DRUGS AND THERAPEUTICS COMMITTEE FORMULARY

July, 2017

NOTES FOR USING THE FORMULARY:
Please use in conjunction with:
- the BNF online (https://www.medicinescomplete.com/mc/bnf/current/search.htm) or the 72nd Edition British National Formulary (September, 2016 – March, 2017)
- the current Local Clinical Policy booklet (red book).

Where there are no recommended drugs available from a BNF chapter then ‘None available’ will be stated.
Consultants may request excluded products via the Drugs and Therapeutics Committee (DTC) or by completing a PINK form (available from Pharmacy). Junior staff, should discuss non-formulary drugs with your Ward Pharmacist.
The formulary is available as a shortcut on most desktop computers within the Trust and within the Pharmacy section of TrustNet and the RSCH Hospital website (https://www.rsch.nhs.uk), at the top of the Pharmacy page.

NICE (National Institute for Clinical Excellence)
All drugs which have been recommended by NICE are now available for prescription within the NHS to patients who fulfill the criteria which NICE have laid out for use of that drug. All such drugs are included within the Formulary under the relevant BNF section. The technology appraisal (TA) number is in brackets beside the entry. This outlines how the drug should be prescribed and should be used alongside local protocols for the disease state. In addition, a summary spreadsheet which outlines all of the TAs which are currently applicable is available at G:Shared\TrustWide\Pharmacy\NICE TA adherence pdfs and on the Pharmacy page of the Trust Internet and Intranet sites.

SWITCH
Drugs subject to switch are marked in the formulary.
‘Switching’ allows clinical pharmacists to alter prescriptions (e.g. route IV to oral) without direct reference back to the prescriber, according to an approved DTC list.

RED AND AMBER MEDICINES
Where an ‘R’ appears in the right hand margin next to an entry, this denotes a ‘RED’ drug prescribable only in the hospital specialist setting and not for continuing care by the GP. AMBER drugs (A or A*) are initiated in the hospital by a specialist and may be continued by the GP. See Prescribing Policy, Surrey PCT.

ADVERSE REACTIONS TO DRUGS
There is limited experience in the use of products marked ▼ and ALL suspected adverse reactions should be reported. For further information and yellow reporting forms see BNF, or contact pharmacy

PAYMENT BY RESULTS EXCLUDED DRUGS
These are highlighted in Yellow in the formulary. Please check the following documents for detail:
- Appendix 1 - Payment by Results 2013/14 – Drug and Device Exclusions
- Appendix 2 - Chemotherapy Drugs – NHS Surrey Arrangements for funding 13/14

6-MONTH APPRAISALS
Some drugs are currently undergoing a 6-month appraisal prior to full formulary status being granted. A table showing these drugs is included at the end of the body of the formulary (i.e. just before the Appendices)
CHAPTER 1 - GASTRO-INTESTINAL SYSTEM

1.1 DYSPESIA AND GASTRO-OESOPHAGEAL REFLUX DISEASE
   Alu-Cap
   Co-magaldrox suspension
   MAGNESIUM TRISILICATE Mixture
   "Gaviscon Advance"
   "Gaviscon" Infant
   CISAPRIDE (unlicensed)

1.2 ANTISpasMODICS AND OTHER DRUGS
   ALTERING GUT MOTILITY
   DICYCLOVERINE Tablets, Syrup
   HYOSCINE BUTYLBROMIDE
   MEBEVERINE Tablets, liquid and MR
   PROPANTHELINE BROMIDE
   PEPPERMINT OIL

1.3 ANtiSECRETORY DRUGS AND MUCOSAL PROTECTANTS
   (Subject to switch)
   Cimetidine
   Ranitidine
   Sucralfate
   Misoprostol
   Omeprazole Capsules, Injection (1st line PPI)
   Omeprazole MUPS – paediatrics only
   Omeprazole Susp – unlicensed special for tube fed paeds only
   Lansoprazole Capsules, Fast Tabs
   pantoprazole Tablets, Injection

1.4 ACUTE DIARRHOEA
   1.4.1 Adsorbents and bulk-forming drugs
   Kaolin Mixture
   1.4.2 Antimotility drugs
   Codeine
   Co-Phenotrope
   Loperamide Capsule, syrup

1.5 CHRONIC BOWEL DISORDERS
   1.5.1 Aminosalicylates
   Balsalazide (consultant only)
   Mesalazine Tablets EC, M/R, Mezavant XL (Consultant Gastroenterologists only)
   Suppos, enema
   Olsalazine (consultant only)
   Sulfasalazine

   1.5.2 Corticosteroids
   Budesonide MR Capsules (not 1st line) (consultant only)
   Hydrocortisone (Colifoam)
   Prednisolone Enema, Suppositories

   1.5.3 Drugs affecting immune response
   Infliximab in line with NICE TA 163 (GI Consultant only)
   Vedolizumab in line with NICE TAs 342 and 352

   1.5.4 Food allergy
   Sodium Cromoglicate (Nalcrom)
1.6 LAXATIVES

1.6.1 Bulk-forming laxatives
- ISPAGHULA HUSK "Fybogel" "Isogel"
- METHYLCELLULOSE '450' Tablets
- STERCULIA 62% Granules ‘Normacol’

1.6.2 Stimulant laxatives
- BISACODYL
- DANTRON  Co-danthramer
- DOCUSATE SODIUM Capsules, ‘Norgalax’ Microenema
- GLYCEROL Suppositories
- SENNA
- SODIUM PICOSULFATE
- as Picolax Sachets for bowel preparation and elixir for laxative use

1.6.3 Faecal softeners
- ARACHIS OIL Enema

1.6.4 Osmotic laxatives
- MAGNESIUM SALTS
- Magnesium Hydroxide Mixture
- LACTULOSE Solution
- MACROGOLS ‘Laxido Orange’ (Adults: for faecal impaction only)
  - ‘Movicol paediatric plain’
- PHOSPHATES (RECTAL) Enema

1.6.5 Bowel cleansing preparations
- "Klean-Prep" "Picolax" or equiv

1.6.6 Peripheral opioid-receptor antagonists
- METHYLNALTREXONE (Palliative Care Team only) TA 277  R
- NALOXEGOL (Palliative Care, Gastroenterology, Pain team only) TA 345

1.6.7 5HT₄ receptor agonists
- PRUCALOPRIDE (women only) TA211
- LINACLOTIDE (Constella®)
- LUBIPROSTONE (Amitza®) TA318

1.7 LOCAL PREPARATIONS FOR ANAL AND RECTAL DISORDERS
- "Anusol"
- "Anusol HC"
- "Proctosedyl"
- Oily Phenol 5%, 6% (unlicensed) R
- Glyceryl Trinitrate 0.4% rectal ointment
- Diltiazem 2% rectal ointment (unlicensed) R

1.8 STOMA CARE
(Refer to stoma care nurse)
1.9 DRUGS AFFECTING INTESTINAL SECRETIONS

1.9.1 Drugs Affecting Biliary Composition and Flow

URSODEOXYCHOLIC ACID (consultant only) AMBER*

OBETICHOLIC ACID (Consultant only – for patients who are unable to tolerate ursodeoxycholic acid or as add on therapy for patients who have not responded adequately to ursodeoxycholic acid. Use in line with NICE TA443) RED

SECRETIN (unlicensed) R

1.9.2 Bile Acid Sequestrants

COLESTYRAMINE (GPs cannot prescribe) - Black

1.9.4 Pancreatin

Creon
Pancrex V

1.9.5 Probiotic (VSL#3) - for maintenance of remission of ileoanal pouchitis induced by antibacterials only. BLACK (non-prescribable) for all other indications. Gastroenterologists and Colorectal surgeons only.
CHAPTER 2 - CARDIOVASCULAR SYSTEM

2.1 POSITIVE INOTROPIC DRUGS

2.1.1 Cardiac glycosides
DIGOXIN

2.1.2 Phosphodiesterase type-3 inhibitors
MILRINONE (consultant only)

2.2 DIURETICS

2.2.1 Thiazides and related diuretics
BENDROFLUMETHIAZIDE (Bendrofluazide)
CHLORTALIDONE
CYCLOPENTHIAZIDE
INDAPAMIDE
METOLAZONE (5mg only)

2.2.2 Loop diuretics
FUROSEMIDE (Frusemide)
BUMETANIDE

2.2.3 Potassium-sparing diuretics and aldosterone antagonists
AMILORIDE
EPLERENONE (consultant cardiologist only) A*
SPIRONOLACTONE (not combination products)

2.2.4 Potassium-sparing diuretics with other diuretics
CO-AMILOZIDE CO-AMILOFRUSE
"Navispare"

2.2.6 None available

2.2.8 Diuretics with potassium - None available

2.3 ANTI-ARRHYTHMIC DRUGS

2.3.2 Drugs for arrhythmias
ADENOSINE
AMIODARONE A*
DISOPYRAMIDE Capsules (not m/r)
DRONEDARONE (TA197) R
FLECAINIDE A*
PROCAINAMIDE R
PROPAFENONE (consultant only) A*
LIDOCAINE

2.4 BETA-ADRENOCEPTOR BLOCKING DRUGS

PROPRANOLOL
ATENOLOL Tablets
BISOPROLOL
CARVEDILOL (consultant only)
ESMOLOL (consultant cardiologist only)
LABETALOL tablets, injection
METOPROLOL Tablets, Injection
NEBIVOLOL (consultant only)
OXPRENOLOL
SOTALOL (check licence)
2.5 HYPERTENSION and HEART FAILURE

2.5 Postural hypotension
Midodrine (consultant only)  R

2.5.1 Vasodilator antihypertensive drugs
DIAZOXIDE
HYDRALAZINE
SILDENAFIL ‘Revato’ (consultant ICU only)  R
SODIUM NITROPRUSSIDE
ILOPROST unlicensed inj(Consultant Rheumatologists only)  R

2.5.2 Centrally acting anti-hypertensive drugs
CLONIDINE Tablets, Injection
METHYLDOPA

2.5.3 Adrenergic neurone blocking drugs
GUANETHIDINE

2.5.4 Alpha adrenoceptor blocking drugs
DOXAZOSIN
PRAZOSIN
PHENOXYBENZAMINE
PHENTOLAMINE  R

2.5.5 Drugs affecting the renin-angiotensin system
(Not combination products)

2.5.5.1 ACE Inhibitors
CAPTOPRIL
FOSINOPRIL (Not 1st line)
LISINOPRIL
PERINDOPRIL (non-proprietary 2mg, 4mg, 8mg)
RAMIPRIL

2.5.5.2 Angiotensin –II receptor antagonist
LOSARTAN (1st line)
Candesartan, Telmisartan, Valsartan

2.5.5.3 Renin inhibitors
ALISKIREN (consultant only)  A*

2.6 NITRATES, CALCIUM-CHANNEL BLOCKERS
AND OTHER ANTIANGINAL DRUGS

2.6.1 Nitrates
GLYCERYL TRINITRATE
Sublingual 500mcg tablets/400mcg spray, Buccal Suscard,
Infusion 1mg/ml, Patch (Apply 8am to 10pm)
Infusion also authorised for use to manage acute hypertension post stroke
ISOSORBIDE DINITRATE (8am, noon & 5pm)
Tablets 5mg, 10mg
ISOSORBIDE MONONITRATE (8am, 3pm)
Tablets 10mg, 20mg, 60mg m/r Monomax XL brand, (for stable once daily doses ONLY)

2.6.2 Calcium-channel blockers – (Not combination products)
AMLODIPINE
DILTIAZEM 60mg tablets, Diltiazem SR (Generic)
LERCANIDIPINE
NIFEDIPINE plain Capsules 5mg, 10mg
“Adalat Retard ” “Adalat LA”
VERAPAMIL
2.6.3 Other antianginal drugs
IVABRADINE (TA267) A*
NICORANDIL
RANOLAZINE Consultant Cardiologist only A

2.6.4 Peripheral vasodilators and related drugs
CINNARIZINE
NAFTIDROFURYL OXALATE (TA223)
ILOPROST (UNLICENSED) Consultant rheumatologists only R

2.7 SYMPATHOMIMETICS
2.7.1 Inotropic sympathomimetics
DOBUTAMINE
DOPAMINE
DOPEXAMINE R
(ITU consultant only, max 6 hours and Goal Directed Therapy Pilot)
ISOPRENALINE Injection only

2.8 ANTICOAGULANTS AND PROTAMINE
2.8.1 Parenteral anticoagulants
ARGATROBAN (Exembo®) Only after discussion with haematology R
In line with NICE TA230: The following drug IS included on our formulary for patients who have had a STEMI and are having a percutaneous coronary intervention:
• BIVALIRUDIN
We do not manage this patient-group within RSCH so all dose changes or amendments to therapy must be authorised by the Patient’s Specialist Team.
DALTEPARIN
A* for patients who cannot tolerate, or have a contraindication to, warfarin or other oral anticoagulants but require further treatment for VTE
R all obstetrics/gynaecology patients, prophylaxis post hip/knee replacement and pre-operative bridging therapy
ENOXAPARIN – Second-line (TL allocation as for dalteparin)
EPOPROSTENOL R
FONDAPARINUX (Not 1st line, consultant only) R
HEPARIN 1000U/ml: 1ml, 5ml, 10ml, 20ml
5000U/ml: 1ml R
HEPARIN FLUSH 50units/5ml (for central lines only)

2.8.2 Oral anticoagulants
APIXABAN (TA245, TA275 and TA341)
DABIGATRAN (TA249, TA157 and TA327)
G - Stroke prevention in AF
R – VTE prevention post hip/knee replacement
EDOXABAN (TA 354, TA355) this is currently the most cost effective of the DOAC drugs and should be the preferred option for all patients for whom there is not a clear clinical reason to prefer one of the other DOAC drugs.
RIVAROXABAN (TA261, TA256, TA170, TA287, TA335)
R – VTE prevention post hip/knee replacement
G – all other indications
WARFARIN
ACENOUCOUMAROL (Nicoumalone)

2.8.3 Agents for reversal of anti-coagulants
IDARUCIZUMAB (Praxbind) R
PROTAMINE R

2.9 ANTIPLATELET DRUGS
ASPIRIN 75mg plain and EC, suppositories (unlicensed)
2.10 STABLE ANGINA, ACUTE CORONARY SYNDROMES & FIBRINOLYSIS

2.10.2 Fibrinolytic drugs

- ALTEPLASE (PE and stroke only) (TA264, TA122 and TA52)  
- STREPTOKINASE (TA52)
- TENECTEPLASE (MI) (TA52)
- UROKINASE (catheter occlusion only)
2.11 BLOOD-RELATED PRODUCTS
TRANEXAMIC ACID
DROTRECOGIN ALFA (consultant ICU only) R
EVICEL (consultant only) R
BLOOD PRODUCTS (contact haematology) R
PROTEIN C CONCENTRATE ▼ ‘BERIPLEX’ R

2.12 LIPID-REGULATING DRUGS (Statins subject to switch)
Fibrates (Consultant Biochemists only)
These products are Green for hypertriglyceridaemia and R for Coronary prevention
BEZAFIBRATE ("Mono" only)
FENOFIBRATE (2nd line)
PCSK9 Inhibitors (Consultant biochemists only)
ALIROCUMAB (Praluent®) (TA393) R
EVOLOCUMAB (Repatha®) (TA394) R
Bile acid sequestrants (Consultant Biochemists and Gastroenterologists only)
These products are A for Familial hypercholestaemia and R for bile salt diarrhoea
COLESEVELAM (2nd line)
COLESTYRAMINE
Statins
SIMVASTATIN (TA94)
ATORVASTATIN First-line (CG181)(TA94)
ROSUVASTATIN (More potent alternative) 2nd-line CG181
Others
EZETIMIBE (TA385) for severe hypercholesterolaemia
OMEGA-3-ACID ETHYL ESTERS 90 Omacor® (Consultant only for severe hypertriglyceridaemia) R

2.13 LOCAL SCLEROSANTS
Fibro-Vein

2.14 DRUGS AFFECTING THE DUCTUS ARTERIOSUS
IBUPROFEN injection (Consultant paediatrician only) R
CHAPTER 3 - RESPIRATORY SYSTEM

3.1 BRONCHODILATORS

3.1.1 Selective beta2 agonists (TA38 and TA10)
- SALBUTAMOL Tablets, Syrup, Airomir, Salamol easibreathe, Ventolin evohaler
- TERBUTALINE
- SALMETEROL Serevent® Accuhaler, Evohaler
- OLODATEROL “Striverdi®” – not first line

3.1.1.2 Other adrenoreceptors agonists
- EPHEDRINE

3.1.2 Antimuscarinic bronchodilators
- IPRATROPIUM BROMIDE
- TIOTROPIUM (consultant only) handihaler, Respimat
- ACLIDINIUM/FORMOTEROL “Duaklir”
- UMECLIDINIUM (Incruse Ellipta®)

3.1.3 Theophylline
- THEOPHYLLINE
  - "Nuelin" Liquid  "Nuelin SA"
  - "Slo-Phyllin"  "Uniphyllin"
- AMINOPHYLLINE Injection
  - "Phyllocontin" Tablets

3.1.4 Compound bronchodilator preparations
- "Combivent"
- VILANTEROL/UMECLIDINIUM “Anoro Ellipta®”
- INDACATEROL/GLYCOPYRRONIUM “Ultibro Breezhaler®”
- TIOTROPIUM/OLODATEROL “Spiolto Resprimat®”

3.1.5 Peak flow meters, inhaler devices and nebulisers
- Peak flow meters (check with Chest Clinic, first)
- Inhaler devices (all devices available for products stocked)

3.2 CORTICOSTEROIDS (TA38 and TA10)
- BECLOMETASONE DIPROPRIONATE MDI, generic (Clenil®), Quar® (not equivalent to generic) (TA138 and TA131)
- BUDESONIDE, turbohaler, respules, “Symbicort®”, “Dueresp Spiromax®” (TA138 and TA131)
- FLUTICASONE (consultant only) Accuhaler, Evohaler, and the combination products: “Flutiform”, “Seretide”, “Fostair” and “Fostair NEXThaler” (TA138 and TA131)
- FLUTICASONE furcate 92 micrograms, VILANTEROL (as trifenatate) 22 micrograms/inhalation (Relvar Ellipta®)

3.3 CROMOGLICATE AND RELATED THERAPY AND LEUKOTRIENE RECEPTOR ANTAGONISTS
- SODIUM CROMOGLICATE
- NEDOCROMIL
- MONTELUKAST (consultant only)

3.4 ANTIHISTAMINES, HYPOSENSITISATION AND ALLERGIC EMERGENCIES

3.4.1 Antihistamines
- Non-sedating Antihistamines
  - CETIRIZINE
  - FEXOFENADINE
- Sedating Antihistamines
  - ALIMEMAZINE (TRIMEPRAZINE)
3.4.2 Allergen Immunotherapy
(Available only through consultant immunologist)
SUBCUTANEOUS IMMUNOTHERAPY
Pharmalgen (TA246) R
SUBLINGUAL IMMUNOTHERAPY
Grazax A*
Lais R
Oralvac® R
Allergovit® R
OMALIZUMAB (TA339) Treatment of chronic urticaria Consultant Immunologist only R

In line with NICE TA-278: The following drug is included on our formulary for patients who have severe persistent allergic asthma:
• OMALIZUMAB (TA278)
We do not manage this patient-group within RSCH so all dose changes or amendments to therapy must be authorised by the Patient’s Specialist Clinic

3.4.3 Allergic emergencies
ADRENALINE (rINN=EPINEPHRINE)
1:1000 Ampoules
1:10,000 Pre-filled Syringes
ADENALINE AUTOINJECTORS for outpatient and TTO use only (Emerade®, Epipen®, Epipen® junior, Jext®)
Hereditary Angioedema
C1-esterase inhibitor (consultant immunologist only) R

3.5 RESPIRATORY STIMULANTS & PULMONARY SURFACTANTS
3.5.2 Pulmonary Surfactants
PORACTANT (consultant only) R

3.7 MUCOLYTICS
CARBOCISTEINE
SALINE 3% nebs (Paediatrics only) R

In line with NICE TA-266: The following drug is included on our formulary for patients with cystic fibrosis
• MANNITOL dry powder for inhalation ▼ (TA266)
We do not manage this patient-group within RSCH so all dose changes or amendments to therapy must be authorised by the Patient’s Specialist Team.

3.9 COUGH PREPARATIONS
3.9.1 Cough suppressants
CODEINE PHOSPHATE Linctus (15 mg in 5ml)
PHOLCODINE Linctus, Sugar free & Strong Linctus

3.9.2 Expectorant and demulcent cough preparations
SIMPLE LINCTUS
3.10 SYSTEMIC NASAL DECONGESTANTS

"Dimotane Plus"
"Sudafed"
CHAPTER 4 - CENTRAL NERVOUS SYSTEM
(Others may be available to Neurologists, Pain Specialists and Psychiatrists)

4.1 HYPNOTICS AND ANXIOLYTICS
Benzodiazepines should NOT be prescribed for night sedation unless absolutely essential. If prescribed during hospital stay, they should NOT be prescribed as TTO unless needed as a regular Rx.

4.1.1 Hypnotics
NITRAZEPAM
TEMAZEPAM (CD)
CHLORAL HYDRATE
CLOMETHIAZOLE Caps
ZOPICLONE (TA77)
MELATONIN ‘circadin’(licenced) A
non-m/r/Liquid (unlicensed) R

4.1.2 Anxiolytics
BUSPIRONE (consultant psychiatrists only)
DIAZEPAM
CHLORDIAZEPoxide
LORAZEPAM

4.1.3 Barbiturates - None available

4.2 DRUGS USED IN PSYCHOSES AND RELATED DISORDERS
Should be initiated by psychiatrists only

4.2.1 Antipsychotic drugs
In line with NICE TA-213: The following drug is included on our formulary for young adults (15-17 year olds) who suffer from schizophrenia
- ARIPIPRAZOLE (TA213)
We do not manage this patient-group within RSCH so all dose changes or amendments to therapy must be authorised by the Patient’s Specialist Team.
CHLORPROMAZINE (and see 4.6 below)
CLOZAPINE (named patient only)
HALOPERIDOL
LEVOMEPIROMazine
PIMOZIDE (consultant psychiatrists only)
PROMAZINE
SULPRIDE
RISPERIDONE (consultant psychiatrists only)
TRIFLUOPERAZINE
ZUCLOPENTHIXOL
OLANZAPINE (consultant only)

4.2.2 Antipsychotic depot injections
for continuation therapy only

4.2.3 Antimanic drugs
LITHIUM “Priadel”
CARBAMAZEPINE
VALPORATE
4.3 ANTIDEPRESSANT DRUGS
Doctors must seek specialist advice before initiating anti-depressant treatment

4.3.1 Tricyclics and related antidepressant drugs
(NB: No combination products available RSCH)
AMITRIPTYLINE
CLOMIPRAMINE (consultant only)
DOSULEPIN (DOTHEPINC)
IMIPRAMINE
LOFEPRAMINE
TRIMIPRAMINE (consultant psychiatrists only)
TRAZADONE (consultant psychiatrists only)

4.3.2 Monoamine-oxidase inhibitors (MAOI's)
for continuation therapy only

4.3.3 Selective serotonin re-uptake inhibitors
CITALOPRAM
FLUOXETINE
SERTRALINE

In line with NICE TA-367: The following drug is included on our formulary for management of major depression
VORTIOXETINE (Brintellix®) (TA367)

We do not manage this patient-group within RSCH so all dose changes or amendments to therapy must be authorised by the Patient’s Specialist Team.

4.3.4 Other antidepressant drugs
VENLAFAXINE (not 1st line) (consultant only)
MIRTAZEPINE (consultant only)
REBOXETINE (consultant psychiatrists only)

4.4 CNS STIMULANTS AND DRUGS USED FOR ADHD
ATOMOXETINE (consultant only, AMBER) (TA98)
DEXAMFETAMINE SULPHATE (CD) (TA98)
METHYLPHENIDATE (TA98)
MODAFINIL (consultant only)

4.5 DRUGS USED IN THE TREATMENT OF OBESITY
Orlistat via GP only

4.6 DRUGS USED IN NAUSEA AND VERTIGO
CINNARIZINE 15mg tablets
CYCLIZINE
PROMETHAZINE
CHLORPROMAZINE
PROCHLORPERAZINE
DOMPERIDONE
METOCLOPRAMIDE
NABILONE (consultant only)
ONDANSETRON
APREPIANT
HYOSCINE HYDROBROMIDE
BETAHISTINE
4.7 ANALGESICS

4.7.1 Non-opioid analgesics and compound analgesic preparations (See also 10.1.1)

ASPIRIN Tablets, suppositories, EC tablets
PARACETAMOL (IV doses should be prescribed in ‘milligrams’ only)

Co-codamol 30/500 (A&E discharge and DSU only)

4.7.2 Opioid analgesics

CD - See special prescription requirements

MORPHINE (CD) oral solution (10mg/5ml, 100mg/5ml)
Tablets (“Sevredol”, “Zomorph”, “MXL”), Suppos, Injection
‘BUTRANS’ (consultant only) A*
CODEINE Tablets, Syrup, Injection (CD)
DIAMORPHINE (CD) Restricted supplies
DIHYDROCODEINE Tablets
FENTANYL (CD) injection, Matrifен® patches,
lozenges “Actiq”

Palliative care only:
FENTANYL citrate sublingual tablets (Abstral®) and nasal spray (Instanyl®)

During Radiotherapy only:
FENTANYL citrate buccal film(Breakyl®)-6mth audit exp0914 R
MEPTAZINOL (Meptid®) – for homebirths only R
METHADONE (CD) (TA114)
OXYCODONE (CD) (Not 1st line)
PETHIDINE (CD) injection
REMIFENTANIL (ITU only) R
TAPENTADOL (CD) IR and SR Initiation by the Pain Team A*
TRAMADOL capsules, injections, soluble tablets, m/r (for twice daily only)

4.7.3 Neuropathic pain

AMITRIPTYLINE
DULOXETINE – 1st line in Diabetic Neuropathy
GABAPENTIN
PREGABALIN Pain/Anaesthetics Consultant only

4.7.4 Antimigraine drugs

4.7.4.1 Treatment of acute migraine attack

ANALGESICS WITH ANTI-EMETICS
"Migraleve", "Paramax"
SUMATRIPTAN Injection, nasal spray (for acute migraine only)
ERGOT ALKALOIDS
“Cafergot Suppositories”, “Migril”

4.7.4.2 Prophylaxis of migraine

BOTULINUM TOXIN TYPE A (Consultant Neurologist only)
(TA260) R
PIZOTIFEN tablets
CLONIDINE tablets 25micrograms
4.8 ANTI-EPILEPTICS

CARBAMAZEPINE (“Tegretol” for initiation)
CLOBAZAM
CLONAZEPAM
DIAZEPAM
ESLICARB AZEPINE (Consultant only)
ETHOSUXIMIDE syrup
GABAPENTIN (consultant only)
LAMOTRIGINE (consultant only)
LACOSAMIDE (consultant only)
LEVETIRACETAM (consultant only)
MIDAZOLAM BUCCAL (initiated in new patients)
OXCARBAZEPINE (Not 1st line) (consultant only)
PARALDEHYDE Enema
PERAM PANEL (Consultant Neurologist only)
PHENOBARBITAL (CD)
PRIMIDONE
PHENYTOIN (not Tablets, for initiation)
RETIGABINE (TA232)
STIRIPENTOL (unlicensed)
TOPIRAMATE (consultant only)
VALPROATE
VIGABATRIN (consultant only)
ZONISAMIDE (Consultant only)
4.9 DRUGS USED IN PARKINSONISM AND RELATED DISORDERS

4.9.1 Dopaminergic drugs used in Parkinson’s Disease

CO-BENELDOPA
CO-CARELDOPA (Sinemet tablets)
SELEGILINE
AMANTADINE

* The following are for consultant initiation only:
  A P preserves
  A* P preserves
  R R preserves

APOMORPHINE
CABERGOLINE
LISURIDE
ROTIGOTINE
RASAGILINE
Stalevo

- Duodopa
PERGOLIDE
TOLCAPONE
ROPINIROLE ‘XL’ not 1st line
PRAMIPEXOLE
ENTACAPONE

4.9.2 Antimuscarinic drugs used in parkinsonism

BENZATROPINE injection, tablets
ORPHENADRINE
PROCYCLIDINE
TRIHEXYPHENIDYL/BENZHEXOL

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

HALOPERIDOL
RILUZOLE (consultant only) Tick box needed (TA20)
TETRABENAZINE
BOTULINUM A Toxin (consultant only) (check indication)

4.10 DRUGS USED IN SUBSTANCE DEPENDENCE

4.10.1 Alcohol Dependance

CLOMETHIAZOLE
DISULFIRAM

In line with NICE TA-325: The following drug is included on our formulary for patients who are dependant on alcohol:

- NALMEFENE (Selinco®)

We do not manage this patient-group within RSCH so all dose changes or amendments to therapy must be authorised by the Patient’s Specialist Team.

4.10.2 Nicotine Dependance

Products for use following recommendation by a Smoking Cessation Nurse Specialist
NICORETTE patches, microtabs, inhalator and gum
NIQUITIN patches and lozenges
NICOTINELL 24 (ICU only)
VARENICLINE▼ (must be prescribed by a doctor) (TA123)

4.10.3 Opiate Dependance

METHADONE
BUPRENORPHINE (TA114)

In line with NICE TA-115: The following drug is included on our formulary for patients who are dependant on substances:

- NALTREXONE

We do not manage this patient-group within RSCH so all dose changes or amendments to therapy must be authorised by the Patient’s Specialist Team.
4.11 DRUGS FOR DEMENTIA (A*)
DONEPEZIL (TA217)
GALANTAMINE (not m/r) (TA217)
MEMANTINE (consultant only, not 1st line) (TA217)
CHAPTER 5 – INFECTIONS

5.1 ANTIBACTERIAL DRUGS
See Trust Antibiotic Policy printed in the current Red Booklet.
Other antibiotics are restricted for microbiologist initiation.
May be subject to SWITCH by pharmacist IV to oral

5.1.1 Penicillins
5.1.1.1 Benzylpenicillin and phenoxyethylpenicillin
BENZYL PENICILLIN
PHENOXYMETHYL PENICILLIN
5.1.1.2 Penicillinase-resistant penicillins
FLUCLOXACILLIN
TEMOCILLIN (in line with sensitivities only) R
5.1.1.3 Broad-spectrum penicillins
AMOXICILLIN
CO-AMOXICLAV (not Duo)
5.1.1.4 Anti-pseudomonal penicillins
‘TAZOCIN’/‘TIMENTIN’ (2nd line alternative) R

5.1.2 Cephalosporins, carbapenems and other beta-lactams
5.1.2.1 Cephalosporins
CEFALEXIN
CEFOTAXIME (use restricted, reported to micro)
CEFTAZIDIME (use restricted to oncology/ICU)
CEFTRIAXONE
CEFUROXIME (stat IV doses for surgical prophylaxis)
5.1.2.2 Carbapenems
MEROPENEM (use restricted to oncology/ICU) R
ERTAPENEM (ESBL UTIs with micro-approval) R
5.1.2.3 Other beta-lactams
No entries

5.1.3 Tetracyclines
DOXYCYCLINE
OXYTETRACYCLINE Tablets
LYMECYCLINE (Dermatology only in acne)
TIGECYCLINE  (consultant microbiologist only) R

5.1.4 Aminoglycosides
AMIKACIN (use restricted to oncology/ICU)
GENTAMICIN Injection

In line with NICE TA276: The following drug IS included on our formulary for
patients who have cystic fibrosis and have been initiated on the treatment by their
specialist centre:
TOBRAMYCIN (Tobi®) http://guidance.nice.org.uk/TA276
We do not manage this patient-group within RSCH so all dose changes or
amendments to therapy must be authorised by the Patient’s Specialist Team.

5.1.5 Macrolides
AZITHROMYCIN
(use restricted in paeds, GUM, Gynae prophylaxis, bronchiectasis)
ERYTHROMYCIN EC Capsules/Tablets, Suspension,
CLARITHROMYCIN tablets and injection
(suspension is non-formulary)

5.1.6 Clindamycin
5.1.7 Some other antibacterials
CHLORAMPHENICOL IV/oral (micro recommended only)

In line with NICE TA276: The following drug IS included on our formulary for patients who have cystic fibrosis and have been initiated on the treatment by their specialist centre:

COLISTIMETHATE (Colobreathe®)

http://guidance.nice.org.uk/TA276

We do not manage this patient-group within RSCH so all dose changes or amendments to therapy must be authorised by the Patient’s Specialist Team.

FOSFOMYCIN (micro approved only – confirmed ESBL infection
Or Restricted List i.v.)
SODIUM FUSIDATE (Not as sole agent)
VANCOMYCIN (IV MRSA; Oral C. diff.)
TEICOPRANIN (neutropenic sepsis/surgical prophylaxis MRSA)
LINEZOLID (micro recommended only)
RIFAXIMIN (Targaxan®) tablets (Gastro & Hep consultant only) (TA337)

5.1.8 Sulphonamides and trimethoprim
CO-TRIMOXAZOLE
TRIMETHOPRIM

5.1.9 Antituberculosis drugs
Liaise with chest physician – prescribe full course from hosp
Isoniazid, Rifampicin and Ethambutol are all routinely available including combination products, IV use reported to micro

5.1.10 Antileprotic drugs
DAPSONE R

5.1.11 Metronidazole and tinidazole
METRONIDAZOLE (Vaginal Gel = Cons only)

5.1.12 Quinolones
CIPROFLOXACIN (Restricted use, reported to Micro)
LEVOFLOXACIN (Penicillin allergic patients only)
OFLOXACIN (Urology and Gynaecology only)
MOXIFLOXACIN (Respiratory Consultant only) A
NORFLOXACIN (Utinor®) tablets (Gastro & Hep consultant only) A *

5.1.13 Urinary-tract infections
NITROFURANTOIN
FOSFOMYCIN (micro-recommended only.) R

5.2 ANTIFUNGAL DRUGS

5.2.1 Triazole Antifungals
FLUCONAZOLE
ITRACONAZOLE
POSACONAZOLE (consultant microbiologist/haematologist only) R
VORICONAZOLE (consultant microbiologist only) R

5.2.2 Imidazole Antifungals
MICONAZOLE Oral Gel

5.2.3 Polyene Antifungals
AMPHOTERICIN (Lozenges for local use - see 12.3.2)
IV Lipid formulation: “AMBISOME” (neutropenic sepsis/ICU only)
NYSTATIN suspension

5.2.4 Echinocandin Antifungals
CASPOFUNGIN (neutropenic sepsis/ICU only)

5.2.5 Other antifungals
GRIZEOFULVIN

5.3 ANTIVIRAL DRUGS (Seek specialist advice)

5.3.1 HIV infection
GUM consultant only. See also needle stick injury policy

5.3.2 Herpes virus infections
5.3.2.1 Herpes simplex and varicella-zoster infection
ACICLOVIR

5.3.2.2 Cytomegalovirus infection
FOSCARNET
GANCICLOVIR

5.3.3 Viral Hepatitis
5.3.3.1 Hepatitis B
ADEFOVIR (TA96) – not included in RSCH protocols
ENTECAVIR (Consultant only) TA153
LAMIVUDINE
TENOFOVIR (Consultant only) (TA173)

5.3.3.2 Chronic Hepatitis C
All consultant hepatologist only:
DACLATASVIR (Daclinza®) TA364
LEDIPASVIR/SOFOSBUVIR (Harvoni®) TA363
PEGINTERFERON alfa (Pegasys® and Viraferon® peg)(Consultant only)
( TA200, TA106, TA96 and TA75)
OMBITASVIR-PARITAPREVIR-RITONAVIR (Viekirax®) TA365
RIBAVIRIN caps (consultant only) (TA200 and TA75)
SIMEPREVIR (Olysio®) Consultant Hepatologist only TA331
TELAPREVIR (Incivo®) TA252

5.3.4 Influenza
AMANTADINE (TA168 and TA158)
OSELTAMIVIR ▼ (consultant only with micro approval)
(TA168 and TA158)

5.3.5 Respiratory syncytial virus
PALIVIZUMAB (consultant with Dr Ryalls approval only)
RIBAVIRIN FOR INHALATION (consultant only)

5.4 ANTIPROTOZOAAL DRUGS
5.4.1 Antimalarials
Liaise directly with microbiologist

5.4.2 Amoebicides
METRONIDAZOLE

5.4.3 Trichomonacides

5.4.4 Antigiardial Drugs
METRONIDAZOLE
MEPACRINE (unlicensed)

5.4.5 Leishmaniacides
Liaise directly with microbiologist.

5.4.6 Trypanocides

5.4.7 Drugs for toxoplasmosis
5.4.8 **Drugs for pneumocystis pneumonia**
- CO-TRIMOXAZOLE
- PENTAMIDINE

5.5 **ANTHELMINTICS**

5.5.1 **Drugs for threadworms**
- MEBENDAZOLE

5.5.2 - 5.5.8 Liaise with microbiologist
CHAPTER 6 - ENDOCRINE SYSTEM

6.1 DRUGS USED IN DIABETES (See separate list for complete range available via diabetic specialists)

6.1.1 Insulins

6.1.1.1 Short-acting insulins
- INSULIN Soluble
- "Actrapid"
- "Humulin S"
- INSULIN ASPART (consultant only)
- INSULIN GLULISINE (consultant only)
- INSULIN LISPRO (consultant only)

6.1.1.2 Intermediate- and long-acting insulins
- INSULIN DEGLUDEC (consultant only)
- INSULIN DETEMIR (consultant only)
- INSULIN GLARGINE (TA53) Consultant only
  100 units/ml
  - “Absalgar®” (all new patients)
  - “Lantus” (Continuation of existing patients only)
  300 units/ml “Toujeo” Type I and II diabetes (Consultant only)

  *NB: Toujeo is not equivalent on a unit for unit basis with Lantus and the two products are not interchangeable*

  ISOPHANE INSULIN
  - “Insulatard”
  - “Humulin I”
  - “Novomix 30”
  - ‘Humalog mix 25’
  - ‘Humalog mix 50’

6.1.1.3 Hypodermic equipment
  Diabetic nurse / clinic / shop only
  - Insujet needleless injection device

6.1.2 Antidiabetic drugs
- GLIBENCLAMIDE
- GLI CLAZIDE
- TOLBUTAMIDE
- METFORMIN (not combinations)
- ACARBOSE
- CANAGLIFLOZIN (Invokana®▼)(TA315) Diabetes team only
- DAPAGLIFLOZIN ▼ (TA288) Diabetes team only
- DULAGLUTIDE▼ (Trulicity®) Diabetes team only
- EMPAGLIFLOZIN▼ (TA336) Diabetes team only
- EXENATIDE prolonged release (consultant diabetologist only) NG28
- LINAGLIPTIN ▼
- LIRAGLUTIDE (consultant diabetologist only) NG28
- LIXISENATIDE▼ (Consultant diabetologist only) NG28
- NATEGLINIDE (consultant diabetologist only)
- PIOGLITAZONE
- SITAGLIPTIN

6.1.5 Treatment of diabetic nephropathy and neuropathy

Diabetic Neuropathy
- AMITRIP Tyline
- DULOXETINE

6.1.6 Diagnostic and monitoring agents for diabetes mellitus

July, 2017
Optium H and PCX Plus
ALBUSTIX
DIABUR Test-5000
Ketostix
MULTISTIX 8SG
Oral glucose tolerance test (current formulation for glucose 75g - Rapilose®)

6.2 THYROID AND ANTITHYROID DRUGS

6.2.1 Thyroid drugs
LEVOTHYROXINE
LIOTHYRONINE SODIUM
If used in patients unable to convert T3 to T4, liothyronine is an A* drug A*
Short-term, acute, inpatient indications R

6.2.2 Antithyroid drugs
CARBIMAZOLE
IODINE AND IODIDE (Aqueous iodine oral solution)
PROPYLTHIOIURACIL

6.3 CORTICOSTEROIDS

6.3.2 Glucocorticoid therapy
PREDNISOLONE (non-ec is first line)
BETAMETHASONE "Betnesol"
CORTISONE
DEXAMETHASONE
HYDROCORTISONE
METHYLPREDNISOLONE
TRIAMCINOLONE Injection (see 10.1.2)

6.4 SEX HORMONES (See separate list for complete range available via Gynaecologists)

6.4.1 Female sex hormones

6.4.1.1 Oestrogens and HRT
"Prempak - C", "Elleste duet conti", "Evorel sequi patch"
"Femoston", "Kliofem", "Kliovance", "Premarin",
Estradiol Implants, "Climaval", "Estradot",
"FemSeven", "Menoring 50", "Oestrogel",
"Vagifem vaginal tabs"
TIBOLONE (consultant only)
ETHINYLDESTRADIOL Tablets
RALOXIFENE (consultant only)

6.4.1.2 Progestogens
MEDROXYPROGESTERONE ACETATE
NORETHISTERONE 5mgf Tabs
PROGестERONE Pessaries, Injection
ULIPRISTAL ACETATE (Esmya®) tablets (consultant gynaecologist only) R

6.4.2 Male sex hormones and antagonists
TESTOSTERONE oral: ‘Restandol’, Implants (cons only, R),
‘Nebido’ (A*), ‘Testogel’
MESTEROLONE
CYPROTERONE ACETATE
DUTASTERIDE (not 1st line)
FINASTERIDE
6.5 HYPOTHALAMIC AND PITUITARY HORMONES ETC

6.5.1 Hypothalamic & anterior pituitary hormones anti-oestrogens

- CLOMIFENE
- TETRACOSACTIDE
- MENOPUR
- SOMATROPIN (consultant only) (TA188 and TA64)
  - “Genotropin” 5.3mg/16units, “Norditropin” pfs 5mg/15units
- PEGVISOMANT (consultant only)
- THYROTROPHIN ALFA (Thyrogen®) (TA188)
  - Oncology and medical physics only

6.5.2 Posterior Pituitary Hormones and Antagonists

- VASOPRESSIN (synthetic)
- DESMOPRESSIN
- TERLIPRESSIN (consultant only)
- DEMECYCLOLINE
- GONADORELIN (Consultant Chemical Pathology/Endocrinology only)
- THYROTROPHIN RELEASING HORMONE
  - In line with NICE TA-358: The following drug is included on our formulary for patients who have autosomal polycystic kidney disease which is rapidly progressing and already stage 2 or 3:
  - TOLVAPTAN (nephrologist only)

We do not manage this patient-group within RSCH so all dose changes or amendments to therapy must be authorised by the Patient’s Specialist Team.
6.6 DRUGS AFFECTING BONE METABOLISM

6.6.1 Calcitonin and parathyroid hormone
SALCATONIN Injection 200U/1ml
TERIPARATIDE injection 250 mcg/ml (TA161) R

6.6.2 Bisphosphonates and other drugs affecting bone metabolism
ALENDRONIC ACID Tablets (not combination tablets) (TA160 and TA161)
DENOSUMAB ▼
60mg Prolia® TA204 Consultants - Rheumatology and Care of the Elderly
120mg Xgeva® TA265 Consultant Oncologists
ETIDRONATE, PAMIDRONATE, RISEDRONATE (not combination tablets) (TA160 and TA161)
SODIUM CLODRONATE Tabs A*
IBANDRONIC ACID Tablets (consultant oncologist only) R
A* for bone metastases in breast cancer
IBANDRONIC ACID Injection (consultant rheumatologist only) R
STRONTIUM (consultant only) (TA160 and TA161) R
ZOLEDRONIC ACID R
▼ ‘Aclasta’ (investigation unit and rheumatology consultants)
‘Zometa’ (oncology and orthopaedic consultants only) R

6.7 OTHER ENDOCRINE DRUGS

6.7.1 Bromocriptine and other dopaminergic drugs
BROMOCRIPTINE
CABERGOLINE
QUINAGOLIDE (2nd line) B

6.7.2 Drugs affecting gonadotrophins
BUSERELIN INJECTION
DANAZOL
TRIPTORELIN (precocious puberty only, consultant use only) A
NAFARELIN nasal spray R
GOSERELIN (second line) A*
LEUPRORELIN (second line) A*

6.7.3 Metyrapone and Trilostane
METYRAPONE

6.7.4 Somatomedins
None available
CHAPTER 7 - OBSTETRICS, GYNAECOLOGY AND URINARY TRACT DISORDERS
(Others may be available to Gynaecologists & Urologists)

7.1 DRUGS USED IN OBSTETRICS
7.1.1 Prostaglandins and oxytocics
CARBOPROST
DINOPROSTONE
GEMEPROST
OXYTOCIN
▼ CARBETOCIN

7.1.1.1 Drugs affecting the ductus arteriosus
IBUPROFEN Injection (Consultant Paediatrician only - in line with current Protocol at receiving Trust) R

7.1.2 Mifepristone (CD)

7.1.3 Myometrial relaxants
ATOSIBAN (consultant only) R
SALBUTAMOL
TERBUTALINE

7.2 TREATMENT OF VAGINAL AND VULVA CONDITIONS
7.2.1 Preparations for vaginal and vulval changes
Ortho-Gynest cream
Ovestin Cream
"Premarin" Vaginal Cream
"Vagifem" Vaginal Tablets
"Estring" Vaginal Ring

7.2.2 Vaginal and vulval infections
Clotrimazole cream 1%, pessaries 100mg, 200mg, 500mg
"Zidoval" gel

7.3 CONTRACEPTIVES
(Available ONLY through FAMILY PLANNING CLINIC or GYNAECOLOGY)
LOESTRIN 20
FEMODETTE
LOGYNON
MICROGYNON
BREVINOR
LOESTRIN 30
TRINOVUM
MARVELON
FEMODENE
DEPO PROVERA
IMPLANON
MIRENA
LEVONELLE 1500 (held in A & E)
YASMIN (second-line if BMI≤30, Consultant use only)
7.4 DRUGS FOR GENITO-URINARY DISORDERS

7.4.1 Drugs for urinary retention
ALFUZOSIN
INDORAMIN
TAMSULOSIN 400mcg m/r, xl
DISTIGMINE

7.4.2 Drugs for urinary frequency, enuresis and incontinence
DULOXETINE ▼Yentreve” (Women only)
FESOTERODINE
FLAVOXATE
MIRABEGRON (TA 290) – if anti-muscarinics contra-indicated/ineffective
OXYBUTYNIN 2.5mg, 5mg tablets, Kentera patches
SOLIFENACIN (Consultant Urologists only)
TOLTERODINE including XL (consultant only)
TROSPAPIUM
‘CYSTISTAT” (unlicensed)

7.4.3 Drugs used in urological pain
POTASSIUM CITRATE MIXTURE BP
EFFERCITRATE (consultant only)

7.4.5 Drugs for erectile dysfunction (consultant only)
ALPROSTADIL – second-line to PDE5 inhibitors
“Caverject” in clinic
“Viradal Duo” outpatient prescriptions
“Vitaros Cream” outpatient prescriptions

Prescriptions should be marked ‘SLS’. For non SLS cases these are RED drugs.
SILDENAFIL
TADALAFIL 2nd line (Not recommended NICE TA273 due to evidence not received from the manufacturer)
VARDENAFIL 2nd line
PAPAVERINE/PHENTOLAMINE injection (consultant only, unlicensed)

Prescriptions should be marked ‘SLS’. For non SLS cases these are RED drugs.

R
## 8.1 CYTOTOXIC DRUGS (All RED except where marked AMBER)

For use by Oncology under department protocols only

For current protocols please see: [http://www.swshcn.nhs.uk/healthcare-professionals/clinical-policies-and-protocols](http://www.swshcn.nhs.uk/healthcare-professionals/clinical-policies-and-protocols)

<table>
<thead>
<tr>
<th>Calcium Folinate</th>
<th>MESNA</th>
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</thead>
<tbody>
<tr>
<td>DEXRAZOXANE (Savene)</td>
<td>R</td>
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### 8.1.1 Alkylating drugs

<table>
<thead>
<tr>
<th>Drug</th>
<th>Alkylating Drug</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bendamustine</td>
<td>Busulfan</td>
</tr>
<tr>
<td>Carmustine</td>
<td>Chlorambucil</td>
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<tr>
<td>Cyclophosphamide</td>
<td>Ifosamide</td>
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<tr>
<td>Lomustine</td>
<td>Melphalan</td>
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</tbody>
</table>

### 8.1.2 Anthracyclines and other cytotoxic antibiotics

<table>
<thead>
<tr>
<th>Drug</th>
<th>Anthracycline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bleomycin</td>
<td>Dactinomycin</td>
</tr>
<tr>
<td>Daunorubicin</td>
<td>Doxorubicin+</td>
</tr>
<tr>
<td>Epirubicin</td>
<td>Idarubicin</td>
</tr>
<tr>
<td>Mitomycin</td>
<td>Mitoxantrone</td>
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<tr>
<td>Pixantrone (TA306)</td>
<td></td>
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</tbody>
</table>

### 8.1.3 Antimetabolites

<table>
<thead>
<tr>
<th>Drug</th>
<th>Antimetabolite</th>
</tr>
</thead>
<tbody>
<tr>
<td>Azacitidine</td>
<td>Capecitabine</td>
</tr>
<tr>
<td>Cladribine</td>
<td>Cytarabine</td>
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<tr>
<td>Fludarabine</td>
<td>Flurouracil</td>
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<tr>
<td>Gemcitabine</td>
<td>Mercaptopurine (AMBER)</td>
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<tr>
<td>Methotrexate (AMBER)</td>
<td>Pemetrexed</td>
</tr>
<tr>
<td>Raltitrexed</td>
<td>Tioguanine</td>
</tr>
</tbody>
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### 8.1.4 Vinca Alkaloids and Etoposide

<table>
<thead>
<tr>
<th>Drug</th>
<th>Vinca Alkaloid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Etoposide</td>
<td>Vinblastine</td>
</tr>
<tr>
<td>Vincristine</td>
<td>Vindesine</td>
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<tr>
<td>Vinorelbine</td>
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### 8.1.5 Other antineoplastic drugs

<table>
<thead>
<tr>
<th>Drug</th>
<th>Other Antineoplastic Drug</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amsacrine</td>
<td>Aflatinib (TA310)</td>
</tr>
<tr>
<td>Avelumab (PAS scheme)</td>
<td>Axitinib (Inlyta®) (TA333)</td>
</tr>
<tr>
<td>Bevacizumab (TA263, TA284, TA285)</td>
<td></td>
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<tr>
<td>Bortezomib (TA311)</td>
<td>Carboplatin (TA284, TA285)</td>
</tr>
<tr>
<td>Cetuximab</td>
<td>Cisplatin</td>
</tr>
<tr>
<td>Crisantaspase</td>
<td>Dacarbazine</td>
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<tr>
<td>Dasatinib Docetaxel</td>
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<tr>
<td>Erlotinib (TA258, TA374)</td>
<td>Everolimus (TA219)</td>
</tr>
<tr>
<td>Gefitinib (TA374)</td>
<td>Hydroxyurea (AMBER+)</td>
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<tr>
<td>Idelalisib in CLL</td>
<td>Imatinib</td>
</tr>
<tr>
<td>Ipilimumab (TA268, TA319 and TA326)</td>
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<tr>
<td>Irinotecan</td>
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<tr>
<td>Lapatinib (TA257)</td>
<td>Lenvatinib</td>
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<tr>
<td>Mitotane</td>
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<tr>
<td>Nab-paclitaxel</td>
<td>Nilotinib</td>
</tr>
<tr>
<td>Nintedanib (TA379)</td>
<td>Olaparib (TA381)</td>
</tr>
<tr>
<td>Oxaliplatin</td>
<td>Paclitaxel (TA 284)</td>
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<tr>
<td>Panobinostat (TA380)</td>
<td>Pazopanib</td>
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<tr>
<td>Pembrolizumab (TA366)</td>
<td>Pentostatin</td>
</tr>
<tr>
<td>Procarbazine</td>
<td>Sorafenib</td>
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<tr>
<td>Sunitinib</td>
<td>Temozolomide</td>
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</tr>
<tr>
<td>Topotecan</td>
<td>Trabectedin</td>
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<tr>
<td>Trastuzumab</td>
<td>Vemurafanib (TA269)</td>
</tr>
</tbody>
</table>
8.2 DRUGS AFFECTING THE IMMUNE RESPONSE

AZATHIOPRINE  IBD - A
BCG bladder instillation  R
CICLOSPORIN (consultant only)  IBS - A

DIMETHYL FUMARATE (Tecfidera®) Consultant Neurologists only R (TA320)

FINGOLIMOD (TA 254)  R
GLATIRAMER (Consultant Neurologists only)  R
PEG INTERFERON ALPHA (Hepatitis C specialist only)  R
INTERFERON ALPHA 2B (RBE) (Consultant Oncologist/Check license) Haematologist only  R
INTERFERON BETA (Consultant Neurologists only)  R
LENALIDOMIDE  
NATALIZUMAB ▼ (Consultant Neurologist only) (TA127)  R
THALIDOMIDE (consultant haematologist only)  R
TERIFLUNOMIDE (TA 303)  R

In line with NICE TA-85: The following drugs are included on our formulary for patients who have had a renal transplant:

- BASILIXIMAB  R
- TACROLIMUS  R
- MYCOPHENOLATE MOFETIL  R
- SIROLIMUS  R

We do not manage this patient-group within RSCH so all dose changes or amendments to therapy must be authorised by the Patient’s Specialist Team.

In line with NICE TA-235: The following drug is included on our formulary for patients, aged 2-30 as an option for the treatment of high-grade, resectable, non-metastatic osteosarcoma postoperatively and in combination with chemotherapy:

- MIFAMURTIDE ▼

We do not manage this patient-group within RSCH so all dose changes or amendments to therapy must be authorised by the Patient’s Specialist Team.

8.3 SEX HORMONES AND HORMONE ANTAGONISTS IN MALIGNANT DISEASE

8.3.4 Hormone Antagonists

8.3.4.1 Breast cancer
Anastrozole  A*
Exemestane (not first line – consultant only)  A*
Tamoxifen

8.3.4.2 Gonaderelin analogues and gonadotrophin-releasing hormone antagonists

Gonadorelin analogues
Buserelin injection  A*
Goserein 3.6mg  A*
Leuprorelin 3.75mg  A*

Anti-androgens
Bicalutamide  A*
Cyproterone Acetate  A*
Degarelax  A*
ENZALUTAMIDE (Xtandi®▼) (TA316 and TA377)  R

Somatostatin analogues
Lanreotide autogel
Octreotide and octreotide LAR (Post Pancreatic surgery only)
* R for treatment of neuroendocrine tumours
CHAPTER 9 - NUTRITION AND BLOOD
(Others may be available to Haematologists & Radiotherapists)

9.1 ANAEMIAS & SOME OTHER BLOOD DISORDERS
9.1.1 Oral iron
FERROUS SULPHATE 200mg Tablets and 'Ferrograd'  
FERROUS GLUCONATE Tablets 300mg and "sideromal"  
SODIUM FEREDETATE  
IRON AND FOLIC ACID "Pregaday"
9.1.2 Parenteral Iron (consultant only)
9.1.3 Drugs used in megaloblastic anaemias
HYDROXOCOBALAMIN  
FOLIC ACID 5mg tabs, 2.5mg/5ml syrup
9.1.4 Drugs used in hypoblastic, haemolytic and renal anaemias
EPOETIN Alfa (Binocrit®) (Haematology consultant only) TA323  
Desferrioxamine  
Deferasirox (Haematology consultant only)
9.1.5 Drugs used in platelet disorders (polycythaemia and ET)
ANAGRELIDE (not 1st line) (consultant only)
ROMIPLOSTIM (TA221)
9.1.6 Drugs used in neutropenia
LENORASTIM

9.2 FLUIDS AND ELECTROLYTES
9.2.1 Oral preparations for fluid and electrolyte imbalance
9.2.1.1 Oral potassium
POTASSIUM CHLORIDE  
"Kay-Cee-L Syrup" "Sando-K" "Slow-K"  
Potassium removal  
POLYSTYRENE SULPHONATE RESINS
9.2.1.2 Oral sodium and water
SODIUM CHLORIDE "Slow Sodium"  
ORAL REHYDRATION SALTS "Dioralyte" or equiv
9.2.1.3 Oral bicarbonate
SODIUM BICARBONATE 600mg Tablets
9.2.2 Parenteral preparations for fluid and electrolyte imbalance
SODIUM CHLORIDE 0.45%, 0.9%, 1.8%  
SODIUM CHLORIDE 0.18% and GLUCOSE 4% (Palliative care Patients only)  
Note: This fluid must not be used in paediatric patients  
GLUCOSE 5%, 10%, 20%, 50%  
POTASSIUM CHLORIDE as ready mixed infusions
10mmol Potassium per bag  
in 500ml Sodium Chloride 0.9%, Sodium Chloride 0.45% & Glucose 5% or Sod. Chloride 0.9% & Glucose 5%
20mmol Potassium per bag  
in 500ml Sodium Chloride 0.9%, Glucose 5%, Glucose 10% or Sod. Chloride 0.9% & Glucose 5%  
in 1 litre Sodium Chloride 0.9%, Glucose 5% or Sodium Chloride 0.18% & Glucose 4%
40mmol Potassium per bag
in 100ml Sodium Chloride 0.9% (resus/ICU only) (unlicensed)
in 500ml Glucose 5%
in 1 litre Sodium Chloride 0.9%, Glucose 5%
or Sodium Chloride 0.18% & Glucose 4%
SODIUM BICARBONATE 1.26%, 8.4%
SODIUM LACTATE

Plasma & albumin solution Please contact haematology

9.2.2.2 Plasma and plasma substitutes

ALBUMIN SOLUTION (via path labs not pharmacy) R
GELATIN “Volpex” R
GELOPLASMA R

9.3 INTRAVENOUS NUTRITION
Please contact Pharmacy, Aseptic Services ext 4588
or via the Nutrition Support Team

Compound Trace Element supplement for parenteral nutrition (Nutryelt®) R
PLASMALYTE R

9.4 ORAL NUTRITION Please contact Dietitian for complete range

Adamin G Glutamine powder
Calogen Carobel instant
Complan (kitchens for RSCH inpatients) Duocal
Complete Amino Acid Mix Nutramigen
Elemental 028 extra Emsogen
Fortisips (kitchens for RSCH inpatients) Hypostop
Maltodextran ‘preload’
Maxijul/Caloreen (kitchens unless SCBU) Modulen IBD
Forticreme complete “Nutrison” Standard, Energy
Pepdite 1+ Peptamen HN + Varulla
Nutrini Standard (others in range for dietitian initiation only)
Peptisorb Peptijunior
Pregestimil Scandishake
Tentri
Vitasavory (kitchens for RSCH inpatients) Wysoy
XP Analogue (For newly diagnosed PKU)
ZINC SULPHATE (Solvazinc®)

9.5 MINERALS

CALCIUM SALTS
Calcium Gluconate (Non-proprietary) eff tablets and injection
"Sandocal"
MAGNESIUM SULPHATE Injection 50% in 10ml
MAGNAPARTATE (first-line choice) A*
MAGNESIUM GLYCEROPHOSPHATE (unlicenced)
In line with NICE TA117: The following drug is included on our formulary for suitable patients:

• CINACALCET (TA117) R

We do not manage this patient-group within RSCH so all dose changes or amendments to therapy must be authorised by the Patient’s Specialist Team.
9.5.2 Phosphorus
PHOSPHATES polyfusor
Phosphate Sandoz
Potassium Phosphate injection (CD)
Alu-cap, Calcichew

9.5.3 Flouride
FLUORIDE toothpaste (‘Duraphat’ 2800ppm and 5000ppm)
Community Dental Clinic only

9.5.4 Zinc: Available in effervescent vitamin C tablets,
Zinc Sulphate injection 50mcg/ml 10ml

9.5.5 Selenium: Selenace

9.6 VITAMINS

9.6.1 Vitamin A only available in multivitamin preparations

9.6.2 Vitamin B Group
THIAMINE (Tablets, Pabrinex Injection)
PYRIDOXINE
VITAMIN B COMPOUND STRONG
HYDROXOCOBALAMINE B12

9.6.3 Vitamin C
Vitamin C with Zinc, Plain vitamin C tablets

9.6.4 Vitamin D
ALFACALCIDOL
CALCIUM AND ERGOCALCIFEROL
COLECALCIFEROL with calcium ‘ADCAL Ds’, Calceos’
High Strength Colcalciferol ‘Fultium’ Capsules 800 units
Colcalciferol ‘Desunin’ (for patients with peanut allergy)
Colcalciferol ‘Thorens’ liquid 10,000 iu/mL

9.6.6 Vitamin K
MENADIOL SODIUM PHOSPHATE
PHYTOMENADIONE

9.6.7 Multivitamin and mineral supplement
Abidec® drops
Sanatogen A-Z®
Vitamin Capsules

9.7 Bitters and tonics – None available

9.8 Specialist requests only
Nutramigen Puramino® – infants under 1 year old with proven intolerance of
CMP. On recommendation of Paediatric Dietician only
Neocate LCP® – second-line option for infants who have failed to thrive on
Nutramigen Puramino. On recommendation of Paediatric Dietician only
CHAPTER 10 - MUSCULOSKELETAL AND JOINT DISEASES

10.1 DRUGS USED IN RHEUMATIC DISEASES & GOUT

10.1.1 Non-steroidal anti-inflammatory drugs (NSAIDs)
- IBUPROFEN Tablets, Syrup (first-line NSAID choice ≤1200mg OD)
- DICLOFENAC SODIUM (injection & suppositories)
- NAPROXEN (first-line NSAID choice)
- ASPIRIN

10.1.2 Corticosteroids
- “Hydrocortistab”
- “Depo-Medrone”
- “Adcortyl” Intramuscular/Intradermal
- “Lederspan” Injection

10.1.3 Drugs which suppress the rheumatic disease process
- ADALIMUMAB ▼ (consultant rheumatologist only in line with surrey biologics in RA pathway)
  (TA262, TA199, TA195, TA187, TA130, TA329, TA 373 and TA383)
- SODIUM AUROTHIOMALATE (consultant only) A
- PENICILLAMINE A
- HYDROXYCHLOROQUINE A
- ABATACEPT ▼ (TA234, TA195, TA280, TA373) R
- AZATHIOPRINE
- CICLOSPORIN “Neoral” check license A
- CERTOLIZUMAB PEGOL (consultant rheumatologists only)
  (TA186 and TA383) R
- LEFLUNOMIDE (consultant only) A
- METHOTREXATE Tablets (Px folic acid tabs too) A
  Inj A
- ETANERCEPT ▼ (Consultant Rheumatologists only)
  (TA195, TA199, TA130, TA373 and TA383) R
- INFLIXIMAB ▼ (Consultant Rheumatologists only)
  (TA195, TA199, TA187, TA163, TA140, TA134, TA130, TA329 and TA383) R
- GOLIMUMAB ▼ (Consultant Rheumatologists only) R
  Third line (TA225, TA220, TA329 and TA383)
- RITUXIMAB (Consultant Rheumatologists only) (TA195) R
- SULFASALAZINE A
- ▼ TOCILIZUMAB (Consultant Rheumatologists only)
  (TA247, TA238 and TA373) R

10.1.4 Gout and Cytotoxic Induced Hyperuricaemia
- COLCHINE
- ALLOPURINOL
- PROBENECID
- SULFINPYRAZONE
- RASBURICASE (consultant only) R
  ▼ FEBUXOSTAT (rheumatologist only) (TA164)

10.1.5 Other Drugs for Rheumatic Diseases
- ILOPROST injection (Consultant Rheumatologist only) R
- HYALURONIC ACID 40mg/50ml (Cystastat®) R
10.2 DRUGS USED IN NEUROMUSCULAR DISORDERS

10.2.2 Skeletal muscle relaxants
DIAZEPAM
BACLOFEN Tablets, Liquid
DANTROLENE SODIUM
TIZANIDINE (consultant only) A*
SATIVEX® (Consultant Neurologist only – IFR required) R

Nocturnal leg cramps
QUININE

10.3 DRUGS FOR THE RELIEF OF SOFT-TISSUE INFLAMMATION AND TOPICAL PAIN-RELIEF

10.3.2 Rubefacients, topical NSAIDs, capsaicin and poultices
IBUPROFEN GEL
Kaolin Poultice
Capsaicin 0.075%
CAPSAICIN 8% patches Qutenza® (Pain team Consultants only)
CHAPTER 11 – DRUGS ACTING ON THE EYE
(Others may be available to Ophthalmologists & Microbiologists)

11.3 ANTI-INFECTIVE EYE PREPARATIONS

11.3.1 Antibacterials
CEFUROXIME 5% Eye drops (consultant only)
CEFTAZIDINE 5% Eye drops (consultant only)
CHLORAMPHENICOL
CIPROFLOXACIN 0.3% Eye drops & ointment (ENT and MFU only)
FUSIDIC ACID 1% Eye drops
GENTAMICIN 0.3% Eye drops
LEVOFLOXACIN 0.5% Eyedrops (Ophthalmology only)

11.3.3 Antivirals
ACICLOVIR

11.4 CORTICOSTEROIDS AND OTHER ANTI-INFLAMMATORY PREPARATIONS

11.4.1 Corticosteroids
BETAMETHASONE
DEXAMETHASONE “Maxidex”, “Maxitrol”,
“Ozurdex implant” (Consultant Ophthalmologist only) (TA229) R
FLUOROMETHOLON “FML”
FLUOCINOLONE (For trial use or with IFR only) R
(Not recommended for DMO TA271)
LOTENPREDNOL (Consultant only) R
PREDNISOLONE “Pred Forte”, “Predsol”, “Predsol N” R
TRIAMCONOLONE intravitreal injection E
TOBRADEX (post cataract only) E

11.4.2 Other anti-inflammatory preparations
ANTAZOLINE “Otrivine-Antistin”
CICLOSPORIN TABS (Consultant Ophthalmologist only) R
INFLIXIMAB (Consultant Ophthalmologist only) R
LODOXAMIDE “Alomide”
METHOTREXATE TABS (Consultant Ophthalmologist only) R
METHOTREXATE intravitreal inj (Cons Ophthalmologists only) R
MYCOPHENOLATE po (Consultant Ophthalmologist only) A
SODIUM CROMOGLICATE

11.5 MYDRIATICS AND CYCLOPLEGICS
ATROPINE plain
CYCLOPENTOLATE
HOMATROPINE
TROPICAMIDE
PHENYLEPHRINE

11.6 TREATMENT OF GLAUCOMA
Beta-blockers
BETAXOLOL
LEVOBUNOLOL
TIMOLOL 0.25%, 0.5%, 0.1% gel (2nd line - reserved for patients unable to tolerate timolol eyedrops because of allergy to preservative or in whom BD dosing causes systemic side effects.)

Prostaglandin analogues and prostamides
▼BIMATOPROST (consultant only) including “Ganfort” (2nd line)
LATANOPROST (1st line choice)
Monopost® (if preservative-free required)
TAFLUPROST (2nd line)
TRAVOPROST including Duotrov (2nd line)

Sympathomimetics
ADRENALINE (rINN = EPINEPHRINE)
BRIMONIDINE (consultant only) (including Combigan)

Carbonic anhydrase inhibitors and systemic drugs
ACETAZOLAMIDE
BRINZOLAMIDE/TIMOLOL (Azarga®) is allowed for ‘consultant only’
BRINZOLAMIDE/BRIMONIDINE TARTRATE (Simbrinza®) (last line)
DORZOLAMIDE (consultant only)

Cosopt® is allowed for ‘consultant only’ and 2nd line to Azarga®

Miotics
PILOCARPINE (Non-proprietary)
“Pilogel” (outpatients, consultant only)

Emergency treatment of glaucoma
BEVACIZUMAB intravitreal inj (Dr Taylor and Prof Lightman only)

11.7 LOCAL ANAESTHETICS
TETRACAINE (Amethocaine) Minims
COCAIN 4% eye drops (unlicensed)

11.8 MISCELLANEOUS OPHTHALMIC PREPARATIONS

11.8.1 Tear deficiency, ocular lubricants and astringents
ACETYLCYSTEINE 5% “Ilube”
CARBOMERS 10g tube “gel tears” and singles “Viscotears”
CARMELLOSE “Celluvisc”, “Optive” (3rd line)
CICLOSPORIN 2% eyedrops and 0.2% eye oint (both unlicensed)

Collagen Implants (unlicensed)
EDTA eye drops (unlicensed)
HPMC 2% (unlicensed)
HYPROMELLOSE 0.3%
LIQUID PARAFFIN “Lacri-Lube”
PARAFFIN, SOFT YELLOW “Simple”
POLYVINYL ALCOHOL 1.4% “Sno Tears”
SODIUM CHLORIDE MINIMS Drops 0.9% , eye ointment
BALANCED SALT SOLUTION
BSS PLUS
SODIUM HYALURONATE
VISCOAT injection (CE mark)

11.8.2 Ocular diagnostic and peri-operative preparations and photodynamic treatment
BEVACIZUMAB unlicenced (Consultant Ophthalmologist only)
FLUORESCEIN strips
FLUORESCEIN WITH PROXYMETACAINE
ROSE BENGAL
ACETYLCHOLINE
AFLIBERCEPT (TA294 and TA305)
APRACLONIDINE single use
DICLOFENAC SODIUM
KETOROLAC
OCRIPLASMIN (TA297)

RANIBIZUMAB (TA155, TA 274 and TA 283)
SODIUM HYALURONATE

“Healonid & Healonid GV”Injection
HYDROXYAMPHETAMINE
11.9 CONTACT LENSES
POLYHEXANIDE 0.02%
(polyhexamethylene biguanide)

CHAPTER 12 - EAR NOSE AND OROPHARYNX
(Others may be available to ENT Surgeons only)

12.1 DRUGS ACTING ON THE EAR
(Others may be available to specialists)

12.1.1 Otitis externa
ACETIC ACID 2% EARSpray (EarCalm®)
ENT and A&E Consultants and prescribing practitioners in A&E
Anti-inflammatory preparations
BETAMETHASONE
PREDNISOLONE
Anti-infective preparations
CLIOQUINOL
CLOTRIMAZOLE
FRAMYCETIN "Sofradex"
NEOMYCIN "Otomize"
TRI-ADCORTYL oint (Mr Valentine only – unlicensed)  

12.1.3 Removal of ear wax
Sodium Bicarbonate
"Cerumol"

12.2 DRUGS ACTING ON THE NOSE

12.2.1 Drugs used in nasal allergy
BECLOMETASONE “Beconase Aqueous”
BETAMETHASONE “Betnesol” nose drops
FLUNISOLIDE
FLUTICASONE PROПIONATE (Flixonase nasules®) (second line)
With AZELASTINE “Dymista” (second line ENT only)
FLUTICASONE Furoate “Avamys” (second line)
Cromoglycate and Nedocromil
SODIUM CROMOGLICATE

12.2.2 Topical nasal decongestants
EPHEDRINE
XYLOMETAZOLINE
IPRATROPIUM BROMIDE

12.2.3 Nasal preparations for infections
"Naseptin"
Mupirocin (for MRSA eradication therapy)
12.3 DRUGS ACTING ON THE OROPHARYNX

12.3.1 Drugs for oral ulceration & inflammation
BENZYDAMINE
CARMELLOSE Paste
HYDROCORTISONE mucoadhesive buccal tablets
"Choline Salicylate" Dental Gel

12.3.2 Oropharyngeal anti-infective drugs
AMPHOTERICIN LOZENGES
MICONAZOLE Oral Gel
NYSTATIN Oral suspension

12.3.3 Lozenges and sprays
"Merocaine" Lozenges

12.3.4 Mouthwashes, gargles and dentifrices
CHLORHEXIDINE 0.2%
HEXITIDINE
HYDROGEN PEROXIDE Mouthwash
THYMOL Mouthwash Solution Tablets

12.3.5 Treatment of dry mouth
Local Treatment
"Glandosane" SPRAY
BioXtra Gel
Systemic Treatment
PILOCARPINE tablets
'Xerotin®' oral spray

12.3.6 Other preparations
CARNOY’s solution (unlicensed)
CHAPTER 13 - DRUGS ACTING ON THE SKIN
Some preparations not listed here, are available to dermatology consultants

13.2 EMOLlient AND BARRIER PREPARATIONS

13.2.1 General Emollients

<table>
<thead>
<tr>
<th>Very Greasy Ointments</th>
<th>Greasy Ointments</th>
<th>Rich creams</th>
<th>Creams</th>
<th>Gels</th>
<th>Emollients which can be used as Soap substitutes (S) and/or Bath preparations (B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>50:50 Liquid &amp; White Soft Paraffin Ointment</td>
<td>Emulsifying Ointment BP -1st line</td>
<td>Zeroguent Cream</td>
<td>Aquamax Cream</td>
<td>Zerodouble</td>
<td>Emulsifying Ointment BP -1st line (S+B)</td>
</tr>
<tr>
<td>Zeroderm Ointment -2nd line</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(S+B)</td>
</tr>
<tr>
<td></td>
<td>Cetraben Cream -2nd line</td>
<td></td>
<td></td>
<td>Zerobase Cream -2nd line</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Aquamax Cream (S)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Emollients with additives

<table>
<thead>
<tr>
<th>Emollients + Antipruritic</th>
<th>General Use</th>
<th>Dermatology use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Levomenthol (0.5-2%) cream unlicenced</td>
<td>Balneum Plus (5% urea, 3% lauromacrogol) cream</td>
<td>Xepin (5% doxepin) cream</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emollients + Urea</th>
<th>General Use</th>
<th>Dermatology Use only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aquadrate (10% urea) cream</td>
<td>Dermatonics® (25% urea ) heel balm – Also for use by Endocrinology for treatment of callous formation in Diabetic Foot</td>
<td>Calmurid (10% urea, 5% lactic acid) cream</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emollients + Antimicrobial</th>
<th>General Use</th>
<th>Dermatology use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Dermol cream</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dermol 500 lotion</td>
<td></td>
</tr>
</tbody>
</table>

13.2.2 Barrier Creams

<table>
<thead>
<tr>
<th>General Use</th>
<th>Dermatology use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zinc and Castor Oil Ointment BP</td>
<td>Metanium ointment (Not 1st line)</td>
</tr>
<tr>
<td>Conotrane (0.1% benzalkonium chloride, 22% dimethicone) cream</td>
<td></td>
</tr>
</tbody>
</table>

13.2.1.1 Emollient Bath Preparations

<table>
<thead>
<tr>
<th>General Use</th>
<th>Dermatology Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aveeno bath oil (colloidal oatmeal)</td>
<td></td>
</tr>
<tr>
<td>QV bath oil (light liquid paraffin 85.13%)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emollient Bath Preparations + Antimicrobial</th>
<th>General use</th>
<th>Dermatology Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dermol 600 bath emollient (0.5% benzalkonium chloride, 25% liquid paraffin and 25% isopropyl myristate)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zerolatum emollient medicinal bath oil (0.5% benzalkonium chloride, 2% triclosan and 51.66% light liquid paraffin)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
13.3 TOPICAL LOCAL ANAESTHETICS & ANTIPRURITICS
CALAMINE Lotion
CROTAMITON Cream

TOPOICAL LOCAL ANAESTHETICS
Lignocaine 5% Ointment

TOPOICAL ANTIHISTAMINES
DOXEPIN ‘Xepin®’ Cream Dermatology only (pruritis in eczema)
Oral ANTI-HISTAMINES high dose (Dermatology only) A*

13.4 TOPOICAL CORTICOSTEROIDS (TA81)
HYDROCORTISONE Cream/Ointment 0.5, 1, 2.5%
‘Alphaderm’ Cream
‘Eurax – hydrocortisone’
"Canesten HC"
"Dakta cort"
Fucidin H cream (Dermatology/Outpatients only)
“Timodine”
‘Vioform – hydrocortisone’ HYDROCORTISONE BUTYRATE “Locoid”
Cream, Ointment, Lipocream, emulsion, Locoid cream
BETAMETHASONE “Betnovate” Cream, Ointment, ‘Betacap’,
Diprosalic, RD, C, N, Fucibet (Dermatology only)
CLOBETASOL PROPIONATE “Dermovate”, CLOBETASOL/NYSTATIN/NEOMYCIN
ointment (Dermatology only - to treat pyoderma gangrenosum or erosive pustulosis
of the scalp only)
EXTEMPORANEOUS PREPARATION (for dermatologists only)
25% Dermovate in wsp
10% Dermovate in wsp
CLOBETASONE BUTYRATE “Eumovate”, “Trimovate” (outpatients
only)
FLUDROXYCORTIDE ‘Haelan’ tape
FLUCINOLONE ACETONIDE “Synalar”
0.025% & 1 in 4 dilution
MOMETASONE "Elocon"
With Salicylic acid “Diprosalic” and scalp application
Nystaform HC
Tri-Adcortyl

13.5 PREPARATIONS FOR ECZEMA & PSORIASIS

13.5.1 Preparations for eczema
See emollients 13.2
ALITRETINOIN for severe hand eczema (TA177) R

13.5.2 Preparations for psoriasis
"Cocos" Scalp Ointment CALCITRIOL (Silkis) Ointment
Dovobet gel (2nd line - dermatology only)

13.5.3 Drugs affecting the immune response
ADALIMUMAB ▼ R
CICLOSPORIN A
METHOTREXATE Tabs(Px folic acid tabs too) A
TACROLIMUS (TA82) A*
PIMECROLIMUS (Consultant Dermatologist only) (TA82) A*
USTEKINUMAB (TA180) R
13.6 Acne and rosacea
‘Brevoxyl’
‘Dalacin T’
Adapalene and ‘Epiduo’ gel dermatology only
Co-Cyprindiol
Isotretinoin (high dose – Dermatology Consultant only)

13.7 PREPARATIONS FOR WARTS & CALLUSES
"Salactol" or equivalent
"Salatac"
SILVER NITRATE caustic pencil 95%
IMIQUIMOD 5% (consultant only)  R in initiated at RSCH but G if GP initiates

13.8 SUN SCREEN AND CAMOFLAGERS
UVISTAT 30 (consultant only)
Diclofenac 3% Gel ‘Solaraze’ (Dermatologists only)
‘Effudix’ (Dermatologists only)
FLUOROURACIL and SALICYLATE soln (Actikerall®) 
(Dermatologists only)
METHYL-5-AMINOLEVULINATE (Metvix®) Cream

13.9 SHAMPOOS & OTHER PREPARATIONS FOR SCALP
AND HAIR CONDITIONS
Capasal
Ketoconazole shampoo
"Polytar" Liquid

13.10 ANTI-INFECTIVE SKIN PREPARATIONS
13.10.1 Antibacterial preparations
13.10.1.1 Antibacterial preps only used topically
Use not encouraged. Consult with Microbiologist
POLYMIXINS ‘Polyfax’
MUPIROCIN (MRSA only)
SILVER SULFA Diazine (for burns only)

13.10.1.2 Antibacterial preparations also used
systemically
Fusidic Acid 2%
METRONIDAZOLE 0.75% Gel
MINOCYCLINE m/r capsules
Tetracycline ointment 3%

13.10.2 Antifungal preparations
AMOROLFINE
CLOTRIMAZOLE Cream, Dusting Powder, Solution
Ketoconazole cream
MICONAZOLE Cream
NYSTATIN Cream, Ointment

13.10.3 Antiviral Preparations
ACICLOVIR

13.10.4 Parasiticidal Preparations
Ivermectin (unlicensed) (consultant only)
MALATHION
PERMETHRIN
13.10.5 Preparations for Minor Cuts and Abrasions
- Collodion Flexible
- Povidone Iodine Ointment
- Magnesium Sulphate Paste
- Surgical Tissue Adhesive (in A&E - “LiquiBand” clear)

13.10 SKIN CLEANSERS, ANTISEPTICS and DESLOUGHING AGENTS
(see also materials management (NHS Supply Chain) and Infection Control Policy)

13.11.1 Alcohols and saline
- ALCOHOL 75 – 100% (unlicensed)
- SODIUM CHLORIDE 0.9% Sterile Solution 25ml, 100ml

13.11.2 Chlorhexidine salts
- CHLORHEXIDINE
  - Chlorhexidine gluconate 0.05% Sterile Solution 25ml, 100ml
  - Chlorhexidine gluconate 0.015% + Cetrimide 0.15%
    - Sterile Solution 25ml, 100ml sachets
  - Chlorhexidine gluconate 4% Cleansing Solution
  - Chlorhexidine gluconate 0.5% Hand Rub

13.11.4 Iodine
- POVIDONE IODINE
  - Videne or equivalent

13.11.5 Phenolics
- None available

13.11.6 Oxidisers and Dyes
- HYDROGEN PEROXIDE 6% (20 volume)
- POTASSIUM PERMANGANATE

13.11.7 Desloughing agents
- Non available

DRESSINGS for primary wounds are available through material management not pharmacy, apart from
- Carboflex (prescription only)
- Gelfoam (unlicensed) R
- POVIDONE IODINE fabric dressing

13.12 ANTIPERSPIRANTS
- ALUMINIUM CHLORIDE
  - “Anhydrol Forte”
- Glycopyrronium tablets (unlicensed) R
- Botulinum Toxin (IFR) (consultant only) Black

13.13 TOPICAL CIRCULATORY PREPARATIONS
- HEPARINOID 0.3%"Hirudoid" Cream

Sept 09
CHAPTER 14 – IMMUNOLOGICAL PRODUCTS AND VACCINES

All vaccines on local immunisation schedules are available via pharmacy.

14.5 IMMUNOGLOBULINS

14.5.1 Normal immunoglobulins (consultant only)
Intramuscular and subcutaneous for protection against Hepatitis A, measles and rubella, please contact the microbiology laboratory.

Intravenous infusion for deficiency syndromes
PRIVIGEN (1st line)
FLEBOGAMMA (named patients)

14.5.2 Disease specific immunoglobulins
Hepatitis B immunoglobulin
Varicellar zoster immunoglobulin

14.5.3 Anti-D (Rh0) immunoglobulin
Anti D (Rho) for prophylaxis in pregnant women – available via haematology (consultant only) (Rhophyiac®) (TA156)

14.6 INTERNATIONAL TRAVEL
Preparations in this section are not available via RSCH pharmacy.
Private prescription for staff may be accepted in certain circumstances.
CHAPTER 15 - ANAESTHESIA

15.1 GENERAL ANAESTHESIA

15.1.1 Intravenous anaesthetics
THIOPENTAL SODIUM
KETAMINE
PROPOFOL 1% for anaesthesia in theatre
   2% for sedation in ICU only

15.1.2 Inhalational Anaesthetics
15.1.2.1 Volatile liquid anaesthetics
METHOXYFLURANE (Penthrox®) A&E Consultant
   or Senior Registrar only
   NITROUS OXIDE
   ISOFLURANE
   SEVOFLURANE

15.1.4 Sedative and analgesic peri-operative drugs
15.1.4.1 Benzodiazepines
DIAZEPAM
LORAZEPAM
MIDZOLAM (CD)
TEMAZEPAM (CD)
15.1.4.2 Non-opioid analgesics
▼ PARECOXIB (Stat doses x 2 only)
15.1.4.3 Opioid Analgesics
ALFENTANIL
FENTANYL
REMIFENTANIL (consultant only)

15.1.5 Neuromuscular blocking drugs
ATRACURIUM
CISATRACURIUM (consultant only)
MIVACURIUM
PANCURONIUM
ROCURONIUM (consultant only)
VECURONIUM
SUXAMETHONIUM

15.1.6 Drugs for reversal of neuromuscular blockade
NEOSTIGMINE
EDROPHONIUM
SUGAMMADEX
15.2 LOCAL ANAESTHESIA

ARTICAINÉ/ADRENALINE 4%/1:100,000 (Septanest®)  
MFU only – 6 month appraisal until 0415  
LIDOCAINE Injection, Dental Cartridges, Instillagel, Laryngojet,  
Plasters ‘Versatis®’ (consultant pain team only)  
LIDOCAINE with PHENYLEPHRINE topical solution with nasal applicator  
BUPIVACAINE  
LEVOBUPIVACAINE (consultant only)  
LIDOCAINE, ADRENALINE AND TETRACAINE GEL (LAT gel)  
A&E only  
PRILOCAINE (‘Prilotekal’ – Consultant only in Day case surgery)  
ROPIVACAINE (consultant only)  
TETRACAINE ‘Ametop Gel’  
EMLA (2nd line and off-label agreed uses.  
Also prior to capsaicin patches - 30g tube)  
COCAINE (CD) paste 25% (unlicensed)  
sterile solution 10% (unlicensed)  
MOFFET’S solution (unlicensed-ENT Consultants only)  
METHYLTHIONINIUM CHLORIDE (Methylene Blue)
CHAPTER 16 – MISCELLANEOUS

16.1 IMAGING AGENTS
16.1.1 MRI imaging
GADOBENATE DIMEGLUMINE (Multihance®) (MRI only) R
GADOTERIC ACID (Dotarem®) (MRI only) R
GADOTERIDOL (Gadovist®) (MRI only) R
GADOXETIC ACID (Primovist®) (MRI only) R
SULPHUR HEXAFLUORIDE (Sonovue®) R

16.1.2 LiDCO imaging
Indocyanine Green (ITU Only) R

16.1.3 Corneal Angiography
Indocyanine Green (Eye Unit Only) R

16.2 BONE CEMENTS
16.2.1 Antibiotic Containing
Palacos R+G® R
Copal G+C® (2nd line for high risk and revisions only) R
Copal G+V® (3rd line only were Palacos R+G and copal G+C are not appropriate following microbiological sensitivities) R

16.3 TISSUE SEALANT
Evicel®

16.4 DIAGNOSTIC AGENTS
16.4.1 Cough reflex testing
Citric acid sachets 100mg sterile (SALT only) R
CHAPTER 17 - Drugs undergoing 6 month appraisal

These drugs are currently being appraised by specific departments within the Trust.

<table>
<thead>
<tr>
<th>Drug</th>
<th>Department Assessing the Drug</th>
<th>Date of Appraisal Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subcutaneous immunotherapy (Allergovit®)</td>
<td>Immunology</td>
<td>December, 2016</td>
</tr>
<tr>
<td>iAluRil</td>
<td>Urology</td>
<td>December, 2016</td>
</tr>
<tr>
<td>Budesonide prolonged release capsules (Cortiment®)</td>
<td>Gastroenterology</td>
<td>October, 2017</td>
</tr>
<tr>
<td>Methoxyflurane volatile anaesthetic liquid</td>
<td>A&amp;E</td>
<td>September, 2017</td>
</tr>
<tr>
<td>Urea 25% (Dermatronics®) Cream</td>
<td>Endocrinology and Dermatology</td>
<td>October, 2017</td>
</tr>
</tbody>
</table>

At the end of their appraisal period an audit will be completed and presented at Drug and Therapeutics Committee. If the audit confirms that the drug is fulfilling its potential and is improving the management of patients, it will be granted full formulary status.

As a result of the inclusion of the new drug, consideration will be given to removal of another drug from the formulary.
Drugs excluded from National Tariff 2016/2017 which are commissioned by Guildford & Waverley CCG

1. Introduction

1.1. The tariff payment system is based on nationally calculated averages. It is expected that against the tariff, providers will incur a deficit or surplus in the course of providing a care event. A number of high cost drugs, devices, procedures and products have been excluded from the scope of the national tariff of payment by results (PbR) for 2016/17. These drugs will either be:
   - commissioned by specialised commissioning which is part of NHS England OR
   - commissioned by the Clinical Commissioning Groups (CCGs) if prescribed within approved criteria

1.2. This document provides a statement of Guildford & Waverley CCG’s commissioning arrangements for managing these drug exclusions (PbRe) which are the responsibility of the CCGs for 2016/2017.

2. General Principles

2.1. Monitor and NHS England guidance on PbRe medicines will be followed. Any new medicines identified as PbRe, within the financial year may be treated as drug exclusions, but this will be dependent on the Monitor list and NHS England guidance for 16/17.

2.2. All medicines are included within the National Tariff unless they are specifically stated to be excluded. Those medicines subject to commissioning by NHS England are not covered by this document

3. Funding

3.1. PbR drug exclusions are linked to British National Formulary (BNF) categories where possible.

3.2. These arrangements relate to tariff excluded drugs (including insulin pumps) that are commissioned by CCGs. The embedded document provides specific details of Guildford & Waverley CCGs requirements for excluded drugs. It includes NHS England guidance and the Monitor list for 16/17 for information. There may be drugs listed that are the commissioning responsibility for CCGs but a commissioned service with a provider may not be in place and where this is the case an annotation will be made next to the drug.

3.3. For patients starting new interventions Guildford & Waverley CCG:

   o Will fund excluded drugs that are used in accordance with NICE technological appraisal recommendations or as detailed in the embedded document. Baseline data must be recorded clearly in the patient’s notes in order to enable post payment verification audits in NHS Providers (with prior agreement) to assess whether excluded drugs are being used in accordance with agreed commissioning criteria.

   o ALL other excluded drugs i.e. licensed but not yet subject to NICE review; unlicensed; or new high cost drugs that are in-year developments, will only be funded following the agreement of an in year service development after consideration by and support of the Prescribing Clinical Network (PCN) (details of how to take this forward can be obtained by contacting the team at highcost.drugs@nhs.net) OR for an individual patient in exceptional clinical circumstances / rarity request (see Guildford & Waverley CCG Operating Policy for Dealing with Individual Funding Requests).

3.4. The embedded document provides details of funding arrangements for each excluded drug. There may be some minor variations between Trusts, based on local negotiations.

3.5. Where NHS England transfer responsibility for funding of an excluded drug (or device) to CCGs in year, a contract variation will be required. Before the variation can take
effect, the CCG will require assurance from providers regarding governance and operational arrangements in order to ensure best clinical and operational practices are in place. Until such time as the CCG is suitably assured and a change note enacted, the drugs list (PbRe funding expectations for individual drugs) as contracted at 1st April 2016 will continue to apply.

Tick Box Forms
Treatment Initiation:

3.6. Guildford & Waverley CCG has developed a series of standard tick box forms. These forms must be used for notification of treatment initiation in line with national or local funding criteria. Forms must be submitted to Guildford & Waverley CCG electronically via the web-based database https://www.blueteq-secure.co.uk/trust/ before the first invoice for that treatment is made to Guildford & Waverley CCG. Please Note: treatment should not be withheld, whilst waiting for the CCG to respond to the treatment request on the blueteq database, if the patient meets all the criteria for funding, treatment should commence without delays for the patient.

3.7. All patients will be required to confirm that consent has been given for confidential and/or sensitive information to be passed to the CCG for processing a funding request and for validating subsequent invoices. Consent is only required ONCE at the point of the initial funding request.

3.8. The provider should ensure that criteria for stopping treatment are discussed with the patient before a drug is initiated. The notes should reflect this discussion and that the patient has agreed to these conditions.

Blueteq Database

3.9. Guildford & Waverley CCG will not accept scanned forms, data embedded into an email or emails from a non nhs.net account. The patient must meet ALL pre-determined criteria for funding to be approved.

Treatment continuation

3.10. Consultants and their teams should be encouraged to use the Blueteq system as a means of communication with the pharmaceutical commissioning team. The team will use Blueteq to communicate with provider teams requesting clarification where funding criteria is not clear. This communication will be either via email directly from Blueteq or will be marked as a comment on the patient’s record on the database. The provider will be notified that a comment has been made on the patient’s record in all cases.

3.11. Consultants and their team should provide objective evidence of response to treatments (if required) to establish whether or not a patient has responded to treatment in line with the criteria included in NICE TAs/ locally commissioned guidelines. If it is not possible to provide objective data Guildford & Waverley CCG may consider subjective data. Continuation forms are available on Blueteq for this purpose.

3.12. Guildford & Waverley CCG will expect that information in relation to patient response will be received within 3 months of the follow up date (marked on the database), using the Blueteq continuation forms, after 3 months if no information has been received Guildford & Waverley CCG will assume that treatment has been discontinued and funding is no longer required. Any treatment provided beyond this point will be from within the Trust’s resources. The Blueteq database will be marked as ‘funding suspended’ at this point.

3.13. Where a patient has shown inadequate or no response (against NICE TA criteria/locally commissioned guidelines), Guildford & Waverley CCG will notify both the consultant concerned and the pharmacy department that further funding will need to be confirmed via the IFR process (See IFR operating Policy), if they consider it appropriate for the patient to continue treatment and the patient demonstrates exceptional clinical
circumstances. If Guildford & Waverley CCG does not receive an individual funding request form the above rules will apply and funding will be suspended after 3 months.

3.14. Trusts may appeal a decision to withdraw funding. The appeal should be submitted in writing or via email to the pharmaceutical commissioning team and be backed up by patient specific data (this should include subjective and objective data summarising the patient’s current clinical status).

- Email: highcost.drugs@nhs.net OR
- Write to: Pharmaceutical Commissioning Team, Cedar Court, Guildford Road, Leatherhead, KT22 9AE

**Individual Funding Requests**

3.15. Where a medicine is considered as PbRe and there is no national or local guidance available, providers can apply for funding via the Individual Funding Request route, please refer to the Operating Policy for Dealing with Individual Funding Requests for information on how to apply for funding. Where funding is approved for an initial time period, information in relation to patient response should be received within 3 months of the last treatment.

3.16. Where funding is being requested via the IFR process the providers should ensure that all sections of the IFR form are completed and that any supporting data is forwarded with the request. Requests requiring consideration more rapidly than above should be clearly marked ‘urgent’ and state the reason(s) as to why they are urgent.

Where it is not clinically safe to wait for a funding decision, the Trust may start the treatment and forward the completed application form to Guildford & Waverley CCG at the earliest possible opportunity.

4. **Responsibilities (Commissioner and Provider)**

4.1. Guildford & Waverley CCG pharmaceutical commissioning team will ensure efficient processing of all applications for funding and will work to the following standards:

- **Notification**: Provider must submit a tick box form before the first invoice for that treatment is made to Guildford & Waverley CCG. The Blueteq database will be annotated with a funding decision (Approval, Decline OR request for further information) within 5 working days of receiving full information for 95% of requests received.

- **Individual Funding Requests (prior approval)**: For more details please refer to the CCG Operating Policy for Dealing with Individual Funding Requests.

4.2. Achievement of these standards is dependent upon the CCG pharmaceutical commissioning team receiving an appropriate level of detail and supporting references (where applicable).

4.3. Trusts are also asked to note that this standard applies from the point when the CCG pharmaceutical commissioning team is in receipt of full information to support the funding request. Both parties will strive to achieve these requirements and targets and will monitor performance against the defined standards.

5. **Invoices**

5.1. PbRe medicines will be reimbursed at the providers acquisition cost only, with no additional costs added.

5.2. Invoices should be submitted every month and a minimum supporting dataset must be sent (in line with national timescales) to the Data Services for Commissioning Regional Offices (DSCRO) for processing.
5.3. Providers must provide the same dataset to the CCG pharmaceutical commissioning team as the NHS England dataset: (Please note that the team processing the SLAM have ASH status).
   - Hospital number
   - NHS number
   - GP and practice post code
   - Drug name (Please provide brand name for Biosimilar products (e.g. Inflectra, Remsima, Omnitrope, Nutropin etc. This is an MHRA recommendation as good practice).
   - Quantity of drug issued
   - Consultant or Speciality
   - Date of dispensing
   - Acquisition costs of drugs on the invoice (on request but should be same as price charged)

Please note that there should be a separate line (per patient) on the invoice for and additional requests for payment e.g. incentive payments for biosimilar switching work.

5.4. A full dataset must be provided with all invoices to enable payment. If this information is not available Guildford & Waverley CCG will challenge the invoice through the CCG contracting teams.

5.5. Where CCG records show no current approval for a PbRe medicine, the invoice will not be paid until such time that an application is made by the provider via Blueteq. Only future invoices will be paid. Invoices for retrospective treatment will not normally be paid unless in exceptional circumstances.

5.6. The same will be applied to patients for whom funding has expired and the Blueteq database marked as ‘funding suspended’.

6. Management of challenges for medicines excluded from tariff

6.1. Providers and CCGs must adhere to an agreed timetable for reporting of charges through the SLAM, issuing of and responding to challenges and queries.

6.2. CCGs will review the charges and issue challenges in anticipation of receiving a credit from the Provider. Challenges may include (this is not an exhaustive list):
   - Full requirement of minimum database not given that is needed to validate charge
   - Charge greater than expected
   - Multiple charges for same patient
   - Brand not provided (e.g. Brand of Biosimilar (MHRA recommendation))
   - Homecare charges (not agreed with host commissioner)
   - Notification of initiation not received by responsible commissioner
   - Invoice for medicine that is not PbRe
   - Medicine funded by NHS England not CCG

6.3. Providers and CCGs will work to closedown outstanding claims on a quarterly basis.

7. Homecare

7.1. If providing medicines to patients through homecare arrangements, Providers should be able to demonstrate that they are working towards compliance with policy or guidance published in response to the findings of the Hackett Report on homecare medicines including professional standards issued by the Royal Pharmaceutical Society of Great Britain.

8. Clinical Trials and compassionate funding

8.1. Funding arrangements for the period following completion of a clinical trial must be agreed with the commissioners prior to the trial commencing. It should be noted that Guildford & Waverley CCG does not normally fund medicines following the completion of a clinical trial or withdrawal of compassionate funding by a pharmaceutical company. Ethically, patients participating in a clinical trial must be made aware that there is no
guarantee that the medicine will be continued at the end of the trial, irrespective of the results. (Guildford & Waverley CCG has adopted SEC PRC PR2010-02 in relation to NHS pick up of trial funding). Please note that where this document refers to historical PCTs, this should now apply to CCGs.

9. **Private patients**

9.1. Private patients: If NHS funding is being requested for excluded drugs, the patient should be referred into the appropriate NHS services in order that an application for funding can be made to the CCG in the usual way as for NHS patients. NHS patients who have previously received private treatment will not be given an unfair advantage over other NHS patients.

10. **Patients changing responsible commissioner**

10.1. Guildford & Waverley CCG has adopted SEC PRC PR2011-01 in relation to patients changing responsible commissioner). Please note that where this document refers to historical PCTs, this should now apply to CCGs.

11. **Co-payment**

11.1. Guidance on NHS patients who wish to pay for additional private care was published on 23rd March 2009, by the Department of Health. NHS organisations should not withdraw NHS care simply because a patient chooses to buy additional private care.

11.2. Prior to initiating a referral for co-payment, the consultant should exhaust all reasonable avenues for securing NHS funding before suggesting a patient’s only option is to pay for care privately. Prior to starting co-payment treatment patients must be informed:

- That the additional treatment and any associated costs are not being funded by the NHS
- Of the associated costs from the private care provider
- That if they become unable to fund their treatment (i.e. ‘run out of money’) that the treatment will stop. The NHS will not provide treatment.
- That if the NHS decided to fund this treatment in the future, the NHS would not normally refund the cost of treatment already given privately.

See individual Trusts’ operational policies for co-payment.

12. **Pass Through**

12.1. Pass-through payments are additional payments made to Providers over and above the relevant tariff reimbursement for use of a particular drug (which is not included in the PbR excluded drug list) which could not have been expected when the price of the HRG was established. Primarily this applies to new drugs but could also apply to drugs that are not new but are of disproportionate cost relative to the HRG tariff.

12.2. DH criteria for pass-through payments:

- Delivered in a limited number of centres and
- Of disproportionate cost relative to the HRG tariff
- And for new use for existing drugs, also coded to a relatively high volume HRG where the activity within the HRG is heterogeneous in nature.
12.3. Guildford & Waverley CCG’s definition of disproportionality in this context is:

- For an individual drug that the additional / incremental cost Full Year Effect (FYE) per patient is no less than £2,000 over the existing therapy that is within tariff.
- The Part Year Effect of the cost pressure to any individual provider of the drugs at purchase price (including VAT where applicable) is greater than £50,000, based on the estimated number of patients put forward for this service development.

12.4. Guildford & Waverley CCG will review the cost effectiveness evidence (including NICE) prior to agreeing a pass-through payment. The price attached to the pass-through payment relates only to the additional costs associated directly with the drug and its use relative to the cost of alternative treatment. Pass-through payments will be reviewed by Guildford & Waverley CCG before the start of each financial year to see if the usage of the drug is to be included in the relevant tariff reimbursement.

12.5. Providers should apply to Guildford & Waverley CCG for pass-through payment for a new drug by submitting a business case for consideration by the Prescribing Clinical Network (unless the drug is NICE approved / defined within specialist commissioning arrangements and a tick box form has been produced and a pass-through payment agreed through contracting). Decisions made by the Prescribing Clinical Network will be ratified by Guildford & Waverley CCG’s board and once ratified a pass-through payment will be agreed through contracting.

**Glossary:**
- **Service Development** – Clinical need identified for a group of patients where a business case is required to provide the service. Contact the pharmaceutical commissioning team at NHS Guildford & Waverley CCG who will be able to discuss the process and a way forward at highcost.drugs@nhs.net
- **PbRe** – Payment by Results excluded
- **NICE** – National Institute for Health & Care Excellence
- **TA** – Technology Appraisal
- **SLAM** – Service Level Agreement
- **ASH** – Accredited Safe Haven
- **IFR** – Individual Funding Request

The Commissioned intentions for 2016-17 for both NHSE and Guildford and Waverley CCG are outlined in a spreadsheet found at this address: G:\\Shared\\Operations\\Pharmacy\\Formulary\\Commissioning Intentions Look up the spreadsheet for 2016-2017