. MMCT, October 2009

TACHOSIL

TACHOSIL 3cm X 2.5cm MEDICATED SPONGE  R

For adults with CSF leak or skull base defects undergoing ENT/Neuro surgery only. MMTC, November 2019

TALC
STERILE TALC POUDRAGE KIT 2x3g R For dry powder pleurodesis during / after a thoracoscopy. Consultant use only. NB: plain pleurodesis is still carried out using the old sterile talc (DIB289) and added to NaCl 0.9%. MAC, September 2010.

STERILIZED TALC 4g R For pleuridesis. MAC, September 2010.

TARTRAZINE
TARTRAZINE 2.5% DYE 10ml Y

TAUROLIDINE + HEPARIN
HEPARIN 500units AND TAUROLIDINE / CITRATE 4% R PORT & CATHETER LOCK SOLUTION 5ml Locking haemodialysis and haemofiltration lines. MMTC, August 2013.

TETRACYCLINE
TETRACYCLINE 3% IN W.S.P. OINTMENT NF

TIOPRONIN
TIOPRONIN 100mg TABLETS (NP) UNR Restricted for use in Renal patients for the treatment of cystinuria in patients who are intolerant of penicillamine. MMTC, August 2018

TUBERCULIN
TUBERCULIN 2tuberculin units in 0.1ml INJECTION 1.5ml UNR For Mantoux test. Mediciens Effectiveness, July 2011.

U003 URETHANE
U003 URETHANE DIACRYLATE 0.05 Y

UBIQUINONE
UBIQUINONE 200mg CAPSULES UNR For use in mitochondrial diseases by consultants in mitochondrial genetics only. MMTC July 2012

UBIQUINONE 30mg CAPSULES UNR For use in mitochondrial diseases by Consultants in Mitochondrial Genetics only. MMTC, July 2012.

UBIQUINONE 100mg CAPSULES UNR For use in mitochondrial diseases by Consultants in Mitochondrial Genetics only. MMTC, July 2012.
<table>
<thead>
<tr>
<th>UBIQUINONE 50mg/5ml LIQUID 500ml</th>
<th>UNR</th>
<th>For use in mitochondrial diseases by Consultants in Mitochondrial Genetics only. MMTC, July 2012.</th>
</tr>
</thead>
<tbody>
<tr>
<td>UROGRAFIN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UROGRAFIN 150 (30%) 500mlY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VISIPAQUE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VISIPAQUE 270 INJECTION 50ml (PLASTIC)</td>
<td>R</td>
<td>For use in patients who are at risk of developing contrast induced nephropathy. MAC, July 2009.</td>
</tr>
<tr>
<td>WATER FOR INJECTIONS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WATER FOR INJECTION 100ml VIALS</td>
<td>R</td>
<td>Only to be used for administration of Ribavarin. PPDU, March 2007.</td>
</tr>
<tr>
<td>WATER FOR INJECTION PLASTIC AMP 10ml</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>WATER FOR INJECTION PLASTIC AMP 20ml</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>WATER FOR IRRIGATION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DF WATER FOR IRRIGATION 1L BOTTLES</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>UKF7114</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WATER FOR IRRIGATION 1L (EASIFLOW BAGS)</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>FKB751ST</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WATER FOR IRRIGATION FLOWFUSOR 1L</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>WATER FOR IRRIGATION 1L BOTTLES UKF7114</td>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>