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 fulfil 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 DYSPEPSIA AND GASTRO-OESOPHAGEAL REFLEX 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 ANTAGONISTIC 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
SENNNA
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*
SECRETIN (unlicensed)

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 (Furosemide)
BUMETANIDE

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

2.2.4 Potassium-sparing diuretics with other diuretics
"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) R
DROEDARONE (TA197) A*
FLECAINIDE R
PROCAINAMIDE A*
PROPREFENONE (consultant only) A*
LIDOCAINE

2.4 BETA-ADRENOCETOR BLOCKING DRUGS

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

2.5 Postural hypotension
Midodrine (consultant only)  

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

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  

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, TEMLISARTAN, VALSARTAN

2.5.5.3 Renin inhibitors
ALISKIREN (consultant only)  

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 R
5000U/ml: 1ml R
HEPARIN FLUSH 50units/5ml (for central lines only)
2.8.2 Oral anticoagulants
APIXABAN (TA245, TA275 and TA341) G - Stroke prevention in AF R – VTE prevention post hip/knee replacement
DABIGATRAN (TA249, TA157 and TA327) EDOXABAN (TA 354, TA355)
RIVAROXABAN (TA261, TA256, TA170, TA287, TA335) R – VTE prevention post hip/knee replacement G – all other indications
WARFARIN
ACENOCOUMAROL (Nicoumalone)
2.8.3 Agents for reversal of anti-coagulants
IDARUCIZUMAB (Praxbind) PROTAMINE R

2.9 ANTIPLATELET DRUGS
ASPIRIN 75mg plain and EC, suppositories (unlicensed)
CLOPIDOGREL (TA210) DIPYRIDAMOLE (TA210)

November, 2016
PRASUGREL (3rd-line after Ticagrelor) (TA317)  A
TIROFIBAN (consultant only) (TA47)  R
TICAGRELOR (Brilique®) (TA236)  A

2.10 STABLE ANGINA, ACUTE CORONARY SYNDROMES & FIBRINOLYSIS

2.10.2 Fibrinolytic drugs

ALTEPLASE (PE and stroke only) (TA264, TA122 and TA52)  R
STREPTOKINASE (TA52)
TENECTEPLASE (MI) (TA52)
UROKINASE (catheter occlusion only)
2.11 BLOOD-RELATED PRODUCTS
TRANEXAMIC ACID
DROTEROCOGIN 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 hypercholestrolaemia 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 “Duakir”
- UMECLIDINIUM (Incrosc Estept®)

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 Estept®”
- INDACATEROL/GLYCOPYRRONIUM “Ultibro Breezhaler®”
- TIOTROPIUM/OLODATEROL “Spiolto Respimat®”

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 DIPROPIONATE MDI, generic (Clenil®), Qvar® (not equivalent to generic) (TA138 and TA131)
- BUDESONIDE, turbohaler, respules, “Symbicort®”, “Duoresp Spiromax®” (TA138 and TA131)
- FLUTICASONE (consultant only) Accuhaler, Evohaler, and the combination products: “Flutiform”, “Seretide”, “Fostair” and “Fostair NEXThaler” (TA138 and TA131)
- FLUTICASONE furoate 92 micrograms, VILANTEROL (as trifenatate) 22 micrograms/ inhalation (Relvar Estept®)

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)
BROMPHENIRAMINE
CHLORPHENAMINE
CLEMASTINE
CYPROHEPTADINE
HYDROXYZINE
PROMETHAZINE HCL
3.4.2 Allergen Immunotherapy
(Available only through consultant immunologist)

SUBCUTANEOUS IMMUNOTHERAPY
Pharmlagen (TA246)

SUBLINGUAL IMMUNOTHERAPY
Grazax
Oralvac®
Allergovit®)

OMALIZUMAB (TA339) Treatment of chronic urticaria
Consultant Immunologist only

*In line with NICE TA-278: The following drug is included on our formulary for patients who have severe persistent allergic asthma:

- OMAZLMUB (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

ADRENALINE AUTOINJECTORS
(Epipen® and Epipen® junior - consultant only)

Hereditary Angioedema
C1-esterase inhibitor (consultant immunologist only)

3.5 RESPIRATORY STIMULANTS & PULMONARY SURFACTANTS

3.5.2 Pulmonary Surfactants
PORACTANT (consultant only)

3.7 MUCOLYTICS
CARBOCISTEINE
SALINE 3% nebs (Paediatrics only)

*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)
  non-m/r/Liquid (unlicensed)

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
- LEVOMEPROMAZINE
- 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 (DOTHIEPIN)
- 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
- APREPITANT
- 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 ("Sevedol", "Zomorph", "MXL"), Suppos, Injection
- ‘BUTRANS’ (consultant only)  
- CODEINE Tablets, Syrup, Injection (CD)
- DIAMORPHINE (CD) Restricted supplies
- DIHYDROCODEINE Tablets
- FENTANYL (CD) injection, Matrifén® 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  
- MEPTAZINOL (Meptid®) – for homebirths only  
- METHADONE (CD) (TA114)
- OXYPHENTADOL (CD) (Not 1st line)  
- PETHIDINE (CD) injection
- REMIFENTANIL (ITU only)  
- TAPENTADOL (CD) IR and SR  
- Initiation by the Pain Team  
- 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 ANTIEMETICS
CARBAMAZEPINE (“Tegretol” for initiation)
CLOBAZAM
CLONAZEPAM
DIAZEPAM
ESLICARBZEPINE (Consultant only) A∗
ETHOSUXIMIDE syrup
GABAPENTIN (consultant only)
LAMOTRIGINE (consultant only)
LACOSAMIDE (consultant only)
LEVETIRACETAM (consultant only)
MIDAZOLAM BUCCAL (initiated in new patients) A∗
OXCARBAZEPINE (Not 1st line) (consultant only)
PARALDEHYDE Enema
PERAMPANEL (Consultant Neurologist only) A∗
PHENOBARBITAL (CD)
PRIMIDONE
PHENYTOIN (not Tablets, for initiation)
RETIGABINE (TA232) R
STIRIPENTOL (unlicensed) R
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:

APOMORPHINE
CABERGOLINE
LISURIDE
ROTIGOTINE
RASAGILINE
Stalevo
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) R
TETRABENAZINE
BOTULINUM A Toxin (consultant only) (check indication) R

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 phenoxymerthylpenicillin
BENZYL PENICILLIN
PHENOXYMETHYL PENICILLIN
5.1.1.2 Penicillinase-resistant penicillins
FLUCLOXACILLIN
tEMO CILLIN (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
LYME CYCLINE (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
**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](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.)

TEICOPLANIN (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

**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)

NORFLOXACIN (Utinor®) tablets (Gastro & Hep consultant only)

**5.1.13 Urinary-tract infections**

NITROFURANTOIN

FOSFOMYCIN (micro-recommended only.)

**5.2 ANTIFUNGAL DRUGS**

**5.2.1 Triazole Antifungals**

FLUCONAZOLE

ITRACONAZOLE

POSACONAZOLE (consultant microbiologist/haematologist only)

VORICONAZOLE (consultant microbiologist only)

**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
GRISEOFULVIN

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)
SOFOSBUVIR (Sovaldi®) (TA330)
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 ANTIPROTOZOAL 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 Leishmaniicides
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"
- "Humalin 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) A*

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

- ISOPHANE INSUL
- “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
- GLICLAZIDE
- TOLBUTAMIDE
- METFORMIN (not combinations)
- ACARBOSE
- CANAGLIFLOZIN (Invokana® ▼) (TA315) Diabetes team only
- DAPAGLIFLOZIN ▼ (TA288) Diabetes team only
- DULA GLUTIDE ▼ (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

6.1.3 Treatment of diabetic nephropathy and neuropathy

Diabetic Neuropathy

- AMITRIPTYLINE
- DULOXETINE

6.1.6 Diagnostic and monitoring agents for diabetes mellitus
Optium H and PCX Plus
ALBUSTIX
DIABUR Test-5000
Ketostix
MULTISTIX 8SG
Oral glucose tolerance test

6.2 THYROID AND ANTITHYROID DRUGS

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

6.2.2 Antithyroid drugs
CARBIMAZOLE
IODINE ANDIODIDE (Aqueous iodine oral solution)
PROPYLETHIOIURACIL

6.3 CORTICOSTEROIDS

6.3.2 Glucocorticoid therapy
PREDNISOLONE (non-ec is first line)
BETAMETHASONE "Betnesol"
CORTISONE
DEXAMETHASONE
HYDROCORTISONE
METHYLPREDNISOLONE
TRIAMCINOLONA 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"
"Femostone", "Klofem", "Klovance", "Premarin",
Estradiol Implants, "Climaval", "Estradot",
"FemSeven", "Menoring 50", "Oestrogel",
"Vagifem vaginal tabs"
TIBOLONE (consultant only)
ETHINYL Estradiol (consultant only)

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

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” 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
  \textit{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)

6.6.2 Bisphosphonates and other drugs affecting bone metabolism
ALENDRONIC ACID Tablets (not combination tablets) (TA160 and TA161)
DENOSUMAB ▼ (consultant rheumatologist only) (TA204 and TA265)
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)

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)

7.1.2 Mifepristone (CD)
7.1.3 Myometrial relaxants
   ATOSIBAN (consultant only)
   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)**
- **TROSPUIM ‘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)**
## CHAPTER 8 – MALIGNANT DISEASE AND IMMUNOSUPPRESSION

### 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>Drug (Common Name)</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calcium Folinate</td>
<td>MESNA</td>
</tr>
<tr>
<td>DEXRAZOXANE (Savene)</td>
<td>R</td>
</tr>
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</table>

#### 8.1.1 Alkylating drugs

<table>
<thead>
<tr>
<th>Drug (Common Name)</th>
<th>Notes</th>
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<tbody>
<tr>
<td>Bendamustine</td>
<td>Busulfan</td>
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<tr>
<td>Carmustine</td>
<td>Chlorambucil</td>
</tr>
<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 (Common Name)</th>
<th>Notes</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>
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#### 8.1.3 Antimetabolites

<table>
<thead>
<tr>
<th>Drug (Common Name)</th>
<th>Notes</th>
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<tbody>
<tr>
<td>Azacitidine</td>
<td>Capecitabine</td>
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<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>
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#### 8.1.4 Vinca Alkaloids and Etoposide

<table>
<thead>
<tr>
<th>Drug (Common Name)</th>
<th>Notes</th>
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<tbody>
<tr>
<td>Etoposide</td>
<td>Vinblastine</td>
</tr>
<tr>
<td>Vincristine</td>
<td>Vinodesine</td>
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<tr>
<td>Vinorelbine</td>
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</tbody>
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#### 8.1.5 Other antineoplastic drugs

<table>
<thead>
<tr>
<th>Drug (Common Name)</th>
<th>Notes</th>
</tr>
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<tbody>
<tr>
<td>Amsacrine</td>
<td>Afatinib (TA310)</td>
</tr>
<tr>
<td>Axitinib (Inlyta®) (TA333)</td>
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<tr>
<td>Bevacizumab (TA263, TA284, TA285)</td>
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</tr>
<tr>
<td>Bortezomib (TA311)</td>
<td>Carboplatin (TA284, TA285)</td>
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<tr>
<td>Cetuximab</td>
<td>Cisplatin</td>
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<tr>
<td>Crisantaspase</td>
<td>Dacarbazine</td>
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<tr>
<td>Dasatinib</td>
<td>Docetaxel</td>
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<tr>
<td>Erlotinib (TA258, TA374)</td>
<td>Everolimus (TA219)</td>
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<tr>
<td>Gefitinib (TA374)</td>
<td>Hydroxyccarcamide (AMBER®)</td>
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<tr>
<td>Idelalisib in CLL</td>
<td>Imatinib</td>
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<tr>
<td>Ipilimumab (TA268, TA319 and TA326)</td>
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<tr>
<td>Irinotecan</td>
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<td>Lapatinib (TA257)</td>
<td>Mitotane</td>
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<tr>
<td>Nab-paclitaxel</td>
<td>Nilotinib</td>
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<td>Nintedanib (TA379)</td>
<td>Olaparib (TA381)</td>
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<td>Oxaliplatin</td>
<td>Paclitaxel (TA 284)</td>
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<td>Panobinostat (TA380)</td>
<td>Pazopanib</td>
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<td>Pembrolizumab (TA366)</td>
<td>Pentostatin</td>
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<td>Procarbazine</td>
<td>Sorafenib</td>
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<td>Sunitinib</td>
<td>Temozolomide</td>
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<td>Topotecan</td>
<td>Trabectedin</td>
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<tr>
<td>Trastuzumab</td>
<td>Vemurafinib (TA269)</td>
</tr>
</tbody>
</table>
8.2 DRUGS AFFECTING THE IMMUNE RESPONSE
AZATHIOPRINE
BCG bladder instillation
CICLOSPORIN (consultant only)
DIMETHYL FUMARATE (Tecfidera®) Consultant Neurologists only
FINGOLIMOD (TA 254)
GLATIRAMER (Consultant Neurologists only)
PEG INTERFERON ALPHA (Hepatitis C specialist only)
INTERFERON ALPHA 2B (RBE) (Consultant Oncologist/Check license) Haematologist only
INTERFERON BETA (Consultant Neurologists only)
LENALIDOMIDE
NATALIZUMAB (Consultant Neurologist only) (TA127)
THALIDOMIDE (consultant haematologist only)
TERIFLUNOMIDE (TA 303)

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

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*
Goserelin 3.6mg A*
Leuprorelin 3.75mg A*
Anti-androgens
Bicalutamide A*
Cyproterone Acetate A*
Degarelix 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"

9.1.1.2 Parenteral iron (consultant only) R

9.1.2 Drugs used in megaloblastic anaemias
HYDROXOCOBALAMIN
FOLIC ACID 5mg tabs, 2.5mg/5ml syrup

9.1.3 Drugs used in hypoblastic, haemolytic and renal anaemias
EPOETIN Alfa (Binocrit®) (Haematology consultant only) TA323 R
Desferrioxamine R
Deferasirox (Haematology consultant only) R

9.1.4 Drugs used in platelet disorders (polycythaemia and ET)
ANAGRELIDE (not 1st line) (consultant only) R
ROMIPLOSTIM (TA221) R

9.1.6 Drugs used in neutropenia
LENOGRASTIM R

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% R
(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
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
Nutri 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
MAGNASPARTATE (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 Fluoride
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 D3’, 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
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 Injection
“Lederspan” Injection

10.1.3 Drugs which suppress the rheumatic disease process
ADALIMUMAB▼ (consultant rheumatologist only in line with surrey biologics in RA pathway)
(SA262, TA199, TA195, TA187, TA130, TA329, TA373 and TA383)
SODIUM AUROTHIOMALATE (consultant only)
PENICILLAMINE
HYDROXYCHLOROQUINE
ABATACEPT▼ (TA234, TA195, TA280, TA373)
AZATHIOPRINE
CICLOSPORIN “Neoral” check license
CERTOLIZUMAB PEGOL (consultant rheumatologists only)
(TA186 and TA383)
LEFLUNOMIDE (consultant only)
METHOTREXATE Tablets (Px folic acid tabs too)
Inj
ETANERCEPT▼ (Consultant Rheumatologists only)
(TA195, TA199, TA130, TA103, TA373 and TA383)
INFLIXIMAB▼ (Consultant Rheumatologists only)
(TA195, TA199, TA187, TA163, TA140, TA134, TA130, TA329 and TA383)
GOLIMU
MAB▼ (Consultant Rheumatologists only)
Third line (TA225, TA220, TA329 and TA383)
RITUXIMAB (Consultant Rheumatologists only) (TA195)
SULFASALAZINE
▼ TOCILIZUMAB (Consultant Rheumatologists only)
(TA247, TA238 and TA373)

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

10.1.5 Other Drugs for Rheumatic Diseases
ILOPROST injection (Consultant Rheumatologist only)
HYALURONIC ACID 40mg/50ml (Cystastat®)
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) R
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
- FLUOROMETHOLONE “FML” R
- FLUCINOLONE (For trial use or with IFR only) (Not recommended for DMO TA271) R
- LOTEPEMIDOL (Consultant only) R
- PREDNISOLON “Pred Forte”, “Predsol”, “Predsol N” R
- TRIAMCINOLONE intravitreal injection R
- TOBRADEX (post cataract only) R

11.4.2 Other anti-inflammatory preparations
- ANTAZOLINE “Otrivine-Antistin”
- CICLOSPORIN TABS (Consultant Ophthalmologist only) R
- INFLIXIMAB (Consultant Ophthalmologist only) \(A\)
- LODOXAMIDE “Alomide”
- METHOTREXATE TABS (Consultant Ophthalmologist only) R
- METHOTREXATE intravitreal inj (Cons Ophthalmologists only) R
- MYCOPHENOLATE po (Consultant Ophthalmologist only) R
- 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 Duotrav (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/BRIMATOPROST (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
COCAINE 4% eye drops (unlicensed)

11.8 MISCELLANEOUS OPHTHALMIC PREPARATIONS
11.8.1 Tear deficiency, ocular lubricants and astringents
ACETYLGLYCINE 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
R
BSS PLUS
R
SODIUM HYALURONATE
VISCOAT injection (CE mark)

11.8.2 Ocular diagnostic and peri-operative preparations and photodynamic treatment
BEVACIZUMAB unlicensed (Consultant Ophthalmologist only)
FLUORESCIN strips
FLUORESCIN WITH PROXYMETHACAIN
ROSE BENGAL
ACETYLCHOLINE
▼ AFLIBERCEPT (TA294 and TA305)
APRACLONIDINE single use
DICLOFENAC SODIUM
KETOROLAC
▼ OCIRPLASMIN (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
CLOTIRMAZOLE
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 PROPIONATE (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
- BENZYMADINE
- 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
  - 'Xerotonin®' 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

<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>Zeroderm Ointment -2nd line (S+B)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cetraben Cream</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Zerobase Cream -2nd line</td>
<td></td>
<td></td>
<td>Aquamax Cream (S)</td>
</tr>
</tbody>
</table>

### Emollients with additives

#### Emollients + Antipruritic

<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>

#### Emollients + Urea

<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>Flexitol (25% urea) heel balm</td>
<td>Calmurid (10% urea, 5% lactic acid) cream</td>
</tr>
</tbody>
</table>

#### Emollients + Antimicrobial

<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 Conotran (0.1% benzalkonium chloride, 22% dimethicone) cream</td>
<td>Metanium ointment (Not 1st line)</td>
</tr>
</tbody>
</table>

#### 13.2.2.1 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>

#### Emollient Bath Preparations + Antimicrobial

<table>
<thead>
<tr>
<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>
</tr>
<tr>
<td>Zerolatum emollient medicinal bath oil (0.5% benzalkonium chloride, 2% triclosan and 51.66% light liquid paraffin)</td>
<td></td>
</tr>
</tbody>
</table>

November, 2016
13.3 TOPICAL LOCAL ANAESTHETICS & ANTIPRURITICS
CALAMINE Lotion
CROTAMITON Cream
TOPICAL LOCAL ANAESTHETICS
Lignocaine 5% Ointment
TOPICAL ANTIHISTAMINES
DOXEPIN ‘Xepin®’ Cream Dermatology only (pruritis in eczema)
Oral ANTI-HISTAMINES high dose (Dermatology only) A*

13.4 TOPICAL CORTICOSTEROIDS (TA81)
HYDROCORTISONE Cream/Ointment 0.5, 1, 2.5%
‘Alphaderm’ Cream
‘Eurax – hydrocortisone’
"Canesten HC"
"Daktacort"
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
FLUOCINOLONE ACETONIDE “Synalar”
0.025% & 1 in 4 dilution
MOMETASONE “Elocon”
With Salicylic acid “Diproscal” 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*
PIMECROLMUS (Consultant Dermatologist only) (TA82) A*
USTEKINUMAB (TA180) R
13.6 Acne and rosacea

'Brexoxyl'
'Dalacin T'
Adapalene and 'Epiduo' gel dermatology only
Co-Cyprindiol
Isotretinoin (high dose – Dermatology Consultant only) R

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 R

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 SULPHADIAZINE (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
- Varicella zoster immunoglobulin

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

15.1.4 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)

15.1.4.4 DEXMEDETOMIDINE (Dexdor®) (ITU consultants 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
ARTICAINE/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)

November, 2016
CHAPTER 16 – MISCELLANEOUS

16.1 IMAGING AGENTS
16.1.1 MRI imaging
- Gadobenate dimeglumine (Multihance®) (MRI only)
- Gadoteric acid (Dotarem®) (MRI only)
- Gadoteridol (Gadovist®) (MRI only)
- Gadoxetic acid (Primovist®) (MRI only)
- Sulfur hexafluoride (Sonovue®)

16.1.2 LiDCO imaging
- Indocyanine green (ITU Only)

16.1.3 Corneal Angiography
- Indocyanine green (Eye Unit Only)

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

16.3 TISSUE SEALANT
- Evicel®

16.4 DIAGNOSTIC AGENTS
16.4.1 Cough reflex testing
- Citric acid sachets 100mg sterile (SALT only)
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>March, 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 predetermined 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:  
H:\Drug and Therapeutics Reviews\Commissioning intentions\2016-17\Combined commissioned intentions CCG and NHSE 2016-17