

**Wiltshire Formularies Traffic Light Status  
(Reference Only) Feb 2019 Version**



Clinical Commissioning Group

This summary should only be used as an initial reference tool. Please refer to the individual formulary entry at the appropriate trust for more details and shared care guidance where appropriate.

3Ts (Swindon): <http://www.extranet.qwh.nhs.uk/formulary.aspx>

BCAP (Bath): <http://www.bcapformulary.nhs.uk/>

ICID (Salisbury): [www.icid.salisbury.nhs.uk/MedicinesManagement/Pages/IndexPage.aspx](http://www.icid.salisbury.nhs.uk/MedicinesManagement/Pages/IndexPage.aspx)

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| BNF      | Drug (generic name)         | Brand Name                           | 3Ts           | BCAP                                     | ICID                  | Notes   |
|----------|-----------------------------|--------------------------------------|---------------|--|-----------------------|---|
| 5.3      | Abacavir                    | Ziagen, Kivexa, Trizivir             | Red           | Red                                      | Refer to Ston         |   |
| 10.1.3   | Abatacept                   | Orencia                              | Red           | Red                                      | Red                   | Nice TA 195,280, 373, 375   |
| 8.3.4.2  | Abiraterone                 | Zytiga                               | Non formulary | Red                                      | Red                   | as per NICE TA259, 387  |
| 4.10.1   | Acamprosate                 | Campral                              | Amber         | Amber                                    | Amber                 | prescribed in conjunction with a recovery programme, for maintenance of abstinence  |
| 11.6     | Acetazolamide               | Diamox SR, Eytazox MR                | Amber         | Green                                    | Green                 | Not licensed for idiopathic cranial hypertension  |
| 11.6     | Acetazolamide               | tablets 250mg                        | Amber         | Green                                    | Green                 | Private prescription for mountain sickness  |
| 11.6     | Acetazolamide               | injection                            | Red           | Red                                      | Non formulary         |   |
| 3.7.0    | Acetylcysteine              |                                      | Red           | Red                                      | Red                   | For pulmonary fibrosis  |
| 13.5.2   | Acitretin caps              | Neotigason                           | Red           | Red                                      | Red                   | Dermatology - severe resistant psoriasis  |
| 3.1.2    | Acidinium Bromide           | Eklira Genuair                       | Green         | Green                                    | Green                 | 2nd line to tiotropium for pts with dexterity problems  |
| 1.5.3    | Adalimumab                  | Humira                               | Red           | Red                                      | Red                   | NICE TA 187, 329 MHRA Drug Safety Update for information on risk of TB or reactivation of latent TB.  |
| 5.3.3    | Adefovir                    | Hepsera                              | Non formulary | Non formulary                            | Red                   | Nice TA96- Adefovir no longer used for Hep B.   |
| 4.3.4    | Agomelatine                 | Valdoxan                             | Red           | Non formulary                            | Non formulary         | Prescribed by RSP only  |
| 9.6.4    | Alfacalcidol                | One-alpha                            | Amber         | Green                                    | Green                 | see NPSA statement 2011 risks   |
| 15.1.4.3 | Alfentanil                  | Rapifen                              | Red           | Red                                      | Red                   | CD  |
| 7.4.1    | Alfuzosin                   | Xatral, Besavar XL, Xatral XL        | Blue          | Non formulary                            | Green                 | 3Ts and ICID also includes modified release   |
| 2.12     | Alirocumab                  | Praluent                             | Red           | Red                                      | Red                   | NICE TA 393   |
| 2.5.5.3  | Aliskiren                   | Rasilez                              | Non formulary | Non formulary                            | Amber (4th line)      | Do not combine with ACE or ARB  |
| 13.5     | Alitretinoin caps           | Toctino                              | Red           | Red                                      | Red                   | NICE TA 177 - restrictions on prescribing   |
| 9.6.5    | Alpha tocopheryl acetate    | Vitamin E (suspension)               | Amber         | Red                                      | Green                 | Use suspension 1st line as tablets unlicensed   |
| 7.4.1    | Alprostadil                 | Caverject,MUSE,Viridal Duo           | Amber         | Amber                                    | Amber                 | NHS Restrictions apply (SLS)  |
| 7.4.1    | Alprostadil cream           | Vitatos                              | Non formulary | Non formulary                            | Amber                 | for initiation by hospital specialist   |
| 4.9.1    | Amantadine                  |                                      | Amber         | Amber                                    | Amber                 | Parkinsons & 'off-label' for fatigue in MS NICE CG 186  |
| 2.3.2    | Amiodarone                  | please prescribe generic             | Amber         | Amber                                    | Amber                 | tablets   |
| 2.3.2    | Amiodarone                  | injection                            | Red           | Red                                      | Red                   |   |
| 4.2.1    | Amisulpride                 | Solian                               | Amber         | Amber                                    | Amber                 |   |
| 9.1.4    | Anagrelide                  | Xagrid                               | Red           | Red                                      | Red                   | ICIC - prescribed by hematologist   |
| 8.3.4.1  | Anastrozole                 | Arimidex                             | Amber         | Amber                                    | Amber                 | Prescribe generically NICE TA 112 specialist initiation only BC   |
| 2.8.2    | Apixaban                    | Elequis                              | Green         | Green                                    | Green                 | Stroke prevention in AF licensed indications only   |
| 2.8.2    | Apixaban                    | Elequis                              | Red           | Red                                      | Red                   | VTE prophylaxis post hip & knee surgery   |
| 4.9.1    | Apomorphine                 | Apo-go                               | Red           | Red                                      | Red                   | Parkinsons, MHRA Drug Safety Update April 2016  |
| 4.6      | Aprepitant                  | Emend                                | Non formulary | Red                                      | Red                   | nausea and vomiting with chemo secondary care supply  |
| 9.8.1    | Arginine                    |                                      | Red           | Red                                      | Non formulary         | 3Ts - Paeds consultant prescribing only   |
| 4.2.1    | Aripiprazole                | please prescribe generic             | Amber         | Amber                                    | Amber                 | NICE TA 213, 292  |
| 5.3      | Atazanavir                  | Reyataz                              | Red           | Red                                      | Refer to Ston         |   |
| 4.4      | Atomoxetine                 | Strattera                            | Amber         | Red                                      | Amber                 | shared care guidelines available (children and adolescents) NICE TA98, NICE CG72  |
| 7.4.5    | Aviptadil with phentolamine | Invicorp                             | Amber         | Non formulary                            | Non formulary         | OW administration only  |
| 8.2.1    | Azathioprine                | Imuran                               | Amber         | Amber for RA, IBD and Skin otherwise RED | Amber                 | Unlicensed - IBD. Shared care guidelines available for IBD. Skin - for licensed indications. Red when used for chemotherapy as antiproliferative agent  |
| 1.5.1    | Balsalazide                 | Colazide                             | Amber         | Amber                                    | Amber                 | in failure to to respond to mesalazine or sulfasalazine   |
| 2.12     | Bezafibrate                 | Bezalip, Fibrazate XL                | Amber         | Green                                    | Non formulary         |   |
| 8.3.4.2  | Bicalutamide                | Casodex                              | Amber         | Amber                                    | Amber                 | Prescribe generically   |
| 11.6     | Bimatoprost (eye drops)     | Lumigan                              | Amber         | Green                                    | Green                 | only for pts who cannot tolerate latanoprost  |
| 2.4      | Bisoprolol                  |                                      | Amber         | Green                                    | Green                 | Heart Failure   |
| 4.7.4.2  | Botulinum                   | Botox, Dysport                       | Red           | Red                                      | Red                   | Prior approval required ? NICE TA260  |
| 11.6     | Brimonidine                 | Mirvaso Gel, Alphagan, Brymont       | Amber         | Green                                    | Green                 |   |
| 4.9.1    | Bromocriptine               | Parlodel                             | Amber         | Amber                                    | Amber                 | Parkinsonism- maybe amber for other indications   |
| 1.5.2    | Budesonide caps             | Budenofalk, Entocort                 | Amber         | Amber                                    | Amber                 | 8 wks reducing course of treatment  |
| 4.7.2    | Buprenorphine sublingual    | Temgesic, Subutex                    | Amber         | Amber                                    | Green                 | after assessment by specialist service for substance misuse   |
| 6.7.2    | Buserelin                   | Suprecur                             | Red           | Red                                      | Red                   | Fertility   |
| 6.7.2    | Buserelin                   | Suprecur                             | Red           | Red                                      | Non formulary         | Endometriosis   |
| 8.3.4.2  | Buserelin injection         | Suprefact injection                  | Red           | Non formulary                            | Non formulary         | Prostate cancer   |
| 8.3.4.2  | Buserelin nasal spray       | Suprefact nasal spray                | Red           | Amber                                    | Non formulary         | Prostate cancer   |
| 4.1.2    | Buspione                    |                                      | Amber         | Green                                    | Amber                 | GAD - specialist initiated  |
| 4.3.2    | Cabergoline 1mg             | Cabaser, Dostinex                    | Amber         | Amber                                    | Non formulary         | Parkinsons (under review for removal Dec 2014 BCAP)   |
| 6.7.1    | Cabergoline 1mg             | Cabaser, Dostinex                    | Amber         | Amber                                    | Amber                 | Hyperprolactinaemia   |
| 6.6.1    | Calcitonin                  | Miacalcic                            | Amber         | Non formulary                            | Non Formulary         |   |
| 9.6.4    | Calcitriol                  | Rocaltriol                           | Amber         | Amber                                    | Non formulary         | for renal indication only   |
| 6.1.2    | Canagliflozin               | Invokana                             | Green *       | Green *                                  | Green                 | * Amber if used with insulin see Nice TA315. Green - only inline with NICE TA315/290. MHRA drug safety update June 16   |
| 10.3.2   | Capsaicin cream 0.075%      | Axsain                               | Amber         | Green                                    | Green                 | Post herpetic neuralgia only after lesions healed and painful diabetic neuropathy ICID  |
| 10.3.2   | Capsaicin patches           | Qutenza                              | Non formulary | Red                                      | Non formulary         | IFR application required (pain clinic only)   |
| 4.8.1    | Carbamazepine               | Tegretol, Carbagen                   | Amber*        | Amber*                                   | Amber*                | *Green for trigeminal neuralgia   |
| 9.8.1    | Carnitine                   |                                      | Red           | Non formulary                            | Non formulary         | rare metabolic disorders specialist use   |
| 2.4      | Carvedilol                  |                                      | Amber         | Green                                    | Amber                 | Heart Failure   |
| 10.1.3   | Certolizumab                | Cimzia                               | Red           | Red                                      | Red                   | Rheumatology. NICE TA186, TA375, TA383, TA415   |
| 4.1.2    | Chlordiazepoxide            | Librium                              | Amber         | Green                                    | Green                 | with recovery programme   |
| 4.2.1    | Chlorpromazine              | Largactil                            | Amber         | Non formulary                            | Amber                 | for psychosis and related disorders   |
| 3.2      | Ciclesonide                 | Alvesco                              | Non formulary | Non formulary                            | Amber                 | Respiratory consultant initiation only, for persistent asthma   |
| 8.2.2    | Ciclosporin                 | Neoral                               | Amber         | Red                                      | Amber                 | for specific conditions - see formulary entry<br>For transplant patients continue on brand specified by specialist. Non transplant indications consider generic prescribing/most cost effective brand.- advice from BCAP. |
| 11.8     | Ciclosporin 0.1% eye drops  | Ikervis                              | Amber         | Amber                                    | Amber                 | see NICE TA 369 eye ointement - RED   |
| 5.3.2.2  | Cidofovir                   | Vistide                              | Red           | Red                                      | Non formulary         | Not routinely stocked at GWH.   |
| 2.6.4    | Cilostazol                  |                                      | Amber         | Non formulary                            | Non formulary         | existing patients only- check every 3 months<br>for any improvement please note MHRA warnings April 2013  |
| 9.5.1.2  | Cinacalcet                  | Mimpara                              | Amber         | Red                                      | Red*                  | Nice TA117.<br>*Amber for Secondary hyperparathyroidism in patients with end-stage renal disease on dialysis (SCA)  |
| 2.12     | Ciprofibrate                |                                      | Non formulary | Non formulary                            | Non formulary         |   |
| 4.8.1    | Clobazam                    | Frision                              | Amber         | Amber                                    | Amber                 | Endorse FP10 with SLS (for epilepsy only)   |
| 6.5.1    | Clomifene                   | Clomid                               | Amber         | Red                                      | Amber                 | Do not offer ovarian stimulation agents eg clomifene to women with unexplained infertility- Nice do not do recommendation *Specialist initiation only ICID  |
| 4.8.1    | Clonazepam                  |                                      | Amber         | Amber                                    | Amber                 | Epilepsy. Injection - RED   |
| 4.2.1    | Clozapine                   | Clozaril, Denzapine, Zaponex         | Red           | Red                                      | Red                   |   |
| 13.5.1   | Coal tar and Betnovate RD   | Unlicensed special                   | Amber         | Red                                      | Non formulary         | Rx Exorex and Betnovate RD separately. If have to have unlicensed special need  |
| 9.6.4    | Colecalciferol              | Stexerol D3, Invita D3, (Fultium D3) | Green         | Green                                    | Green                 | please see CCG prescribing guidance for Vit D deficiency  |
| 5.1.7    | Colistin (Colistimethate)   | Colomycin, Promixin                  | Red*          | Red                                      | Red                   | * Amber for existing patients, red for new patients. TA276  |
| 5.1.8    | Co-trimoxazole              | Septin                               | Red*          | Red*                                     | Red                   | Restricted use. *BCAP and 3Ts - injection= red, oral = amber  |
| 8.1.1    | Cyclophosphamide            |                                      | Red           | Red                                      | Red                   |   |
| 8.3.4.2  | Cyproterone                 | Androcur, Cyprostat                  | Amber         | Amber                                    | Amber                 | Specialist Initiation   |
| 2.8.2    | Dabigatran                  | Pradaxa                              | Green         | Green                                    | Green                 | Stroke prevention in AF licensed indications only   |
| 2.8.2    | Dabigatran                  | Pradaxa                              | Red           | Red                                      | Green                 | Post Hip & knee surgery according to TA157  |
| 2.8.1    | Dalteparin                  | Fragmin                              | Green*        | Depends on indication                    | Depends on indication | * Note RED for pregnancy. Please see shared care guidelines/prescribing guidelines on formulary   |

| BNF       | Drug (generic name)                | Brand Name                                | 3Ts               | BCAP              | ICID                 | Notes  |
|-----------|------------------------------------|---|-------------------|-------------------|----------------------|--|
| 10.2.2    | Dantrolene                         | Dantrium                                  | Red               | Amber             | Green                | Inj - RED -BCAP( see 15.1.8)&ICID .Liver function tests before commencing capsules, at 6 weeks then 3 monthly  |
| 6.1.2     | Dapagliflozin                      | Forxiga                                   | Green             | Green             | Green                | * Amber if used with insulin. NICE TA288& TA418  |
| 7.4       | Dapoxetine                         | Priligy                                   | Non formulary     | Non formulary     | Non formulary        |  |
| 5.1.10    | Dapsone                            |   | Red               | Amber             | Red                  | Specialist initiation(red for off label use) Not for malaria prophylaxis. ICID check G6PD level  |
| 9.1.3     | Darbepoetin Alfa                   | Aranesp                                   | Amber             | Red               | Red                  |  |
| 7.4.1     | Darifenacin                        | Emselex                                   | Non formulary     | Non formulary     | Non formulary        |  |
| 5.3       | Darunavir                          | Prezista                                  | Red               | Red               | Refer to S'ton       |  |
| 9.1.3     | Deferiprone                        | Ferriprox                                 | Red               | Non formulary     | Non formulary        |  |
| 8.3.4.2   | Degarelix                          | Firmagon                                  | Amber             | Red               | Red                  | Restricted: Secondary care use only for rapid control of disease. Patient to be converted to goserelin, leuprorelin or triptorelin after first dose.Nice TA404 |
| 5.1.3     | Demeclocycline                     |   | Green*            | Amber             | Red**                | * Amber -for SIADH. SIADH-very expensive **Amber for hyponatremia maintenance 600-900mg daily  |
| 6.6.2     | Denosumab                          | Prolia - osteoporosis; Xgeva - bone mets. | Amber*            | Red**             | Amber**/Red*         | * RED- bone mets **Amber - osteoporosis treatment in post-menopausal women   |
| 6.5.2     | Desmopressin nasal                 | Desmospray                                | Amber             | Amber             | Amber                | as per NICE  |
| 11.4.1    | Dexamethasone implant              | Ozurdex                                   | Red               | Red               | Red                  | As per NICE TA229 & TA349  |
| 4.4       | Dexamfetamine                      |   | Non formulary     | Red               | Non formulary        | shared care guidelines available. NICE TA98  |
| 9.6.7     | Dialyvit                           | Dialyvit                                  | Non formulary     | Non formulary     | Non formulary        | prescribe Renavit instead  |
| 5.3       | Didanosine                         | Videx                                     | Red               | Red               | Refer to S'ton       |  |
| 8.3.1     | Diethylstilbestrol                 | Stilboestrol                              | Amber             | Amber             | Amber                | Specialist initiation only   |
| 1.7.4     | Diltiazem 2% cream                 | (Unlicensed) Anoheal 2% cream             | Red               | Green             | Amber                | Unlicensed - 2nd line to rectogesic(not coloured amber on ICID site)   |
| 8.2.4     | Dimethyl fumarate                  |   | Red               | Red               | Non formulary        | NICE TA320 Rel Rem MS Unlicensed   |
| 6.6.2     | Disodium Pamidronate               | Aredia                                    | Red               | Red               | Red                  | Infusion/Injection   |
| 2.3.2     | Disopyramide                       | Rythmodan                                 | Amber             | Amber             | Amber*               | * Injection - RED  |
| 4.10.1    | Disulfiram                         |   | Amber             | Green             | Green                | please prescribe generically   |
| 13.5.2    | Dithranol in Lassers Paste         | Unlicensed special                        | Red               | Red               | Non formulary        |  |
| 4.6       | Domperidone                        | generic                                   | Green             | Green             | Green                | *Green if short-term use for licensed indication Please see prescribing guidance   |
| 3.7       | Dornase alfa                       | Pulmozyme                                 | Red               | Red               | Amber                | no new patients - now specialist commissioning   |
| 4.3.1     | Dosulepin                          | Prothiaden                                | Non formulary     | Non formulary     | Non formulary        | Excluded from BCAP due to toxicity compared to other TCA's   |
| 2.3.2     | Dronedarone                        | Multaq                                    | Amber             | Amber             | Amber                | Specialist initiation only - SCA. RED-dabigatran contraindicated   |
| 6.1.2     | Dulaglutide                        | Trulicity                                 | Amber             | Amber             | Amber                | Specialist initiation  |
| 7.4.2     | Duloxetine 20, 40mg                | Yentrev                                   | Amber             | Non formulary     | Non formulary        | Stress incontinence only   |
| 4.3.4     | Duloxetine 30, 60mg                | Cymbalta                                  | Green             | Non formulary     | Green                | GAD. 3T's - third line   |
| 4.3.4     | Duloxetine 30, 60mg                | Cymbalta                                  | Amber             | Amber             | Non formulary        | Depression   |
| 7.3.6.1.5 | Duloxetine 30, 60mg                | Cymbalta                                  | Blue*             | Green             | Green                | Diabetic neuropathy & neuropathic pain. *3T's - only for painful diabetic neuropathy when amitriptyline and gabapentin have failed                             |
| 2.8.2     | Edoxaban                           | Lixiana                                   | Green             | Green             | Green                | NICE TA354 TA355   |
| 5.3       | Efavirenz                          | Sustiva                                   | Red               | Red               | Refer to S'ton       |  |
| 13.9      | Eflornithine cream                 | Vaniga                                    | Non formulary     | Non formulary     | Amber                | for facial hirsutism in line with CCG statement on website   |
| 9.1.4     | Eltrombopag                        | Revolade                                  | Red               | Red               | Red                  | Nice TA293   |
| 6.1       | Empagliflozin                      | Jardiance                                 | Green*            | Green*            | Green                | * Amber if used with insulin   |
| 5.3       | Emtricitabine                      | Emtriva                                   | Red               | Red               | Refer to S'ton       |  |
| 2.5.5.2   | Enalapril                          | Innovace                                  | Amber             | Non formulary     | Non formulary        | paeds only   |
| 2.8.1     | Enoxaparin                         | Clexane                                   | Non formulary     | Non formulary     | Non formulary        | BCAP - Red for angina and non STEMI  |
| 4.9.1     | Entacapone                         | Comtess                                   | Amber             | Amber             | Amber                |  |
| 5.3.3     | Entecavir                          | Baraclude                                 | Red               | Red               | Red                  | Nice TA153   |
| 8.2.4     | Enzalkutamide                      |   | Red               | Red               | Red                  | NICE TA316 TA377   |
| 2.2.3     | Eplerenone                         | Inspra                                    | Amber             | Amber             | Amber                | Only according to NICE   |
| 9.1.3     | Epoetin Alfa                       | Bincort, Eprex                            | Red               | Non formulary     | Red                  | 3T's - Renal patients only   |
| 9.1.3     | Epoetin Beta                       | NeoRecomon                                | Non formulary     | Red               | Red                  | NICE TA142 TA323   |
| 3.7       | Erdosteine                         | Erdotin                                   | Non formulary     | Non formulary     | Red                  | specific indications- 10 days max supply   |
| 4.7.4     | Ergotamine                         | Ergomar                                   | Amber             | Non formulary     | Non formulary        |  |
| 10.1.3    | Etanercept                         | Enbrel                                    | Red               | Red               | Red                  | Rheumatology NICE TA130 TA143 TA195 TA199 TA375 TA383  |
| 5.1.9     | Ethambutol                         |   | Red               | Red               | Red                  | specialist advice only   |
| 6.4.1.1   | Ethinylestradiol                   | unlicensed special                        | Amber             | Green*            | Green                | * RED - 2mcg T ICID- restricted: specialist initiated  |
| 7.3.1     | Ethinylestradiol with Etonogestrel | Nuvaring                                  | Blue              | Green             | Green                |  |
| 10.1.1    | Etoricoxib                         | Arcoxia                                   | Amber             | Amber             | Non formulary        |  |
| 5.3       | Etravirine                         | Intelence                                 | Red               | Red               | Refer to S'ton       |  |
| 2.6       | Evolocumab                         | Repatha                                   | Red               | Red               | Red                  | NICE TA394   |
| 8.3.4.1   | Exemestane                         | Aromasin                                  | Amber             | Amber             | Amber                | Specialist initiated   |
| 6.1.2.3   | Exenatide                          | Byetta, Bydureon                          | Green             | Green*            | Amber                | *non MR - only existing patients. Specialist initiation. NICE TA248  |
| 6.1.2.3   | Exenatide (added to basal insulin) | Byetta                                    | Non formulary     | Amber SC          | Non formulary        |  |
| 10.1.4    | Febuxostat                         | Adenuric                                  | Blue              | Green             | Green                | NICE TA164   |
| 2.12      | Fenofibrate                        | Lipantil, Supralip                        | Amber             | Amber             | Green                |  |
| 4.7.2     | Fentanyl buccal                    | Fentanyl Effentora                        | Non formulary     | Amber             | Non formulary        | palliative care recommendation only  |
| 4.7.2     | Fentanyl lozenge                   | Actiq                                     | Amber             | Non formulary     | Non formulary        | palliative care recommendation only  |
| 4.7.2     | Fentanyl nasal spray               | Instanyl, Pecfent                         | Non formulary     | Amber             | Non formulary        | palliative care recommendation only  |
| 4.7.2     | Fentanyl sublingual                | Abstral                                   | Non formulary     | Non formulary     | Non formulary        |  |
| 7.4.1     | Fesoteradine                       | Toviaz                                    | Non formulary     | Non formulary     | Non formulary        |  |
| 5.1.8     | Fidaxomicin                        | Difclir                                   | Amber             | Amber             | Red                  | Whichever sector initiates will have to prescribe the full course. For C.diff as per trust guidelines or micro recommendation                                  |
| 9.1.6     | Filgrastim                         | Neupogen                                  | Red               | Red               | Non formulary        |  |
| 8.2.4     | Fingolimod                         | Gilenya                                   | Red               | Red               | Red                  | as per NICE TA254 - specialist commissioning   |
| 2.3.2     | Flecainide                         | Tambocor                                  | Amber             | Amber             | Amber                | Injection Red  |
| 6.3.1     | Fludrocortisone                    | Florinef                                  | Amber             | Amber             | Green                |  |
| 4.7.4.2   | Flunarizine                        | unlicensed                                | Red               | Non formulary     | Non formulary        | Migraine prophylaxis (unlicensed)  |
| 11.4.1    | Fluocinolone implant               | Iluvien                                   | Red               | Red               | Service not provided | NICE TA 301  |
| 4.2.1     | Flupentixol decanoate              | Depixol                                   | Amber             | Amber             | Red                  |  |
| 4.2.1     | Fluphenazine decanoate             | Modecate                                  | Amber             | Amber             | Red                  |  |
| 6.4.2     | Flutamide                          |   | Red               | Non formulary     | Non formulary        |  |
| 8.3.4.2   | Flutamide                          |   | Amber             | Non formulary     | Non formulary        |  |
| 3.2       | Fluticasone /Formeterol            | Flutiform                                 | Non formulary     | Non formulary     | Non formulary        |  |
| 12.2.1    | Fluticasone Furoate                | Avamys                                    | Green             | Green             | Green                |  |
| 12.2.1    | Fluticasone/Azelastine             | Dymista (nasal spray)                     | Non formulary     | Green             | Amber                | 3rd line BCAP as per allergic rhinitis guidance  |
| 2.8.2     | Fondaparinux                       | Arixtra                                   | Amber*            | Red               | Non formulary        | *RED for ACS   |
| 5.3       | Fosamprenavir                      | Telzir                                    | Red               | Non formulary     | Refer to S'ton       |  |
| 5.3.2.2   | Foscarnet                          | Foscavir                                  | Red               | Non formulary     | Non formulary        | Not routinely stocked at GWH.  |
| 5.1.13    | Fosfomicin                         | Monuril                                   | Micro Advice only | Micro Advice only | Micro Advice only    | IV-RED - 3Ts and ICID Sachets Green BCAP and ICID  |
| 4.8.1     | Gabapentin                         | generic                                   | Amber             | Amber             | Amber                | Epilepsy (Green for neuropathic pain)  |
| 4.11      | Galantamine                        | Reminyl                                   | Amber             | Amber             | Amber                | Red for Swindon patients   |
| 5.3.2.2   | Ganciclovir                        | Cymevene                                  | Red               | Red               | Red                  | Not routinely stocked at GWH. Micro advice only  |
| 11.3.3    | Ganciclovir                        | Zirgan                                    | Amber             | Non formulary     | Green                | HSV keratitis resistant to Aciclovir   |
| 2.12      | Gemfibrozil                        | Lopid                                     | Non formulary     | Non formulary     | Non formulary        |  |
| 13.12     | Glycopyrronium Bromide             | liquid, powder, wipes                     | Red               | Red               | Non Formulary        |  |
| 10.1.3    | Golimumab                          | Simponi                                   | Red               | Red               | Red                  | NICE TA220 TA225 TA233 TA375 TA383   |
| 6.7.2     | Goserelin                          | Zoladex                                   | Amber             | Amber             | Amber                | Endometriosis  |
| 6.7.2     | Goserelin                          | Zoladex                                   | Non formulary     | Red               | Red                  | Fertility / fibroids   |
| 8.3.4.2   | Goserelin                          | Zoladex                                   | Amber             | Amber             | Amber                | Prostate cancer  |
| 2.6.1     | GTN patch                          | Nitroderm, Transiderm Nitro               | Red               | Non formulary     | Non formulary        | 3T's - Nutrition team only   |
| 1.7.4     | GTN rectal 0.4% oint               | Rectogesic                                | Amber             | Green             | Green                |  |
| 4.2.1     | Haloperidol decanoate              | Haldol decanoate                          | Amber             | Amber             | Red                  |  |
| 4.2.1     | Haloperidol Injection              | Haldol, Dozic                             | Red               | Red               | Red                  | For palliative use (ICID)  |
| 5.3.1     | HIV treatments                     | all                                       | Red*              | Red               | Red                  | * except Lamivudine which is AMBER   |
| 2.5.1     | Hydralazine tablets                | generic                                   | Amber             | Amber             | Amber                | (injections red)   |
| 8.1.5     | Hydroxycarbamide                   | Hydrea                                    | Amber             | Red               | Amber                |  |
| 10.1.3    | Hydroxychloroquine                 | Plaqueenil, Quinoric                      | Amber             | Amber             | Amber                |  |
| 6.6.2     | Ibandronic Acid 150mg              | Bonviva                                   | Non formulary     | Amber             | Amber                | Osteoporosis   |
| 6.6.2     | Ibandronic Acid 50mg               | Bondronat                                 | Red               | Non formulary     | Non formulary        | Metastatic breast cancer   |
| 2.8       | Idarubicin                         | Praxbind                                  | Non formulary     | Red               | Red                  |  |
| 13.8.1    | Imiquimod cream                    | Aldara                                    | Green             | Amber**           | Amber                | solar katarosis, * Red - anogenital warts, ** Green - anogenital warts,actinic keratoses   |
| 5.3       | Indinavir                          | Crixivan                                  | Red               | Red               | Refer to S'ton       |  |
| 10.1.4    | Indometacin                        | Indolar                                   | Amber             | Green             | Green                | For cluster headache at GWH (see 4.7.4.2)  |

| BNF     | Drug (generic name)                                | Brand Name                                     | 3Ts           | BCAP          | ICID          | Notes  |
|---------|--|--|---------------|---------------|---------------|--|
| 1.5.3   | Infliximab   | Remicade                                       | Red           | Red           | Red           | NICE TA140 TA163 TA18 TA329  |
| 6.1.1.2 | Insulin Degludec 100 units/ml                      | Tresiba  | Amber         | Amber         | Amber         | 3Ts for pre insulin pump patients or where a high volume of insulin is required<br>ICID and BCAP only for type 1 patients          |
| 6.1.1.2 | Insulin Degludec 200 units/ml                      | Tresiba  | Amber         | Non formulary | Amber         |  |
| 6.1.1.2 | Insulin Degludec/ Liraglutide                      | Xultophy                                       | Non formulary | Red           | Non formulary |  |
| 6.1.1.2 | Insulin Glargine 300 units/ml (High Strength only) | Toujeo   | Non formulary | Amber         | Green         |  |
| 6.1.1.2 | Insulin Lispro 200units/ml (High Strength only)    | Humalog Kwik Pen 200                           | Non formulary | Non formulary | Non formulary |  |
| 5.1.9   | Isoniazid  |  | Red           | Red           | Red           | Restricted - specialists advice  |
| 13.6.1  | Isotretinoin caps                                  | Roaccutane                                     | Red           | Red           | Red           | Topicals have different traffic light status   |
| 2.6.3   | Ivabradine   | Procoralan                                     | Amber*        | Amber*        | Amber         | Heart Failure - Green for angina   |
| 2.4     | Labetalol  |  | Amber         | Green         | Green         | Pregnancy only   |
| 4.8.1   | Lacosamide   | Vimpat   | Amber         | Amber         | Amber         | Red - in children  |
| 5.3     | Lamivudine   | EpiVir, Zeffix                                 | Amber         | Red           | Refer to Ston |  |
| 4.8.1   | Lamotrigine  | Lamictal                                       | Amber         | Amber         | Amber         |  |
| 8.3.4.3 | Lanreotide   | Somatulin                                      | Amber*        | Red           | Red           | BCAP - acromegaly and Neuroendocrine tumours and carcinoid syndrome* Red - High outflow ileostomy                                  |
| 9.5.2.2 | Lanthanum  | Fosrenol                                       | Non formulary | Amber*        | Amber         | * Red - for new patients   |
| 10.1.3  | Leflunomide  | Arava  | Amber         | Amber         | Amber         | see SCA  |
| 8.2.4   | Lenalidomide                                       | Revlimid                                       | Non Formulary | Non Formulary | Red           | NICE TA171 TA322   |
| 9.1.6   | Lenograstim  | Granocyte                                      | Non formulary | Red           | Red           |  |
| 8.3.4.1 | Letrozole  | Femara   | Amber         | Amber         | Amber         | BC   |
| 6.7.2   | Leuprorelin  | Prostap, Prostap SR                            | Amber         | Amber         | Amber         | Endometriosis and fibroids (BCAP and ICID) RED - for fertility 3Ts   |
| 6.7.2   | Leuprorelin  | Prostap, Prostap SR                            | Non Formulary | Amber         | Red           | Fertility  |
| 8.3.4.2 | Leuprorelin  | Prostap, Prostap SR                            | Amber         | Amber         | Amber         | PC   |
| 4.8.1   | Levetiracetam                                      | Keppra   | Amber         | Amber*        | Amber         | Epilepsy - prescribe generically (MHRA approved)<br>BCAP&3Ts - inj = RED BCAP - RED Concentrate for I/V infusion 100mg/ml 5ml vial |
| 4.9.1   | Levodopa+ Carbidopa+ Entacapone                    | Sastravi                                       | Amber         | Amber         | Amber         |  |
| 15.2    | Lidocaine plaster                                  | Versatis                                       | Amber         | Non formulary | Non formulary | amber from pain clinic only - for post herpetic neuralgia  |
| 6.1.2.3 | Linagliptin  | Trajenta                                       | Non formulary | Green         | Green         |  |
| 5.1.7   | Linezolid  | Zyvox  | Red           | Red           | Red           | Microbiology approval only. Not routinely stocked at GWH.  |
| 6.2.1   | Liothyronine                                       |  | Red           | Red           | Red           | BCAP & ICID Amber for existing patients red from Oct 2017  |
| 6.1.2.3 | Liraglutide  | Victoza  | Amber         | Green         | Amber         | 2nd line option only within license  |
| 4.4     | Lisdexamfetamine                                   | Elvanse  | Amber         | Non formulary | Amber         | NICE TA98 3Ts as part of ADHD shared care agreement  |
| 4.2.3   | Lithium  | Camcolit, Priadel, Lisikonum, Li-liquid        | Amber         | Amber         | Amber         | Prescribe by brand   |
| 6.1.2.3 | Lixisenatide                                       | Lyxumia  | Amber         | Green *       | Amber         | * Amber if used with insulin   |
| 4.7.2   | Lofexidine   | Brilofex                                       | Non formulary | Non Formulary | Non formulary | after assessment by specialist service   |
| 5.3     | Lopinavir & Ritonavir                              | Kaletra  | Red           | Non formulary | Refer to Ston |  |
| 1.2.2   | Lubiprostone                                       | Amitiza  | Amber         | Red           | Red           | black triangle 2 week course Nice TA318  |
| 1.6.4   | Macrogol   | Klean prep                                     | Red           | Amber         | Green         | bowel cleansing solution   |
| 9.5.1.3 | Magnesium Aspartate                                | Magnaspartate                                  | Amber         | Amber         | Green         |  |
| 1.6.5   | Magnesium Citrate                                  | Citramag                                       | Red           | Amber         | Green         |  |
| 9.5.1.3 | Magnesium Glycerophosphate                         | unlicensed                                     | Amber         | Amber         | Amber         | Prescribe magnaspartate instead. Neomag BCAP & 3Ts   |
| 3.7.4   | Mannitol dry powder                                | Bronchitol                                     | Non formulary | Red           | Red           | for CF only as per NICE  |
| 3.7     | Mecysteine   | Visclair                                       | Non formulary | Non formulary | Non formulary |  |
| 6.4.1.2 | Medroxyprogesterone                                | Provera  | Non formulary | Red           | Green         |  |
| 6.4.1.2 | Medroxyprogesterone                                | Provera  | Non formulary | Green         | Green         | Gynaecology  |
| 8.3.2   | Medroxyprogesterone                                | Provera  | Amber         | Amber         | Red           | Oncology   |
| 7.3.4   | Medroxyprogesterone Acetate                        | Sayana Press                                   | Green**       | Green*        | Amber         | Contraception * Sayana Press - Amber <18s UNLICENSED **Parenteral<br>contraception (Depo-Provera®) - Blue                          |
| 8.3.4.1 | Megestrol  | Megace   | Amber         | Amber         | Non formulary |  |
| 4.1.1   | Melatonin  | Circadin                                       | Amber         | Red           | Red           | Paeds - Should NOT be prescribed in primary care   |
| 4.1.1   | Melatonin  | Circadin                                       | Amber         | Red           | Red           | Adults - Insomnia in epileptics as CIRCADIN  |
| 10.1.1  | Meloxicam  | generic prescribing please                     | Blue          | Amber         | Non formulary |  |
| 4.11    | Memantine  | Ebixa  | Red*          | Red*          | Red           | * Red - for Wills, Amber - for BaNES, as per NICE  |
| 10.1.3  | Mepacrine  | Unlicensed                                     | Red           | Non formulary | Non formulary |  |
| 9.8.1   | Mercaptopurine                                     | Puri-Nethol                                    | Amber         | Amber         | Amber         | IBD (unlicensed use) shared care   |
| 1.5.3   | Mercaptopurine                                     | Puri-Nethol                                    | Amber         | Red           | Red           | Oncology   |
| 8.1.3   | Mercaptopurine                                     | Puri-Nethol                                    | Amber         | Red           | Red           | Oncology   |
| 1.5.1   | Mesalazine (rectal)                                | Asacol, Pentasa, Salofalk rectal               | Green         | Green         | Green         |  |
| 4.7.2   | Methadone  |  | Amber         | Amber         | Amber         | BCAP - inj RED, after assessment by specialist service   |
| 5.1.13  | Methenamine Hippurate                              | Hiprex   | Green         | Green         | Green         | Management of Infection guidelines Nov 2015  |
| 1.5.3   | Methotrexate                                       | Maxtrex  | Amber         | Amber         | Amber         | Inflammatory bowel disease (unlicensed).   |
| 10.1.3  | Methotrexate injection                             | Metोजect                                       | Red           | Amber         | Amber         | Rheumatology (SCA for BCAP and ICID)   |
| 8.1.3   | Methotrexate tablets                               | Maxtrex  | Red           | Red           | Red           | Oncology   |
| 10.1.3  | Methotrexate tablets                               | Maxtrex  | Amber         | Amber         | Amber         | Rheumatology, Red for Oncology use   |
| 2.5.2   | Methylodopa  | Aldomet  | Amber         | Amber         | Green         | Pregnancy related hypertension   |
| 4.4     | Methylphenidate                                    | Concerta XL, Equasym XL, Medikinet XL, Ritalin | Amber         | Amber         | Amber         | shared care guidelines available   |
| 6.3.2   | Methylprednisolone                                 | tablets  | Amber         | Green         | Green         | MS relapse. BCAP INJ; acetate green,sod succinate red  |
| 4.7.4.3 | Methysergide                                       | Deseril  | Red           | Non formulary | Non formulary | Cluster headache prophylaxis   |
| 2.2.1   | Metolazone   | Unlicensed preparation                         | Red           | Red           | Red           |  |
| 2.4     | Metoprolol   |  | Amber*        | Amber*        | Red           | * tabs - amber inj - red   |
| 4.8.2   | Midazolam buccal                                   | Epistatus                                      | Amber         | Amber         | Amber         | Prescribe as Epistatus. Shared care. CD.   |
| 2.7.2   | Midodrine  | Bramox   | Amber         | Amber         | Amber         | SCA  |
| 5.1.3   | Minocycline  | Minocin MR                                     | Non formulary | Non formulary | Red           | Not to be used for acne. Pyoderma gangreosum   |
| 2.5.1   | Minoxidil  | Loniten  | Non formulary | Non formulary | Amber         | Refractory hypertension  |
| 4.3.2   | Moclobemide  | Manerix  | Amber         | Amber         | Amber         | specialist initiated   |
| 4.4     | Modafinil  | Provigil                                       | Amber         | Amber         | Amber         | Narcolepsy only. Shared care. Specialist initiated   |
| 8.2.1   | Mycophenolate                                      | Celcept, Myfortic                              | Amber         | Red           | Amber         | no new patients (transplant) - now specialist commissioning  |
| 10.1.3  | Mycophenolate                                      | Celcept, Myfortic                              | Amber         | Amber         | Non formulary | Rheumatology, SCA  |
| 2.6.4   | Naftidrofuryl                                      |  | Green         | Green         | Green         |  |
| 4.10.1  | Nalmefene  | Selincro                                       | Green         | Green/Red     | Amber         | Green - Wills, Red - BaNES. see NICE TA325   |
| 4.10.1  | Naltrexone   | Nalorex, Opizone                               | Amber         | Amber/Red     | Amber         | Amber - detox, Red - abstinence. Shared care for opiate dependence TA115.<br><b>Low dose for MS NOT to be prescribed</b>           |
| 8.2.4   | Natalizumab  | Tysabri  | Red           | Red           | Non formulary | NICE TA127   |
| 5.3     | Nelfinavir   | Viracept                                       | Non Formulary | Non formulary | Refer to Ston |  |
| 10.2.1  | Neostigmine  |  | Non formulary | Non formulary | Amber         | specialist initiated   |
| 5.3     | Nevirapine   | Viramune                                       | Red           | Red           | Refer to Ston | (MR prep BCAP only)  |
| 9.6.2   | Nicotinamide                                       | Pabrinex                                       | Red           | Red           | Red           | Dermatology only   |
| 2.12    | Nicotinic Acid                                     | Niaspan  | Non formulary | Non formulary | Non formulary |  |
| 2.6.2   | Nimodipine   | Nimotop  | Red           | Red           | Red           |  |
| 8.3.2   | Norethisterone                                     | Primolut N, Utovlan                            | Amber         | Non formulary | Amber         | Malignant Disease  |
| 4.7.3   | Nortriptyline                                      | Allegron                                       | Amber         | Amber         | Amber         |  |
| 8.3.4.3 | Octreotide   | Sandostatin                                    | Red           | Amber / Red   | Amber         | BCAP Red - Acromegaly HCD list   |
| 4.2.1   | Olanzapine orodisp                                 | Zyprexa velotabs                               | Green         | Amber         | Amber         | for swallowing difficulties  |
| 4.6     | Ondansetron  | Zophran  | Amber         | Amber         | Amber         | Licensed indication and paed's only  |
| 4.9.2   | Orphenadrine                                       | Disipal  | Amber         | Non formulary | Non formulary |  |
| 7.4.2   | Oxybutyryn patches                                 | Kentra   | Non formulary | Green         | Green         | Consultant option only for 'nil by mouth' pts  |
| 5.3.5   | Palivizumab  | Synagis  | Amber         | Red           | Red           | Consultant neurologist advice only,Rx under SLA for RSV vaccine (HCD list)   |
| 1.3.5   | Pantoprazole                                       | Protium  | Non formulary | Non formulary | Non formulary |  |
| 4.3.3   | Paroxetine   | Seroxat  | Amber         | Green         | Amber         | please prescribe generically   |
| 10.1.3  | Penicillamine                                      | Distamine                                      | Amber         | Amber         | Amber         |  |
| 4.9.1   | Pergolide  | Celance  | Non formulary | Non formulary | Non formulary |  |
| 2.5.5.2 | Perindopril Erbumine                               |  | Amber         | Green         | Green         |  |
| 4.3.2   | Phenelzine   | Nardil   | Amber         | Amber         | Amber         |  |
| 4.8.1   | Phenobarbital (Phenobarbitone)                     |  | Amber         | Amber*        | Amber         | * Suspension - Red   |
| 2.5.4   | Phenoxybenzamine                                   | Dibenviline                                    | Amber*        | Red           | Red           | * inj - red  |
| 11.5    | Phenylephrine eye drops                            |  | Red           | Red           | Green         |  |
| 4.8.1   | Phenytoin  | Flynn Pharma                                   | Amber*        | Amber*        | Amber**/Red*  | * inj- red ** inj-red oral - green   |
| 2.4     | Pindolol   | Viskaldix, Visken                              | Non formulary | Non formulary | Non formulary |  |
| 6.1.2.3 | Pioglitazone                                       | Actos  | Amber         | Green         | Green         |  |
| 4.2.1   | Pipotiazine  | Piportil                                       | Non formulary | Amber         | Non formulary |  |
| 3.9.3   | Pirfenidone  | Esbriet  | Non formulary | Red           | Red           |  |

| BNF     | Drug (generic name)     | Brand Name                              | 3Ts                          | BCAP                         | ICID          | Notes  |
|---------|-------------------------|---|------------------------------|------------------------------|---------------|--|
| 5.21    | Posaconazole            | Noxafil                                 | Amber                        | Red                          | Red           | haematology only HCD list  |
| 4.9.1   | Pramipexole             | Miramipexin                             | Amber                        | Amber                        | CCG IFR       | Restless Legs  |
| 4.9.1   | Pramipexole             | Miramipexin                             | Amber                        | Amber                        | Amber         | MR only after standard formulation tried. MR for new pts - IFR   |
| 2.9     | Prasugrel               | Efient                                  | Amber                        | Amber                        | Amber         | specific indications   |
| 4.7.3   | Pregabalin              | Lyrica, Alzain                          | Blue                         | Amber                        | Green         | Neuropathic pain   |
| 4.8.1   | Pregabalin              | Lyrica, Alzain                          | Amber                        | Amber                        | Amber         | Epilepsy   |
| 4.8.1   | Primidone               | Mysoline                                | Non formulary                | Amber                        | Amber         | amber for epilepsy only  |
| 4.9.3   | Primidone               | Mysoline                                | Amber                        | Non formulary                | Non formulary | tremor, chorea & tics  |
| 6.4.1   | Progesterone gel        | Crinone                                 | Non formulary                | Red                          | Red           | Fertility  |
| 6.4.1   | Progesterone pessaries  | Cyclogest                               | Red                          | Red                          | Amber         | 3Ts - not for fertility, specialist initiated  |
| 2.3     | Propafenone             | Arythmol                                | Amber                        | Amber                        | Amber         | specialist initiated   |
| 1.6.7   | Prucalopride            | Resolor                                 | Amber                        | Amber                        | Amber         | as per NICE TA211 - stop if not effective (NICE)   |
| 5.1.9   | Pyrazinamide            |   | Red                          | Red                          | Red           | on specialist advice only  |
| 10.2.2  | Pyridostigmine          | Mestinon                                | Amber                        | Amber                        | Amber         | myasthenia gravis diagnosed by expert  |
| 5.4.7   | Pyrimethamine           | Daraprim                                | Non formulary                | Red                          | Green         |  |
| 4.2.2   | Quetiapine              | Zaluron, Biquelle, Seroquel XL, Sondate | Amber                        | Amber                        | Amber         | Convert XL to standard tablets wherever possible   |
| 6.7.1   | Quinagolide             | Norprolac                               | Amber                        | Non formulary                | Amber         | on specialist advice only for hyperprolactinaemia  |
| 6.4.1.1 | Raloxifene              | Evista                                  | Non formulary                | Green                        | Green         | HRT  |
| 6.6.2   | Raloxifene              | Evista                                  | Green                        | Green                        | Green         |  |
| 8.3.4.1 | Raloxifene              | Evista                                  | Non formulary                | Non formulary                | Non formulary | Breast Cancer  |
| 5.3     | Raltegravir             | Isentress                               | Red                          | Red                          | Refer to Ston |  |
| 2.6.4   | Ranolazine              | Ranexa                                  | Amber                        | Amber                        | Amber         |  |
| 4.9.1   | Rasagiline              | Azilect                                 | Non formulary                | Amber                        | Green         | First line   |
| 9.6.7   | Renavit                 |   | Non formulary                | Amber                        | Non formulary | dialysis   |
| 6.1.2.3 | Repaglinide             | Prandin                                 | Amber                        | Amber                        | Non formulary | Select pts only  |
| 4.8.1   | Retigabine              | Trobalt                                 | Amber                        | Amber                        | Non formulary | see NICE TA232- 6 monthly eye examinations. Retigabine is being withdrawn June 2017. No new initiations. MHRA's Letter sent September 2016 |
| 5.3.3   | Ribavirin               | Copegus, Rebetol, Virazole              | Red                          | Red                          | Red           |  |
| 5.1.9   | Rifabutin               | Mycobutin                               | Non formulary                | Red                          | Non formulary |  |
| 5.1.9   | Rifampicin              | Rifater, Rifadin, Rifadin, Rimactane    | Amber                        | Red                          | Red           | specialist advice only   |
| 5.1.7   | Rifaximin 550mg         | Targaxan                                | Amber                        | Amber                        | Amber         | see NICE TA 337 shared care available - only for hepatic encephalopathy. Off formulary need prior approval from CCG                        |
| 4.9.3   | Riluzole                | Rilutek                                 | Amber                        | Amber                        | Amber         | HCD List. Shared care available TA20   |
| 4.2.1   | Risperidone injection   | Risperdal Consta                        | Amber                        | Red                          | Red           |  |
| 5.3     | Ritonavir               | Norvir                                  | Red                          | Red                          | Refer to Ston |  |
| 10.1.3  | Rituximab               | Matbithera                              | Red                          | Red                          | Red           | Rheumatology   |
| 2.8.2   | Rivaroxaban             | Xarelto                                 | Green                        | Green                        | Green         | Stroke prevention in AF licensed indications only & DVT/PE recurrence or prevention  |
| 2.8.3   | Rivaroxaban             | Xarelto                                 | Amber                        | Amber                        | Red           | for ACS NICE TA335 for 12 months. Check TLS for VTE&DVT  |
| 4.11    | Rivastigmine            | Exelon                                  | Amber                        | Amber                        | Amber         | Red for Swindon patients   |
| 9.1.4   | Romiplostim             | Nplate                                  | Red                          | Red                          | Red           | NICE TA 221 Chronic immune thrombocytopenia  |
| 4.9.1   | Ropinirole              | Requip                                  | Amber                        | Amber                        | Amber         | Parkinsonism. XL only with IFR approval for RLS  |
| 4.9.1   | Ropinirole              | Adartrel                                | Green                        | Green                        | Green         | Restless Legs (review after 3/12) - do not prescribe SR formulation  |
| 4.9.1   | Rotigotine              | Neupro                                  | Amber                        | Amber                        | Amber         | shared care guidelines available. RLS - need IFR   |
| 2.5.5   | Sacubitril/Valsartan    | Entresto                                | Amber                        | Amber                        | Amber         | see NICE TA388 and prescribing guidance on website   |
| 5.3     | Saquinavir              | Invirase                                | Red                          | Red                          | Refer to Ston |  |
| 6.1.2   | Saxagliptin             | Onglyza                                 | Non formulary                | Non formulary                | Non formulary | dual or triple therapy   |
| 4.9.1   | Selegiline              | Eldepryl                                | Amber                        | Green                        | Green         | Parkinsonism   |
| 9.5.2.2 | Sevelamer Carbonate     | Renvela                                 | Amber                        | Amber                        | Amber         | HCD list. shared care from renal team. *New pt Rxing pretained by specialist   |
| 9.5.2.2 | Sevelamer Hydrochloride | Renagel                                 | Non formulary                | Amber                        | Non formulary | HCD list. shared care from renal team BCAP Red for new patients, amber for existing. *New pt Rxing pretained by specialist                 |
| 8.2.4   | Sirolimus               | Rapamune                                | Amber                        | Non formulary                | Non formulary | Specialist commissioning for transplant pts  |
| 10.1.3  | Sodium Aurothiomalate   | (Gold injections)                       | Amber                        | Amber                        | Amber         | Specialist initiated - RA  |
| 9.8.1   | Sodium Benzoate         |   | Red                          | Red                          | Non formulary |  |
| 9.2.1.3 | Sodium Bicarbonate      |   | Amber                        | Amber*                       | Amber         | * 8.4% RED. Oral - Amber, Parenteral - Red   |
| 6.6.2   | Sodium Clodronate       | Bonefos                                 | Amber                        | Amber                        | Amber         | Oral preparation   |
| 11.8.2  | Sodium Hyaluronate      | Hylo-tears, Hylo-Forte                  | Amber                        | Amber*                       | Green         | * Green - Artelac® Rebalance drops 10ml. Inj - red   |
| 9.8.1   | Sodium Phenylbutyrate   |   | Red                          | Red                          | Non formulary |  |
| 1.6.4   | Sodium picosulphate     | Picolax                                 | Red                          | Amber                        | Green         |  |
| 4.2.3   | Sodium valproate        | Epilim, Episenta                        | Amber                        | Amber                        | Amber         | Mania/mood stabilisation (off-label)   |
| 4.7.4.2 | Sodium valproate        | Epilim, Episenta                        | Non formulary                | Non formulary                | Non formulary |  |
| 4.8.1   | Sodium valproate        | Epilim, Episenta                        | Amber                        | Amber*                       | Amber         | Epilepsy. Inj - red *BCAP  |
| 6.5.1   | Somatropin              | Omnitrope - first line                  | Amber - paed<br>Red - adults | Amber - adults<br>Red - paed | Red           | NICE TA64  |
| 2.4     | Sotalol                 |   | Amber                        | Amber                        | Amber         |  |
| 5.3     | Stavudine               | Zerit                                   | Red                          | Red                          | Refer to Ston |  |
| 10.1.3  | Sulfasalazine           | Salazopyrin                             | Amber                        | Amber                        | Amber         | RA   |
| 4.2.1   | Sulpiride               | Dolmatil                                | Amber                        | Amber                        | Amber         |  |
| 8.2.1   | Tacrolimus              | Adoport, Modigraf, Prograf, Advagraf    | Amber                        | Red                          | Amber         | no new patients (transplant) - now specialist commissioning.   |
| 11.6    | Tafuprost               | Saftutan                                | Non formulary                | Non formulary                | Green         | Restricted use: only for pts who cannot toleratelatanoprost  |
| 8.3.4.1 | Tamoxifen               |   | Amber                        | Amber                        | Green         | NICE CG164   |
| 4.7.2   | Tapentadol              | Palexia                                 | Non formulary                | Non formulary                | Non formulary | SFT - only via NFD initiation process (pain team)  |
| 5.3     | Tenofovir               | Viread, Truvada, Atripla                | Red                          | Red                          | Refer to Ston |  |
| 8.2.4   | Teriflunomide           | Aubagio                                 | Red                          | Red                          | Non formulary |  |
| 6.6.2   | Teriparatide            | Forsteo                                 | Red                          | Red                          | Red           |  |
| 6.5.2   | Terlipressin            |   | Red                          | Red                          | Red           |  |
| 4.9.3   | Tetrabenazine           | Xenazine                                | Amber                        | Amber                        | Amber         |  |
| 8.2.4   | Thalidomide             | Celegne                                 | Non formulary                | Red                          | Red           | NICE TA288 Original pack prescribing / dispensing only   |
| 4.8.1   | Tiagabine               | Gabitril                                | Non formulary                | Non formulary                | Amber         |  |
| 2.9     | Ticagrelor              | Briique                                 | Amber                        | Amber                        | Amber         | see restrictions NICE TA420  |
| 10.2.2  | Tizanidine              | Zanaflex                                | Amber                        | Amber                        | Amber         |  |
| 5.1.4   | Tobramycin              | Tobi, Bramitob                          | Red                          | Red                          | Red           | Specialist commissioning NICE TA 276   |
| 10.1.3  | Tocilizumab             | RoActemra                               | Red                          | Red                          | Red           | Rheumatology   |
| 4.7.4.2 | Topiramate              | Topamax sprinkle                        | Green*                       | Green                        | Green         | Migraine. * Amber - paed   |
| 4.8.1   | Topiramate              | Topamax sprinkle                        | Amber                        | Amber                        | Amber         | Epilepsy   |
| 4.2.1   | Trifluoperazine         | Stelazine                               | Amber                        | Amber                        | Amber         |  |
| 4.9.2   | Trihexyphenidyl         | Benhexol                                | Amber                        | Amber                        | Green         |  |
| 8.3.4.2 | Triptorelin             | Decapeptyl SR, Gonapeptyl depot         | Amber                        | Amber                        | Amber         |  |
| 4.3.4   | Tryptophan              |   | Red                          | Non formulary                | Non formulary | RED - AWP only. Optimax not listed in BNF or EMC.  |
| 6.7.2   | Ulipristal 5mg          | Esmya                                   | Red                          | Red                          | Red           | Uterine Fibroids   |
| 1.9.1   | Ursodeoxycholic Acid    |   | Amber                        | Green                        | Green         |  |
| 5.6.4   | Valaciclovir            | generic as 500mg tablets                | Non formulary                | Green                        | Non formulary | please do not use 250mg tablets due to cost  |
| 5.3.2.2 | Valganciclovir          | Valcyte                                 | Red                          | Red                          | Non formulary | Not routinely stocked at GWH. Micro advice only  |
| 4.2.3   | Valproic acid           | Depakote, Convulex                      | Amber                        | Amber                        | Amber         |  |
| 6.5.2   | Vasopressin             |   | Non formulary                | Red                          | Red           |  |
| 4.8.1   | Vigabatrin              | Sabril                                  | Red                          | Red                          | Red           |  |
| 6.1.2.3 | Vildagliptin            | Galvus                                  | Non formulary                | Non formulary                | Non formulary |  |
| 9.6     | Vitamin A               | Betacarotene                            | Non formulary                | Non formulary                | Green         |  |
| 5.2.1   | Voriconazole            | Vfend                                   | Red                          | Red                          | Red           | haematology or micro advice only HCD list  |
| 4.3.4   | Vortioxetine            | Brintellix                              | Amber                        | Amber                        | Amber         |  |
| A2.5    | VSL#3                   | VSL#3                                   | Non formulary                | Non formulary                | Non formulary | Exceptions/Prior approvals required  |
| 5.3     | Zidovudine              | Retrovir, Combivir                      | Red                          | Red                          | Refer to Ston |  |
| 6.6.2   | Zoledronic Acid         | Aclasta                                 | Red                          | Red                          | Red           |  |
| 4.8     | Zonisamide              | Zonegran                                | Amber                        | Amber                        | Amber         | Epilepsy   |
| 4.2.1   | Zuclophenixol acetate   | Clopixol Acuphase                       | Red                          | Red                          | Red           |  |
| 4.2.1   | Zuclophenixol decanoate | Clopixol injection                      | Amber                        | Amber                        | Red           |  |

<https://prescribing.wiltshireccg.nhs.uk>