

## RESPONSIBILITY FOR PRESCRIBING

### Basildon and Thurrock University Hospitals NHS Foundation Trust (BTUH), Thurrock CCG and Basildon and Brentwood CCG

#### Introduction

This document addresses the transfer of prescribing of new, complex or specialist drugs from BTUH to primary care. It may also serve as guidance for transfer from other secondary care trusts and tertiary providers.

There is an increasing trend for care, including the use of specialised drugs, to be moved from hospital to community. Any arrangement for the management of medicines must ensure safe care for the patient.

For specific drugs it is appropriate for the hospital to continue to prescribe in order to ensure optimum patient care. For example, it would be advantageous for the hospital clinician to continue to prescribe in circumstances where:

- drug treatment is complex and requires frequent monitoring and dose adjustment
- a GP would not be expected to have the specialist knowledge to be able to accept clinical responsibility for prescribing a drug.

However, for other drugs a shared care arrangement may be suitable where a hospital clinician initiates treatment and prescribing responsibility is transferred to primary care at an appropriate stage, with clear agreements as to monitoring and follow up. In some cases prescribing responsibility can be transferred to primary care after specialist initiation without the need for shared care arrangements.

#### Prescribing responsibility

EL(91)127 states that a GP should not accept responsibility unless he or she feels confident in prescribing for that condition, but recognises that he or she may prescribe any drug that is not on the Drug Tariff *Blacklist* (Drug Tariff part XVIII A).

The South West Essex Medicines Management Committee (SWE MMC) advises the health economy on the appropriateness of hospital-led prescribing and whether or not GPs should be asked to accept prescribing responsibility and whether shared care arrangements are required. This document summarises the SWE MMC guidance and GPs may use it when they are requested by the hospital to prescribe a specialist drug. GPs are encouraged to accept responsibility for prescribing whenever it is appropriate. **Refusal to prescribe should not be based on grounds of cost.** The following principles also apply:

- Legal responsibility for prescribing lies with the doctor issuing the prescription.
- When prescribing responsibility is transferred from secondary to primary care, the GP must have confidence in prescribing the necessary drugs.
- If there is insufficient clinical information, the GP should contact the consultant for more information.

- If a GP decides not to prescribe this should be communicated promptly to the consultant to ensure the continuity of the patient's treatment is not jeopardised. In exceptional circumstances the two clinicians cannot reach an agreement on who will prescribe, they should approach the Medicines Management Pharmacist /Hospital Trust Chief Pharmacist who will assist in determining ongoing arrangements.

If the GP, supported by the Medicines Management Pharmacist, refuses to prescribe a drug for clinical or professional reasons then prescribing responsibility should remain with the consultant.

### **SWE prescribing responsibilities - explanation of categories**

The majority of well-established drugs will not require specialist input and will therefore be suitable for GP initiation and continued prescribing ('Green list' drugs). Appendix 1 divides other drugs into three groups according to recommended arrangements for prescribing responsibilities. The categories are as follows:

#### **1. Specialist initiation, GP continuation (Yellow list)**

Drugs in this group are those which should be initiated by a specialist but may subsequently be confidently prescribed by a GP once the patient is stabilised. It is suggested that a specialist prescribes the drug initially for a period of at least 28 days before transferring care to the GP, although it is recognised that this period may need to be longer depending upon the drug/patient/ local agreement.

The Yellow list includes drugs

- where initiation is complex, involving dose adjustment and close monitoring
- with potentially significant side effects occurring at an early stage of therapy
- where the SWE MMC or national guidance indicates that specialist initiation is warranted

#### **2. Specialist initiation, GP continuation under shared care protocol/agreement (Amber list)**

Drugs in this group are those where care should be shared between the specialist and GP because ongoing specialist prescribing is not required but specialist advice on regular monitoring, dose adjustments and review may be needed to ensure safe and effective use. The consultant may ask the GP to share care when a patient's condition is stable.

For some drugs there will be a written shared care protocol outlining prescribing and monitoring responsibilities. The written protocol should include as a minimum:

- management of the clinical condition
- drug dosage
- monitoring
- areas of care for which each clinician has responsibility
- arrangements for follow up
- contact details should problems arise

The provision of a shared care protocol does not automatically mean the GP prescribes the medication; the consultant is encouraged to approach the GP for agreement.

Where there is no written shared care protocol in place, the consultant will need to reach an individual agreement with the GP and provide sufficient information on dosage and monitoring etc. to allow the GP to be confident in taking over prescribing responsibility.

### **3. Specialist prescribing only (Red list)**

Responsibility for prescribing will rest with the consultant when clinical risk or prescribing complexity is such that the secondary care clinician needs to take full responsibility for the prescribing, monitoring and dose adjustment of these drugs, or when the drug is commissioned by NHS England and prescribing should remain with the hospital trust.

Prescribing of drugs used as part of a hospital-based clinical trial and drugs only available through the hospital will also remain with the specialist.

#### **Scope of document**

This document summarises the local agreement which is in place between BTUH and Essex Commissioning Support Unit (on behalf of Thurrock CCG and Basildon and Brentwood CCG). Although the information contained in this document provides a useful reference, it cannot be assumed that this agreement will transfer to other hospitals/specialist centres.

This document was last updated in December 2018. The category lists will be reviewed annually by the South West Essex Medicines Management Committee. In cases of doubt, prescribers should contact the CCG Medicines Management Team/Hospital Trust Chief Pharmacist for advice.

## Appendix 1: Prescribing Responsibility Lists December 2018

### 1. SPECIALIST INITIATION, GP CONTINUATION (Yellow list)

GPs are encouraged to continue prescribing these drugs (if indicated) after the drug has been initiated by a specialist. Initiation of these drugs could be by a GP with a special interest.

Generic name	Brand name	Therapeutic indication
Acamprosate	Campral EC	Alcohol dependence
Acetazolamide	Diamox	Glaucoma
Acetylcysteine	ACC600 (Unlicensed special)	Pulmonary fibrosis
Agomelatine	Valdoxan	Major depression
Aliskiren	Rasilez	Essential Hypertension
Alogliptin (formulary DPP4 inhibitor/gliptin)*	Vipidia	Type 2 diabetes
Anastrozole	Arimidex	Breast cancer
Antipsychotics (depot)		Schizophrenia and psychosis
Apixaban*	Eliquis	Prevention of VTE after hip or knee replacement surgery. Prevention of stroke and systemic embolism in non-valvular AF
Aripiprazole	Abilify	Schizophrenia
Bicalutamide	Casodex	Advanced prostate cancer
Brivaracetam	Briivact	Antiepileptic
Bromocriptine	Parlodel	Parkinson's disease
Cabergoline	Cabaser	Advanced Parkinson's disease
Cabergoline	Dostinex	Hyperprolactinaemia
Calcitriol	Rocaltrol	Vitamin D therapy in severe renal impairment
Canagliflozin*	Invokana	Type 2 diabetes
Ciclosporin eye drops	Ikervis	Severe keratitis in line with NICE
Colestyramine	Questran	All indications
Cyproterone Acetate	Cyprostat	Prostate cancer
Dabigatran*	Pradaxa	Prevention of VTE after total hip or knee replacement surgery. Prevention of stroke and systemic embolism in non-valvular AF
Dapagliflozin*	Forxiga	Type 2 diabetes
Dapsone		Dermatitis herpetiformis
Desmopressin	DesmoMelt	Diabetes insipidus and primary nocturnal enuresis
Diethylstilbestrol		All indications
Diltiazem 2% cream/ointment	Unlicensed special	Anal fissure
Dulaglutide*	Trulicity	Type 2 diabetes mellitus
Duloxetine	Cymbalta	Major depressive disorder, generalised anxiety disorder, diabetic neuropathy
Dutasteride	Avodart	Benign prostatic hyperplasia
Edoxaban*	Lixiana	Prevention of stroke and systemic embolism in non-valvular AF. Treatment of DVT, treatment of PE and prevention of recurrent DVT and PE
Empagliflozin*	Jardiance	Type 2 diabetes
Entacapone	Comptess	Parkinson's disease
Exemestane	Aromasin	Breast cancer
Exenatide and exenatide once weekly*	Byetta, Bydureon	Type 2 diabetes mellitus
Fluorouracil 0.5% and salicylic acid 10%	Actikerall	Hyperkeratotic actinic keratosis
Flutamide	Drogenil	Advanced prostate cancer

Glycopyrronium (1mg and 2mg tablets)		Tablets licensed for add-on therapy in the treatment of peptic ulcer. Use in hyperhidrosis is unlicensed.
Imiquimod	Aldara	For licensed indication of external genital and perianal warts (please also refer to red list)
Insulin glargine higher strength	Toujeo	Type 1 diabetes mellitus in line with specified criteria
Ivabradine	Procoralan	Angina in patients in normal sinus rhythm
Lacosamide	Vimpat	Adjunct therapy in the treatment of partial-onset seizures with or without secondary generalisation in patients with epilepsy aged 16 years and over
Lamotrigine	Lamictal	Epilepsy
Lanreotide	Somatuline LA, Somatuline Autogel	Acromegaly (refer also to red list)
Letrozole	Femara	Breast cancer
Levetiracetam	Keppra	Epilepsy
Levodopa/carbidopa/entacapone	Stalevo	Parkinson's disease
Lidocaine medicated plasters	Versatis	Postherpetic neuralgia (initiated by pain consultant or pain team)
Liraglutide*	Victoza	Diabetes
Megestrol Acetate	Megace	Endometrial cancer
Mesalazine	Octasa MR, Asacol MR	Mild to moderate ulcerative colitis and maintenance of remission
Midazolam Buccal Liquid	Buccolam, Epistatus	Status epilepticus
Moclobemide	Manerix	Depressive illness
Modafinil	Provigil	Daytime sleepiness (narcolepsy)
Nebivolol	Nebilet	Heart failure in patients aged 70 and over
Ondansetron	Zofran	Nausea and vomiting
Octreotide	Sandostatin, Sandostatin LAR	Palliative care (unlicensed) and acromegaly (refer also to red list)
Opicapone	Ongentys	Parkinson's disease as an option in swallowing difficulty
Oxybutynin*	Kentera	Treatment of urge incontinence
Oxycodone/naloxone	Targinact	Opioid analgesic-pain management specialist initiation
Pancreatin	Creon, Pancrex, Pancrease	Pancreatic insufficiency
Perampanel	Fycompa	Epilepsy with partial-onset seizures with or without secondarily generalised seizures, and in primary generalised tonic-clonic seizures with idiopathic generalised epilepsy
Pergolide	Celance	Parkinson's disease
Pimecrolimus cream	Elidel	Short-term treatment of mild to moderate atopic eczema
Pramipexole	Mirapexin	Parkinson's disease
Prasugrel	Efient	In combination with aspirin for the prevention of atherothrombotic events in people with acute coronary syndrome undergoing percutaneous coronary intervention
Prucalopride	Resolor	Chronic constipation in women when other laxatives fail to provide an adequate response, in line with NICE guidance
Quetiapine and quetiapine prolonged release	Seroquel, Seroquel XL, Zaluron XL, Biquelle XL	Schizophrenia and manic episodes associated with bipolar disorder
Quinagolide	Norprolac	Hypoprolactinaemia
Ranolazine	Ranexa	Adjunctive therapy in stable angina in patients inadequately controlled or intolerant to first line therapies
Rasagiline	Azilect	Parkinson's disease

Renavit		Multivitamin for renal patients on dialysis
Rifaximin	Targaxan	Reduction in recurrence of hepatic encephalopathy
Risperidone IM	Risperdal Consta	Schizophrenia
Rivaroxaban*	Xarelto	Prevention of VTE after hip or knee replacement surgery. Treatment of DVT and prevention of recurrent DVT and PE. Prevention of stroke and systemic embolism in non-valvular AF
Ropinirole	Requip	Parkinson's disease
Ropinirole	Adartrel	Treatment of moderate to severe idiopathic restless leg syndrome
Rotigotine	Neupro	Parkinson's disease
Sacubitril/valsartan	Entresto	Chronic heart failure with reduced ejection fraction
Safinamide	Xadago	Mid-to late-stage Parkinson's disease with insufficient response or intolerance to other similar drugs
Stiripentol	Unlicensed	Epilepsy
Sucralfate	Unlicensed	Treatment of duodenal ulcer, gastric ulcer, chronic gastritis and radiotherapy induced gastritis
Tacrolimus ointment	Protopic	Moderate to severe eczema unresponsive to conventional therapy
Tamoxifen		Breast cancer
Testosterone	Nebido, Sustanon, Testavan, Testogel, Tostran	Testosterone replacement therapy for male hypogonadism when testosterone deficiency has been confirmed
Tiagabine	Gabitril	Epilepsy
Tizanidine	Zanaflex	Spasticity associated with MS or spinal cord injury
Topiramate	Topamax	Epilepsy and migraine
Ulipristal acetate	EllaOne	Emergency contraception-approved for use from 72 hours to 120 hours after unprotected intercourse
Ursodeoxycholic Acid	Ursofalk, Ursogal, Cholurso	Primary biliary cirrhosis, dissolution of gallstones
Vacuum pumps	VaxAid Hydropump V30, ErectEase, Pos-T-Vac manual	Erectile dysfunction in line with SLS criteria
Vortioxetine	Brintellix	Major depressive episodes as a third line treatment
VSL#3 (probiotic food supplement)		Treatment option in refractory pouchitis, recommended by gastro team (refer also to grey list-separate guidance)
Zonisamide	Zonegran	Adjunctive therapy in partial seizures with or without secondary generalisation

\* medication suitable for GP initiation without specialist input

## 2. SPECIALIST INITIATION, GP CONTINUATION UNDER SHARED CARE PROTOCOL/AGREEMENT (Amber List)

Once these drugs have been initiated by a specialist, either a formal shared care protocol is in place within which GPs are encouraged to continue the prescribing of these drugs (if indicated), or specialists wishing GPs to continue prescribing are expected to reach an agreement to this effect including arrangements for monitoring etc.

Generic name	Brand name	Therapeutic indication
Apomorphine	APO-Go	Parkinson's disease
Atomoxetine <sup>#</sup>	Strattera	ADHD
Auranofin	Ridaura	Rheumatology
Azathioprine <sup>#</sup>	Imuran	Rheumatology, inflammatory bowel disease, severe refractory eczema
Chloroquine	Avloclor, Nivaquine	Rheumatology
Darbepoetin alfa	Aranesp	Anaemia associated with chronic renal failure in patients not on dialysis and anaemia associated with non-myeloid malignancies (refer also to red list)
Degarelix	Firmagon	Prostate cancer
Denosumab	Prolia	Osteoporosis in postmenopausal women
Dexamfetamine <sup>#</sup>	Amfexa	ADHD
Donepezil	Aricept	Alzheimer's disease
Epoetin alfa, beta, theta and zeta	Brinocrit, Eprex, NeoRecormon, Eporatio, Retacrit	Anaemia associated with chronic renal failure in patients not on dialysis and anaemia in adults receiving cancer chemotherapy (refer also to red list)
Eplerenone	Inspra	LV dysfunction and heart failure post MI
Febuxostat	Adenuric	Chronic hyperuricaemia
Galantamine	Reminyl, Gatalin	Alzheimer's disease
Goserelin	Zoladex, Zoladex LA	Prostate cancer
Guanfacine	Intuniv	ADHD for whom stimulants are not suitable, not tolerated or have been shown to be ineffective
Hydroxycarbamide (hydroxyurea)	Hydrea	Essential thrombocythemia or polycythemia vera with a high risk for thromboembolic complications (prescribe as licensed Medac manufactured product), and chronic myeloid leukaemia
Hydroxychloroquine <sup>#</sup>	Plaquenil	Rheumatology
Immunosuppressants e.g ciclosporin, tacrolimus, mycophenolate mofetil		For indications other than post transplant, including eczema, psoriasis, rheumatoid arthritis (refer also to red list)
Lanthanum	Fosrenal	Hyperphosphataemia in patients with chronic renal failure not on dialysis (refer also to red list for patients on dialysis)
Leflunomide <sup>#</sup>	Arava	Rheumatology
Leuprorelin	Prostap SR, Prostap-3	Advanced prostate cancer
Lisdexamfetamine <sup>#</sup>	Elvanse	ADHD
Melatonin <sup>#</sup>	Circadin, Melajet	Treatment of sleep disorders in children and adolescents (unlicensed use)
Memantine	Ebixa	Alzheimer's Disease
Mercaptopurine <sup>#</sup>	Puri-Nethol	Rheumatology, inflammatory bowel disease
Methotrexate oral, subcut <sup>#</sup>		Rheumatology, dermatology
Methylphenidate <sup>#</sup>	Ritalin, Equasym XL, Concerta XL, Matoride XL	ADHD
Midodrine	Bramox	Treatment of severe orthostatic hypotension caused by

		autonomic dysfunction when corrective factors have been ruled out and alternative treatments prove inadequate
Penicillamine	Distamine	Rheumatology
Riluzole	Rilutek	To extend life or the time to mechanical ventilation in amyotrophic lateral sclerosis
Rivastigmine	Exelon	Alzheimer's disease
Sevelamer hydrochloride and Sevelamer carbonate	Renagel and Renvela	Hyperphosphataemia in patients with chronic renal failure not on dialysis (refer also to red list for patients on dialysis)
Sodium aurothiomalate inj	Myocrisin	Rheumatology
Somatropin	Genotropin, Humatrope, Norditropin, NutropinAq, Omnitrope, Saizen, Zomacton	Synthetic growth hormone (in children and adults)
Sulfasalazine <sup>#</sup>	Salazopyrin EN	Rheumatology
Tolcapone	Tasmar	Parkinson's disease
Triptorelin	Gonapeptyl Depot, Decapeptyl SR	Advanced prostate cancer

<sup>#</sup> shared care protocol available

### 3. SPECIALIST PRESCRIBING ONLY (Red List)

GPs are discouraged from taking on the prescribing of these drugs even after specialist initiation

Generic name or therapeutic group	Brand name	Therapeutic indication	Commissioner
Abiraterone	Zytiga	Anti androgen for metastatic castration-resistant prostate cancer	NHSE
Acitretin	Neotigason	Psoriasis	
Aldesleukin	Proleukin	Metastatic renal cell carcinoma	NHSE
Alirocumab	Praluent	Primary hypercholesterolaemia and mixed dyslipidaemia	CCG
Alitretinoin	Toctino	Severe chronic hand eczema	
Ambrisentan	Volibris	Pulmonary arterial hypertension	NHSE
Amifampridine	Firdapse	Treatment of Lambert-Eaton myasthenic syndrome	NHSE
Amikacin inhalation/amikacin liposomal (inhaled)		Cystic fibrosis	NHSE
Anagrelide	Xagrid	Essential thrombocythaemia	CCG
Anti-neoplastic drugs e.g afatinib, axitinib, bosutinib, cabozantinib, carfilzomib, ceritinib, crizotinib, dabrafenib, dasatinib, erlotinib, everolimus, gefitinib, ibrutinib, idelalisib, imatinib, lapatinib, nilotinib, nintedanib, olaparib, osimertinib, panobinostat, pazopanib, ponatinib, regorafenib, ruxolitinib, sorafenib, sunitinib, trametinib, vandetanib, vemurafenib, venetoclax, vismodegib	Afatinib (Giotrif), axitinib (Inlyta), bosutinib (Bosulif), cabozantinib (Cabometyx), carfilzomib (Kyprolis), ceritinib (Zykadia), crizotinib (Xalkori), dabrafenib (Tafinlar), dasatinib (Sprycel), erlotinib (Tarceva), everolimus (Afinitor, Votubia), gefitinib (Iressa), ibrutinib (Imbruvica), idelalisib (Zydelig), imatinib (Glivec), lapatinib (Tyverb), nilotinib (Tasigna), nintedanib (Ofev, Vargatef), olaparib (Lynparza), osimertinib (Tagrisso), panobinostat (Farydak), pazopanib (Votrient), ponatinib (Iclusig), regorafenib (Stivarga), ruxolitinib (Jakavi), sorafenib (Nexavar), sunitinib (Sutent), trametinib (Mekinist), vandetanib (Caprelsa), vemurafenib (Zelboraf), venetoclax (Venclyxto), vismodegib (Erivedge)	All indications	NHSE
Antituberculosis drugs e.g. cycloserine, ethambutol, isoniazid, rifabutin, rifampicin	Ethambutol, isoniazid, rifabutin (Mycobutin), rifampicin (Rifadin), Rifinah, Rifater	Tuberculosis	
Anti-TNF- $\alpha$ drugs and cytokine modulators e.g abatacept, adalimumab,	Abatacept (Orencia), adalimumab (Humira, Amgevita, Hulio, Hyrimoz, Imraldi), aflibercept (Eylea, Zaltrap), alemtuzumab	All indications	NHSE

<p>aflibercept, alemtuzumab, anakinra, atezolizumab, basiliximab, belimumab, bevacizumab, blinatumomab, brentuximab, certolizumab pegol, daratumumab, dupilumab, etanercept, golimumab, infliximab, ipilimumab, ixazomib, lenvatinib, nivolumab, obinutuzumab, ocrelizumab, ofatumumab, olaratumab, omalizumab, palbociclib, panitumumab, pertuzumab, pembrolizumab, ranibizumab, reslizumab, ribociclib, rituximab, ruxolitinib, sarilumab, secukinumab, tivozanib, tocilizumab, trastuzumab, ustekinumab, vedolizumab</p>	<p>(Lemtrada), anakinra (Kineret), atezolizumab (Tecentriq), basiliximab (Simulect), belimumab (Benlysta), bevacizumab (Avastin), brentuximab (Adcetris), blinatumomab (Blincyto), certolizumab pegol (Cimzia), daratumumab (Darzalex), dupilumab (Dupixent), etanercept (Enbrel), golimumab (Simponi), infliximab (Inflectra, Remicade, Remsima), ipilimumab (Yervoy), ixazomib (Ninlaro), lenvatinib (Kispalyx), nivolumab (Zejula), obinutuzumab (Gazyvaro), ocrelizumab (Ocrevus), ofatumumab (Arzerra), olaratumab (Lartruvo), omalizumab (Xolair), palbociclib (Ibrance), panitumumab (Vectibix), pembrolizumab (Keytruda), pertuzumab (Perjeta), ranibizumab (Lucentis), reslizumab (Cinqaero), ribociclib (Kisqali), rituximab (MabThera, Rixathon, Truxima), ruxolitinib (Jakavi), sarilumab (Kevzara), secukinumab (Cosentyx), tivozanib (Fotivda), tocilizumab (RoActemra), trastuzumab (Herceptin, Herzuma), ustekinumab (Stelara), vedolizumab (Entyvio)</p>		
<p>Antiretrovirals for HIV infection and for post exposure prophylaxis e.g. abacavir, efavirenz, emtricitabine, lamivudine, lopinavir, raltegravir, rilpivirine, ritonavir, saquinavir, stavudine, tenofovir, tipranavir, zidovudine</p>	<p>abacavir (Ziagen), efavirenz (Sustiva), emtricitabine (Emtriva), lamivudine (Zeffix), lopinavir (Kaletra, with ritonavir), raltegravir (Isentress), rilpivirine (Edurant), ritonavir (Norvir), saquinavir (Invirase), stavudine (Zerit), tenofovir, tipranavir (Aptivus), (Viread), zidovudine (Retrovir)</p>	HIV infection	NHSE
Apremilast	Otezla	Psoriatic arthritis or psoriasis	CCG
Azathioprine	Imuran	Immunosuppressant post transplant only	NHSE
Aztreonam lysine (nebulisation/ inhalation only)	Cayston	Chronic pulmonary Pseudomonas aeruginosa infection in cystic fibrosis	NHSE

Becaplermin Gel	Regranex	Adjunct treatment of full-thickness, neuropathic, diabetic ulcers	
Bedaquiline	Sirturo	Extensively/multi-drug resistant TB	NHSE
Benperidol	Anquil	Antipsychotic-control of deviant antisocial behaviour	
Benzbromarone	Unlicensed	Hyperuricaemia associated with chronic gout where other agents such as allopurinol and febuxostat are not suitable or contra-indicated	
Beractant	Survanta	Pulmonary surfactant in the management of respiratory distress syndrome	NHSE
Biotin		Multiple Sclerosis	NHSE
Botulinum toxin (type A and type B)	Botox, Dysport, Neurobloc	All indications	NHSE-dependent on indication
Brompheniramine	Unlicensed (antihistamine)	All indications	
Calcium resonium (oral/rectal)		Treatment of hyperkalaemia	
Cannabis-based products		All indications	
Capsaicin patch	Qutenza	Treatment of peripheral neuropathic pain	
Chronic hepatitis B e.g adefovir dipivoxil, lamivudine, entecavir, tenofovir, motavizumab, telbivudine	Adefovir dipivoxil (Hepsera), lamivudine (Zeffix), entecavir (Baraclude), tenofovir (Truvada), motavizumab, telbivudine (Sebvivo)	Chronic hepatitis B	NHSE
Ciclosporin	Capimune, Capsorin, Deximune, Neoral	Immunosuppressant post transplant only.	NHSE
Cidofovir	Vistide	CMV retinitis in AIDS	NHSE
Cinacalcet	Mimpara	Secondary hyperparathyroidism in patients with endstage renal disease-dialysis only	NHSE
Cladribine	Mavenclad	Multiple sclerosis	NHSE
Clomifene	Clomid	Treatment of ovulatory failure	
Clozapine	Clozaril	Schizophrenia	
Co-careldopa intestinal gel	Duodopa	Parkinson's disease	NHSE
Colistimethate sodium/colistin (nebulisation/inhalation only)	Promixin, Colobreathe	Chronic pulmonary Pseudomonas aeruginosa infection in cystic fibrosis	NHSE
		Non-cystic fibrosis bronchiectasis	Not commissioned locally
Darbepoetin alfa	Aranesp	Anaemia associated with chronic renal failure in patients on dialysis (refer also to amber list)	NHSE
Deferasirox	Exjade	Treatment of iron overload-iron chelation in thalassaemia and sickle cell	NHSE
Deferiprone	Ferriprox	Treatment of iron overload-iron chelation in thalassaemia and sickle cell	NHSE
Delamanid	Delyba	Extensively/multi drug resistant TB	NHSE
Desferrioxamine	Desferal	Treatment of iron overload-iron chelation in thalassaemia and sickle	NHSE

		cell	
Dimethyl fumarate	Tecfidera	Multiple Sclerosis	NHSE
Disease-modifying anti-rheumatic drugs for children and young people (e.g methotrexate, immunosuppressive agents)		Rheumatology conditions in children and young people	
Dornase Alfa (rhDNase)	Pulmozyme	Cystic fibrosis	NHSE
Eltrombopag	Revolade	Chronic immune (idiopathic) thrombocytopenic purpura, thrombocytopenia in chronic hepatitis C	
Enzalutamide	Xtandi	Metastatic prostate cancer	NHSE
Etelcalcetide	Parsabiv	Secondary hyperparathyroidism with chronic kidney disease on haemodialysis	NHSE
Epoetin alfa and epoetin beta	Brinocrit, Eprex, NeoRecormon, Eporatio, Retacrit	Anaemia associated with chronic renal failure in patients on dialysis (refer also to amber list)	NHSE
Etilefrine	Unlicensed	Priapism in sickle cell crisis	
Evolocumab	Repatha	Hypercholesterolaemia and mixed dyslipidaemia	CCG
Fampridine	Fampyra	Improvement of walking in multiple sclerosis	NHSE
Filgrastim	Neupogen	Neutropenia and Barth syndrome	NHSE
Fingolimod	Gilenya	Highly active relapsing-remitting multiple sclerosis	NHSE
Foscarnet	Foscavir	CMV retinitis in AIDS	NHSE
Ganciclovir	Cymevene	Prevention of cytomegalovirus infection in transplant or HIV patients	NHSE
Glatiramer acetate	Copaxone	Relapsing-remitting multiple sclerosis	NHSE
Grass and tree pollen extracts	Grazax	For seasonal grass pollen-induced allergic rhinoconjunctivitis (hay fever)	
Hepatitis C e.g alisporivir, boceprevir, faldaprevir, filibuvir, paritaprevir, simeprevir, sofosbuvir, telaprevir	alisporivir, boceprevir (Victrelis), faldaprevir, filibuvir, paritaprevir, simeprevir, sofosbuvir (Epclusa, Harvoni, Solvaldi), telaprevir (Incivo)	Hepatitis C	NHSE
Hydroxycarbamide (hydroxyurea)	Hydrea	Haematology indications in children and young people	CCG
Ibandronic Acid IV	Bonviva	Osteoporosis in postmenopausal women	
Idebenone	Raxone	Duchenne muscular dystrophy	NHSE
Imiquimod	Aldara	Small superficial basal cell carcinomas	
Interferon-all types of interferon alfa, interferon beta and peginterferon alfa	Roferon-A, Pegasys, ViraferonPeg, Avonex, Rebif, Beteferon, Extavia, Immukin	All indications	NHSE
Isotretinoin	Roaccutane	Acne	
Ivacaftor	Kalydeco	Cystic fibrosis in patients who have a	NHSE

	Orkambi (lumacaftor/ivacaftor)	G551D mutation in the CFTR gene. Cystic fibrosis in patients who are homozygous for the F508del mutation in the CFTR gene.	
IVF intranasal and injectable drugs		In-vitro fertilisation	
Ketamine oral solution	Unlicensed special	Unlicensed use for the management of chronic pain and relief of pain in palliative care patients	
Lanreotide	Somatuline LA, Somatuline Autogel	Neuroendocrine tumours and thyrotrophic adenomas (refer also to yellow list)	NHSE
Lanthanum	Fosrenal	Hyperphosphataemia in patients with chronic renal failure on haemodialysis or CAPD.	NHSE
Laquinimod		Multiple Sclerosis	NHSE
Lenalidomide	Revlimid	Multiple myeloma	NHSE/CDF
Lenograstim	Granocyte	Neutropenia and Barth Syndrome	NHSE
Linezolid	Zyvox	Antibiotic	
Liothyronine		Hypothyroidism	
Mannitol (nebulisation/ inhalation only)	Bronchitol	Cystic Fibrosis	NHSE
Mecasermin	Increlex	Growth failure in children and adolescents with severe primary insulin-like growth factor-I deficiency	NHSE
Metabolic disorders e.g asfotase alfa, betaine, carnitine/levocarnitin, cholic acid, eliglustat, miglustat, mercaptamine (cysteamine), nitisinone, obeticholic acid, sodium benzoate, sodium phenylbutyrate, carglumic acid, nitisinone, sapropterin	Asfotase alfa (Strensiq), betaine (Cystadane), carnitine/levocarnitine (Carnitor), cholic acid (Orphacol), eliglustat (Cerdelga), nitisinone (Orfadin), miglustat (Zavesca), mercaptamine (Cystagon), obeticholic acid (Ocaliva), sodium benzoate, sodium phenylbutyrate (Ammonaps), carglumic acid (Carbaglu), nitisinone (Orfadin), sapropterin (Kuvan)	Metabolic disorders including homocystinuria, carnitine deficiency, gaucher's disease, nephropathic cystinosis, urea cycle disorders, hereditary tyrosinaemia I, phenylketonuria	NHSE
Methoxypsoralen		PUVA	
Mexiletine	Unlicensed (possible brands include Mexitil)	All indications, including arrhythmias, pain, muscle stiffness in myotonic dystrophy or myotonia congenita	
Modafanil	Provigil	All indications other than narcolepsy	
Mycophenolate mofetil and mycophenolic acid	CellCept, Myfortic	Immunosuppressant post transplant only.	NHSE
Natalizumab	Tysabri	Severe relapsing-remitting multiple sclerosis	NHSE
Normal immunoglobulins		Licensed indications as per DH guidelines	NHSE
Octreotide	Sandostatin, Sandostatin LAR	Neuroendocrine tumours and prevention of complications following pancreatic surgery, acromegaly, congenital hyperinsulinism (refer	NHSE

		also to yellow list)	
Ombitasvir/ paritaprevir/ritonavir	Viekirax	Viral hepatitis (B and C), respiratory syncytial virus	NHSE
Parenteral and oral cytotoxics, and related therapies		Cancer	
Palivizumab	Synagis	Prevention of serious lower respiratory infection caused by RSV	NHSE
Pamidronate disodium	Aredia	Paget's disease, hypercalcaemia of malignancy	
Para-aminosalicylic acid	Unlicensed	Multi-drug resistant TB	NHSE
Paraldehyde		Epilepsy	
Paricalcitol	Zemplar	For prevention and treatment of secondary hyperparathyroidism associated with chronic renal failure	CCG
Pasireotide	Signifor	Cushing's disease (adult patients) for whom surgery is not an option or for whom surgery has failed	NHSE
Pegfilgrastim	Neulasta	Neutropenia	NHSE
Pirfenidone	Esbriet	Idiopathic Pulmonary Fibrosis	NHSE
Plerixafor	Mozobil	Drugs affecting the immune response	NHSE
Pomalidomide	Imnovid	Cancer, myelofibrosis	NHSE
Poractant alfa	Curosurf	Pulmonary surfactant in the management of respiratory distress syndrome	NHSE
Posaconazole	Noxafil	Antifungal, and for chronic pulmonary aspergillosis	NHSE
Ribavirin	Virazole	Severe RSV, bronchiolitis, chronic hepatitis C	NHSE
Romiplostim	Nplate	Chronic immune (idiopathic) thrombocytopenic purpura (ITP)	NHSE
Sertindole	Serdolect	Schizophrenia	
Sevelamer hydrochloride and Sevelamer carbonate	Renagel and Renvela	Hyperphosphataemia in patients with chronic renal failure on haemodialysis or CAPD.	NHSE
Sirolimus	Rapamune	Immunosuppressant post transplant only.	NHSE
Sucroferric oxyhydroxide	Velphoro	Control of serum phosphorus levels in haemodialysis (HD) or peritoneal dialysis (PD)	NHSE
Tacrolimus (prescribe by brand name)	Adoport, Capexion, Modigraf, Prograf, Tacni, Vivadex and Advagraf (modified release)	Immunosuppressant post transplant only.	NHSE
Tafamidis	Vyndaqel	Neurodegenerative conditions	NHSE
Temozolomide	Temodal	Glioma	NHSE
Teriflunomide	Aubagio	Multiple sclerosis	NHSE
Teriparatide	Forsteo	Osteoporosis	
Thalidomide	Thalidomide Celgene	Multiple myeloma	NHSE
Tobramycin (nebulisation/ inhalation only)	Tobi, Bramitob	Chronic pulmonary Pseudomonas aeruginosa infection in cystic fibrosis	NHSE
Tolvaptan	Samsca	Treatment of hyponatraemia secondary to SIADH	
Translarna	Ataluren	Duchenne muscular dystrophy	NHSE
Trientine	Unlicensed	Wilson's disease	NHSE

dihydrochloride			
Ulipristal acetate	Esmya	Pre-operative treatment of moderate to severe symptoms of uterine fibroids and intermittent treatment of moderate to severe symptoms of uterine fibroids	
Valganciclovir	Valcyte	Treatment of cytomegalovirus retinitis in AIDS patients. Prevention of cytomegalovirus following organ transplantation	NHSE
Vasodilator antihypertensive drugs/ primary pulmonary hypertension (ambrisentan, bosentan, macitentan, nebulised iloprost, riociguat, selexipag, sildenafil, tadalafil)	Ambrisentan (Volibris) bosentan (Tracleer), macitentan (Opsumit), nebulised iloprost (Ventavis), riociguat (Adempas), selexipag (Uptravi), sildenafil (Revatio), tadalafil (Adcirca)	Pulmonary arterial hypertension	NHSE
Vismodegib	Erivedge	Diagnosis and treatment of IgE-mediated allergy to wasp venom	
Voriconazole	Vfend	Antifungal in HIV, and for chronic pulmonary aspergillosis	NHSE
Wasp venom extract	Pharmalgen Wasp Venom		
Zoledronic acid	Zometa, Aclasta	Paget's disease, osteoporosis, hypercalcaemia of malignancy	

For any other drug not covered in these lists please contact the Prescribing & Medicines Management Team. This list will be revised on a regular basis. Drugs may change category over time and all prescribers will be notified of any changes.

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