29th November 2017

Wirral University Teaching Hospital NHS Foundation Trust | Wirral Community NHS Trust | Wirral Clinical Commissioning Group

Guidelines on Prescribing Responsibility for "RED / AMBER / GREEN MEDICINES"

(Commonly known as the 'RAG' list)

Safe patient care requires a clear understanding of GP and Consultant responsibilities for clinical monitoring and prescribing. When responsibility for specified aspects of patient care is transferred from hospital, the GP should have full confidence to prescribe the necessary medicines. This requires the **sharing of sufficient information** with the GP and a **mutual agreement** to the transfer of care.

Where 'Consultant' is referred to, this applies to Acute Trusts and specialists from other services commissioned by Wirral Clinical Commissioning Group.

These are not rigid guidelines. Consultants and GPs can discuss the appropriate management of individual patients personally and on occasion Consultants and GPs may agree to work outside this guidance.

The Wirral Drug and Therapeutics Committee will be responsible for determining the initial RAG category of medicines agreed for the formulary, or any changes to initial category, this will be primarily based on clinical issues:

- Evidence base
- Clinical responsibility / safety
- Patient convenience and preference
- Ensuring appropriate usage
- Ensuring efficient use (clinical and cost)
- Willingness to provide agreed shared care information
- Availability of suitable monitoring mechanisms in general practice

RED MEDICINES: GP PRESCRIBING NOT RECOMMENDED

These require specialist knowledge, monitoring, dose adjustment or further evaluation in use.

- Complex, rarely used medicines, some of which may be unlicensed, where specialist knowledge is required for their monitoring and prescribing to ensure high quality care
- Drugs which require intensive monitoring, specific dosage adjustments or further evaluation in use
- Specified unlicensed medicines by agreement with primary and secondary care
- Any medicine used as part of a hospital clinical trial
- Medicines to be administered in a hospital setting
- Medicines whose monitoring or control remains within secondary care

GP prescribing may be appropriate if a GP has specialist knowledge; or experience of prescribing a particular drug for a particular patient and then it would be inappropriate to expect to transfer prescribing responsibility back to the Consultant.

AMBER MEDICINES: MEDICINES RECOMMENDED OR INITIATED BY SPECIALISTS IN PRIMARY OR SECONDARY CARE. CONTINUED PRESCRIBING MAY REQUIRE SHARED CARE AGREEMENT OR MAY BE INDIVIDUALLY AGREED WITH THE GP.

Amber Medicines include:

- Medicines considered suitable for GP prescribing following specialist recommendation or initiation
- Medicines considered suitable for GP prescribing following specialist initiation of therapy with ongoing communication between primary care prescriber and specialist

Consultants will need to provide GPs with sufficient information (or make reference to the agreed shared care protocol where one exists) before requesting they take over prescribing or monitoring responsibilities.

GREEN MEDICINES: MEDICINES CONSIDERED SUITABLE FOR NON SPECIALIST PRESCRIBING IN PRIMARY OR SECONDARY CARE.

BNF Chapter 1. Gastro-Intestinal System

Drug	Agreed Formulary Indications	Status	Shared Care Guidelines
Azathioprine	Inflammatory Bowel Disease	AMBER	Y
Ciclosporin	Inflammatory Bowel Disease	AMBER	N
Cytokine inhibitors and related drugs: Infliximab, adalimumab and golimumab.	These drugs were approved in line with NICE TA 329 for treating moderately to severely active ulcerative colitis after the failure of conventional therapy. Prescribing is limited to Consultant Luminal Gastroenterologists or approved IBD Nurse prescribers after a decision to treat has been made by the Consultant.	RED	-
Vedolizumab	For Ulcerative Colitis NICE TA 342	RED	
Vedolizumab	For Crohn's Disease NICE TA 352	RED	
Lubiprostone	This was approved in line with NICE TA 318 1.1 Lubiprostone is recommended as an option for treating chronic idiopathic constipation, that is, for adults in whom treatment with at least 2 laxatives from different classes, at the highest tolerated recommended doses for at least 6 months, has failed to provide adequate relief and for whom invasive treatment for constipation is being considered. 1.2 If treatment with lubiprostone is not effective after 2 weeks, the person should be re-examined and the benefit of continuing treatment reconsidered. 1.3 Lubiprostone should only be prescribed by a clinician with experience of treating chronic idiopathic constipation, who has carefully reviewed the person's previous courses of laxative treatments specified in 1.1.This will	AMBER	

	normally be, but not limited to, consultant Gastroenterologists, DME consultants or Colorectal surgeons. See the Chronic Idiopathic Constipation Guidelines for further details.		
6-Mercaptopurine	Inflammatory Bowel Disease	**AMBER**	Y
Methotrexate IM and oral (in Crohn's Disease)	As per NICE Clinical Guideline 152. If patient responds to IM treatment for 16 weeks, then the patient may be stepped down to oral at this point. If they continue to be in remission after 4 weeks then the GP would be asked to take on prescribing (oral only). The IM methotrexate will be administered in Haematology Day Ward at WUTH.	**IM - RED** **Oral - AMBER**	Y for oral methotrexate after course of IM completed
Omnipaque	For use as a laxative and faecal tagging agent prior to CT colonoscopy. Use will be evaluated.	**RED**	-
Pentoxifylline	Severe alcoholic hepatitis (max 6 weeks use). Non formulary for other indications.	**RED**	-
Prucalopride	This was approved in line with NICE TA 211: 1.1 Prucalopride is recommended as an option for the treatment of chronic constipation only in women for whom treatment with at least two laxatives from different classes, at the highest tolerated recommended doses for at least 6 months, has failed to provide adequate relief and invasive treatment for constipation is being considered. 1.2 If treatment with prucalopride is not effective after 4 weeks, the woman should be re-examined and the benefit of continuing treatment reconsidered. 1.3 Prucalopride should only be prescribed by a clinician with experience of treating chronic constipation, who has carefully reviewed the woman's previous courses of laxative treatments specified in 1.1. This will normally be, but not limited to, consultant Gastroenterologists, DME consultants or Colorectal surgeons.	**AMBER**	

	See the Chronic Idiopathic Constipation Guidelines for further details.		
Rifaximin	For the prevention of recurrent overt hepatic encephalopathy in patients with Type C Encephalopathy due to chronic liver disease (NICE TA337).	AMBER	Prescribing Pathway available
Sulfasalazine	Inflammatory Bowel Disease	AMBER	Y
Mesalazine	Inflammatory Bowel Disease	AMBER	Y

BNF Chapter 2. Cardiovascular System

Drug	Agreed Formulary Indications	Status	Shared Care Guidelines
Ajmaline	To be used as a single IV infusion under cardiac monitoring for the diagnosis of Brugada Syndrome. Consultant Cardiologist use only	RED	N
Alirocumab	Approved for treatment of primary hypercholesterolaemia or mixed dyslipidaemia only if low-density-lipoprotein concentrations are persistently above specified thresholds as per NICE TA393	RED	N
Aliskiren	Uncontrolled hypertension: 5th /6th line for nephrology patients only. Initiated by nephrology and first month supplied then GP prescribing.	AMBER	N
Alteplase Infusion	**For the treatment of blocked dialysis catheters.** This is limited to two treatments per patient. A report to WDTP is required after 6 months to assess the impact of the drug.	RED	N
Apixaban	**For Atrial Fibrillation.** Prescribing needs to be in line with NICE TA 275. Guidelines and initiation checklist can be found at: http://mm.wirral.nhs.uk/guidelines/ It is good practice for the initiation checklist to be completed by the initiating GP in primary care before commencing treatment. **For the treatment and secondary prevention of Deep Vein Thrombosis and / or Pulmonary Embolism.** Prescribing needs to be in line with NICE TA 341. It is expected that patients should have had initial diagnosis by the	GREEN	-

	DVT service or specialist clinician.		
Argatroban	For first line use in haemodialysis patients with heparin-induced thrombocytopenia requiring parenteral anticoagulation.	**RED**	-
Dabigatran	**For Atrial Fibrillation**. Prescribing needs to be in line with NICE TA 249. Guidelines and initiation checklist can be found at: http://mm.wirral.nhs.uk/guidelines/ It is good practice for the initiation checklist to be completed by the initiating GP in primary care before commencing treatment. **For the treatment and secondary prevention of deep vein thrombosis and/or pulmonary embolism.** Prescribing needs to be in line with NICE TA 327. It is expected that patients should have had initial diagnosis by the DVT service or specialist clinician.	**GREEN**	-
Edoxaban	**For Atrial Fibrillation.** Prescribing needs to be in line with NICE TA 355. Guidelines can be found at: http://mm.wirral.nhs.uk/guidelines/. It is good practice for the initiation checklist to be completed by the initiating GP in primary care before commencing treatment. **For the treatment and secondary prevention of deep vein thrombosis and/or pulmonary embolism.** Prescribing needs to be in line with NICE TA 354. It is expected that patients should have had initial diagnosis by the DVT service or specialist clinician.	**GREEN**	
Eplerenone	Approved for use in the post MI population: heart failure with ejection fraction ≤40% following MI (start day 3 to 14 post MI). This drug is not approved for heart failure patients with ejection fraction <30% (NYHA Level 2).	**AMBER**	N
Evolocumab	Approved for treatment of primary hypercholesterolaemia or mixed dyslipidaemia only if low-density-lipoprotein concentrations are persistently above specified	**RED**	N

	thresholds as per NICE TA394		
Idarucizumab (Praxbind)	For rapid reversal of anticoagulant effect in patients taking dabigatran who require emergency surgery or are having a life-threatening bleed	**RED**	N
Ivabradine	For stable angina patients with a resting sinus rate >70bpm despite treatment with a beta blocker, diltiazem or verapamil (or if such treatments are contraindicated). Consultant or GPwSI initiation or recommendation only.	**AMBER**	N
Low molecular weight heparin	Anticoagulation	**AMBER**	N
Metolazone (unlicensed)	Metolazone is approved for use alone or in combination with a Loop diuretic by **cardiologists or community heart failure clinics**, as a second line agent for heart failure patients that do not respond to bendroflumethiazide. It may only be recommended by the community heart failure clinics to prevent an admission to hospital or for palliation. It is also approved for use within the renal directorate for fluid management in patients with CKD. Initiation / recommendation by consultant nephrologist.	**AMBER**	Y
Nicardipine infusion	Approved for the treatment of hypertensive crisis in critical care and Acute Stroke Unit.	**RED**	
Prasugrel	Only approved for loading dose to be given by WUTH A/E prior to immediate percutaneous coronary intervention to treat an ST-segment elevation myocardial infarction in Liverpool Heart and Chest Hospital (LHCH). NB: Prasugrel may also be initiated by specialist centres e.g. LHCH as per NICE 317. In these cases formulary status of specialist trust formulary would be adopted (Pan Mersey for LHCH http://www.panmerseyapc.nhs.uk/formulary.html)	**RED**	-
Pulmonary hypertension drugs e.g. bosentan, iloprost	Pulmonary hypertension. Pulmonary hypertension services are nationally commissioned through National Commissioning Group (NCG) at specialist centres who undertake most prescribing	**RED**	-
Ranolazine	Initiation to be by a Cardiologist or	**AMBER**	N

	Cardiology GPSi with GP to continue prescribing after one month. To be in accordance with NICE i.e. 3rd line option for those patients who do not tolerate or have contraindications to a beta blocker and / or CCB.		
Rivaroxaban	**For VTE prophylaxis post elective hip and knee replacement surgery** in line with NICE TA 170 (N.B. Rivaroxaban is the first line agent).	**RED**	-
Rivaroxaban	**For Atrial Fibrillation**. Prescribing needs to be in line with NICE TA 256. Guidelines and initiation checklist can be found at: http://mm.wirral.nhs.uk/guidelines/ It is good practice for the initiation checklist to be completed by the initiating GP in primary care before commencing treatment. **For the treatment and secondary prevention of deep vein thrombosis and/or pulmonary embolism**, Prescribing needs to be in line with NICE TA 261 and 287. It is expected that patients should have had initial diagnosis by the DVT service or specialist clinician.	**GREEN**	-
Rivaroxaban	**For secondary prevention of Acute Coronary Syndrome** (NICE TA 335)	**AMBER**	N
Sacubutril valsartan	As per NICE TA 388: Sacubitril valsartan is recommended as an option for treating symptomatic chronic heart failure with reduced ejection fraction, only in people: • with NYHA class II to IV symptoms and • with a left ventricular ejection fraction of 35% or less and • who are already taking a stable dose of ACE inhibitors or ARBs. It is to be initiated and prescribed by a Heart Failure Specialist for the first 3 months before prescribing is transferred to GP. The Patient Information Leaflet is available on the Wirral Medicines Management website: http://mm.wirral.nhs.uk/guidelines/	**AMBER**	N
Ticagrelor	Ticagrelor 90mg can be initiated	**AMBER**	N

	either by LHCH or WUTH. It should be prescribed, in combination with aspirin 75mg, in adults for up to twelve months for 1) NSTEMI, 2) STEMI that cardiologists are intending to treat with PCI or 3) Unstable Angina (UA) as per NICE TA236. Ticagrelor 60mg, in combination with aspirin, can be prescribed for preventing atherothrombotic events in adults who have had a myocardial infarction and who are at high risk of a further event, upon completion of 12 months of ticagrelor 90mg. Ticagrelor 60mg should be stopped when clinically indicated and used for a maximum of 3 years as per NICE TA 420.		

BNF Chapter 3. Respiratory System

Please note: All combination inhalers are listed by Brand Name in line with National Guidance

Drug	Agreed Formulary Indications	Status	Shared Care Guidelines
Aclidinium Bromide (Eklira Genuair)	2nd line long acting antimuscarinic agent (LAMA) for treating COPD See Wirral COPD Prescribing Guidelines for further information: http://mm.wirral.nhs.uk/guidelines/	**GREEN**	-
AirFluSal Forspiro (Salmeterol 50mcg/ fluticasone propionate 500mcg dry powder inhaler)	3rd line LABA / ICS for COPD. See Wirral COPD Prescribing Guidelines for further information: http://mm.wirral.nhs.uk/guidelines/	**GREEN**	
Anoro Ellipta (Umeclidinium 55mcg /vilanterol 22mcg)	LAMA / LABA for COPD. See Wirral COPD Prescribing Guidelines for further information: http://mm.wirral.nhs.uk/guidelines/	**GREEN**	
Antibiotics nebulised: colistin, tobramycin	Colistin – Cystic Fibrosis and Bronchiectasis For bronchiectasis – specialist prescribes **4 weeks** of treatment before transferring prescribing to the GP. The patient is reviewed by the respiratory specialist nurse at 2 weeks to ensure they are tolerating treatment and GPs will take on prescribing after this review. The Shared Care Guideline has been updated. Tobramycin – Cystic Fibrosis	**AMBER**	Y for colistin for bronchiectasis
Azathioprine	Idiopathic Pulmonary Fibrosis Included in the LES for near patient testing	**AMBER**	Y
Dornase Alfa	Cystic Fibrosis	**AMBER**	N
Duaklir Genuair (aclidinium 340mcg /formoterol 12mcg)	LAMA / LABA for COPD. See Wirral COPD Prescribing Guidelines for further information: http://mm.wirral.nhs.uk/guidelines/	**GREEN**	
Fostair MDI (Beclomethasone / formoterol).	For use in asthma and 1st line LABA / ICS for COPD. See Wirral Asthma Guidelines and Wirral COPD Prescribing Guidelines for further information: http://mm.wirral.nhs.uk/guidelines/	**GREEN**	-
Glycopyrronium Inhaler (Seebri Breezhaler®)	2nd line long acting antimuscarinic agent (LAMA) for treating COPD See Wirral COPD Prescribing Guidelines for further information: http://mm.wirral.nhs.uk/guidelines/	**GREEN**	-
N-Acetylcysteine	Idiopathic Pulmonary Fibrosis.	**AMBER**	Y

	First two months to be prescribed by secondary care		
Omalizumab	For prescribing in line with NICE guidance: TA 278 – Omalizumab for treating severe persistent allergic asthma Otherwise Individual Funding Requests.	**RED**	N
Relvar Ellipta (fluticasone furoate 92 mcg /vilanterol 22 mcg)	2nd line LABA / ICS for COPD. See Wirral COPD Prescribing Guidelines for further information: http://mm.wirral.nhs.uk/guidelines/	**GREEN**	
Sodium chloride 7% nebuliser solution	Cystic Fibrosis	**GREEN**	-
Spiolto Respimat (tiotropium 2.5mcg/ olodateral 2.5mcg)	LAMA / LABA for COPD. See Wirral COPD Prescribing Guidelines for further information: http://mm.wirral.nhs.uk/guidelines/	**GREEN**	
Tiotropium (Braltus) 10mcg Inhalation Powder Zonda device	Tiotropium is first line long acting antimuscarinic agent (LAMA) for treating COPD. See Wirral COPD Prescribing Guidelines for further information: http://mm.wirral.nhs.uk/guidelines/	**GREEN**	-
Ultibro Breezhaler (Indacaterol 110mcg /glycopyrronium 50mcg)	LAMA / LABA for COPD. See Wirral COPD Prescribing Guidelines for further information: http://mm.wirral.nhs.uk/guidelines/	**GREEN**	
Umeclidinium (Incruse® Ellipta) dry powder inhaler	3rd line long acting antimuscarinic agent (LAMA) for treating COPD See Wirral COPD Prescribing Guidelines for further information: http://mm.wirral.nhs.uk/guidelines/	**GREEN**	

BNF Chapter 4. Central Nervous System

Drug	Agreed Formulary Indications	Status	Shared Care Guidelines
Acamprosate	Maintaining abstinence in alcohol-dependent patients	**AMBER**	N
Aprepitant (oral)	**Approved** for the prevention of acute and delayed nausea and vomiting associated with highly emetogenic cisplatin-based cancer chemotherapy in adults and also for prevention of nausea and vomiting associated with moderately emetogenic cancer chemotherapy in adults**.**	**RED**	-
Atomoxetine	ADHD	**AMBER**	Y for children and adults
Atypical antipsychotics:	Schizophrenia / psychosis	**AMBER**	N

amisulpride, aripiprazole, olanzapine, paliperidone, quetiapine, risperidone, zotepine	Risperidone: Short-term treatment (up to six weeks) of persistent aggression in patients with moderate to severe Alzheimer's dementia unresponsive to non-pharmacological interventions and when there is a risk of harm to self or others		
Atypical antipsychotics: clozapine and sertindole	Schizophrenia Sertindole no longer has a UK license – only available on a named patient basis only.	**RED**	-
Antipsychotic depot injections	Schizophrenia / psychosis	**RED for new patients only** **AMBER for existing patients**	N
Botulinum toxin	Torsion dystonias and other involuntary movements	**RED**	-
Diamorphine intranasal spray	Approved pending successful resolution of the operational aspects of the introduction of this medicine.	**RED**	
Dementia drugs: donepezil, galantamine, memantine, rivastigmine	Dementia (under LES)	**AMBER**	Y
Disulfiram	Treatment of alcohol dependence. Specialist initiation	**AMBER**	N
Duloxetine	Depression only For neuropathic pain	**AMBER** **GREEN**	N -
Fosaprepitant (IV)	**Approved** for the prevention of acute and delayed nausea and vomiting associated with highly emetogenic cisplatin-based cancer chemotherapy in adults and also for prevention of nausea and vomiting associated with moderately emetogenic cancer chemotherapy in adults**.**	**RED**	-
Lithium	Mania, bipolar disorder, recurrent depression	**AMBER**	Y
Lisdexamphetamine Paediatrics	ADHD. Use would be second line for children who have had ineffective treatment on methylphenidate. Either use atomoxetine or lisdexamphetamine at this point. **Lisdexamphetamine** to be used when there has been a response to methylphenidate but the response is inadequate at maximal doses. **Atomoxetine** to be used when there has been no response to	**AMBER**	Y

	methylphenidate or unacceptable side effects.		
Lisdexamphetamine Adults	ADHD. For adult patients who require less than 12 hours symptom control methylphenidate would be first line. For adult patients who require greater than 12 hours symptom control lisdexamphetamine would be first line. For adults who have had ineffective treatment on methylphenidate use lisdexamfetamine.	**AMBER**	Y
Melatonin (Unlicensed)	Unlicensed formulation For children with neurological or neurodevelopmental disorders suffering from severe sleep disturbances. This is classified as **AMBER** only if being used for those patients with a feeding tube that is so narrow that it is blocked by Circadin® tablets.	**RED** **AMBER**	 Y – for children
Melatonin (Circadin®)	Licensed formulation Circadin® available for off label use for treatment of children with neurological or neurodevelopmental disorders suffering from severe sleep disturbances under shared care agreement.	**AMBER**	Y – for children
Methylphenidate	ADHD in children *Note: additional shared care agreement in place between CWP and Wirral CCG*	**AMBER**	Y
Modafinil	Narcolepsy, obstructive sleep apnoea syndrome, chronic shift work	**AMBER**	N
Nalmefene	Reducing alcohol consumption in people with alcohol dependence. In line with NICE technology appraisal guidance 325, prescribing of nalmefene requires continuous psychosocial support around alcohol dependency as a pre-requisite. Therefore, prescribing is currently by a specialist	**RED**	N
Nefopam	To treat pain in patients with a **significant** history of nausea and vomiting with usual other opioids/ non opioid analgesics despite regular anti emetic therapy. Only to be prescribed on the recommendation of the Acute Pain Team.	**RED**	N

Parkinson's drugs (dopaminergic including apomorphine and antimuscarinics)	(See below for information specific to tolcapone)	**AMBER**	Y for rasagiline and rotigotine
Riluzole	Amyotrophic lateral sclerosis	**AMBER**	N
Rivastigmine	Approved for use by DME consultants to manage dementia in PD where hallucinations predominate.	**AMBER**	N
Stiripentol	Approved for use in combination with clobazam and valproate as adjunctive therapy of refractory generalised tonic-clonic seizures in children with severe myoclonic epilepsy in infancy (Dravet Syndrome) whose seizures are not adequately controlled with clobazam and valproate. It should be initiated and prescribed by a specialist for the first 3 months until patient is stabilised on therapy.	**AMBER**	Y
Tapentadol Prolonged Release	Approved for patients with severe chronic pain which can only be adequately managed with opioid analgesics. It has been approved as **THIRD** line in patients who have failed on both morphine and oxycodone. Please note that currently an application has only been submitted for the **prolonged release** preparation not the immediate release version. A designated proforma should be used by the Pain Team when asking GPs to prescribe. GPs are asked to complete form with patient responses to treatment so the Pain Team can evaluate response to tapentadol. *Proforma to be finalised with Pain Team*	**AMBER**	N
Tolcapone	Parkinson's Disease. Specialist initiation & monitoring. Second line COMT where entacapone treatment is no longer appropriate due to poor response or adverse effects.	**RED**	-
Tryptophan	Depression	**AMBER**	N
Valproic Acid (Depakote)	Bipolar Disorder	**AMBER**	N
Venlafaxine 300mg and above	Depression, Generalised anxiety disorder	**AMBER**	N

BNF Chapter 5. Infections

Drug	Agreed Formulary Indications	Status	Shared Care Guidelines
Antibiotics IV	Provided there are specific arrangements or service in place that allow this	AMBER	N
Antibiotics nebulised: colistin, tobramycin	Colistin – Cystic Fibrosis and Bronchiectasis For bronchiectasis – specialist prescribes **4 weeks** of treatment before transferring prescribing to the GP. The patient is reviewed by the respiratory specialist nurse at 2 weeks to ensure they are tolerating treatment and GPs will take on prescribing after this review. The Shared Care Guideline has been updated. Tobramycin – Cystic Fibrosis	AMBER	Y for colistin
Anti-Cytomegalovirus drugs: cidofovir, foscarnet, ganciclovir, valganciclovir	Cytomegalovirus	RED	-
Anti-hepatitis B and C treatments	Hepatitis B and C	RED	-
Anti-HIV treatments	HIV	RED	-
IV Antifungals including amphotericin, caspofungin and voriconazole	Amphotericin – severe fungal infections Caspofungin – invasive fungal infections (replaced by micafungin except for haematology). Voriconazole – severe fungal infections Micafungin – now first line agent to replace caspofungin and approved for all specialities except haematology.	RED	
Dalbavancin	Approved as an alternative to teicoplanin in acute bacterial skin and skin structure infections (ABSSSI) in adults. Only to be prescribed on the recommendation of a Consultant Medical Microbiologist	RED	-
Dapsone	Dermatitis herpetiformis, leprosy, pneumocystis pneumonia.	AMBER	N
Fidaxomicin	For use when recommended by microbiology for patients with *C difficile infection*.	AMBER	N
Fosfomycin	Approved for ESBL and CPE UTIs. Only to be recommended by a consultant microbiologist in response to culture and sensitivity results. See shared care guideline for further information.	IV RED PO AMBER	Y

Isavuconazole	Approved for use as an alternative to voriconazole for the treatment of invasive aspergillosis or mucormycosis where amphotericin B is inappropriate due to adverse effects or drug interactions	**RED**	-
Linezolid	Secondary care prescribing only on Consultant Microbiologist advice	**RED**	-
Palivizumab	Respiratory Syncytial Virus	**RED**	-
Pivmecillinam	Approved for use in patients with uncomplicated cystitis after GPs have checked culture and sensitivity advice. Medical Microbiologist advice should be sought before prescribing pivmecillinam if there is any uncertainty over its use and pivmecillinam should only be considered if first and second line agents for uncomplicated UTI in adult women and UTI in men are considered unsuitable.	**GREEN**	N
Ribavirin	Hepatitis C & Respiratory Syncytial Virus	**RED**	-
Voractiv (Rifampacin 150mg/ Isoniazid 75mg/ Pyrazinamide 400mg/ Ethambutol 275mg)	For the initial phase treatment of tuberculosis	**RED**	-

BNF Chapter 6. Endocrine System

Drug	Agreed Formulary Indications	Status	Shared Care Guidelines
Alogliptin	Approved for type 2 diabetes mellitus	**GREEN**	**N**
Bisphosphonates IV	Osteoporosis – zolendronic acid Pagets disease of the bone – disodium pamidronate & zolendronic acid Hypercalcaemia – disodium pamidronate & zolendronic acid (only patients with myeloma)	**RED**	-
Cabergoline	Prevention of ovarian hyperstimulation syndrome Hyperprolactinaemia and prevention of lactation	**RED** **GREEN**	
Calcitonin	Hypercalcaemia and Pagets disease of the bone	**AMBER**	N
Canagliflozin	Approved for type 2 diabetes mellitus as per NICE technology appraisal 315. Will be co-offered with dapagliflozin for patients that are candidates for sodium-glucose co-transporter 2 (SGLT2) inhibitors as per NICE TA 315 and the Wirral	**GREEN**	-

	Type 2 Diabetes Mellitus Guidelines.		
Dapagliflozin	Approved for type 2 diabetes mellitus as per NICE technology appraisal 288. Will be co-offered with canagliflozin for patients that are candidates for sodium-glucose co-transporter 2 (SGLT2) inhibitors as per NICE TA 288 and the Wirral Type 2 Diabetes Mellitus Guidelines.	**GREEN**	-
Denosumab (Prolia®)	Treatment of osteoporosis. It is positioned in the Wirral Osteoporosis Guidelines for primary and secondary prevention where the first, second (and third for secondary prevention) line treatments are unsuitable or not tolerated and is used as per NICE TA 204. It is initiated on the recommendation of clinicians within secondary care. The first dose should be administered in secondary care. After this prescribing will occur in primary care.	**AMBER**	N
Empagliflozin	As per NICE TA 336. Empagliflozin is recommended as a treatment for type 2 diabetes when taken with metformin, only if the person: • cannot take a sulfonylurea or • is at significant risk of hypoglycaemia or its consequences. If a person needs to take three antidiabetic drugs, then empagliflozin is recommended as a treatment for type 2 diabetes when taken with either metformin and a sulfonylurea, or with metformin and a thiazolidinedione. Empagliflozin is also recommended as a treatment for type 2 diabetes when taken with insulin, with or without other antidiabetic drugs.	**GREEN**	N
Exenatide injection (Byetta®)	Treatment of Type 2 diabetes mellitus in combination with metformin and/or sulphonylureas in patients who have not achieved adequate glycaemic control on maximally tolerated doses of these oral therapies. Must be used in accordance with NICE clinical guideline 87 and only continued after 6 months if there has been at least a 1% reduction in HbA1c and a weight loss of at least 3% from baseline.	**GREEN**	N

	In combination with insulin In adults with type 2 diabetes, a GLP-1 mimetic should only be offered in **combination with insulin** with specialist care advice and ongoing support from a consultant-led multidisciplinary team Secondary care will initiate and supply 4 weeks. GPs to continue prescribing if patient is stable at one month review.	AMBER	
Exenatide XL 2mg injection (Bydureon®)	A once weekly alternative for patients with type 2 diabetes who do not achieve adequate glycaemic control on maximally tolerated oral agents. Must be used in accordance with NICE clinical guideline 87 and only continued after 6 months if there has been at least a 1% reduction in HbA1c and a weight loss of at least 3% from baseline. **In combination with insulin** In adults with type 2 diabetes, a GLP-1 mimetic should only be offered in **combination with insulin** with specialist care advice and ongoing support from a consultant-led multidisciplinary team **Initiation and first 2 weeks of treatment to be by secondary care. Prescribing to be continued by GP.** The diabetes specialist nurse will telephone the patient after 1 week to check they are tolerating treatment. *Please note this only affects the XL product not Byetta which the hospital will continue to supply 4 weeks.*	GREEN AMBER	N
Fertility Drugs (menotrophin and cetrorelix)	Approved for use.	RED	-
GnRH analogue buserelin	Pituitary desensitisation before induction of ovulation by gonadotrophins for in vitro fertilisation	RED	
GnRH analogues goserelin, triptorelin, leuporelin	Endometriosis Endometrial thinning Uterine fibroids	AMBER	Y
Growth hormone adults	Deficiency of growth hormone as per NICE guidance	RED	-
Growth hormone children	Deficiency of growth hormone as per	AMBER	N

	NICE guidance		
Insulin Degludec 100 units / ml	Insulin Degludec 100 units /ml is approved as an option for adults and children. For patients over 18 years of age there is a treatment algorithm. For Consultant/Associate Specialist in Diabetes initiation only. Secondary care to prescribe for adult patients until patient stable (usually 3 months) then prescribing responsibility transfers to primary care. For children, prescribing responsibility will be shared immediately.	**AMBER**	Please see risk minimisation strategy for high strength insulins available at http://mm.wirral.nhs.uk/guidelines/
Insulin Degludec 200 units / ml (Tresiba) **HIGH STRENGTH INSULIN**	The 200units/ml strength will be used in patients with diabetes where volume of injection is causing a clinical issue e.g. pain or discomfort. Can be used in both children and adults following Consultant /Associate Specialist in Diabetes initiation ONLY. Secondary care to prescribe for adult patients until patient stable (usually 3 months) then prescribing responsibility transfers to primary care. For children, prescribing responsibility will be shared immediately.	**AMBER**	
Insulin Glargine 300Units/ml **HIGH STRENGTH INSULIN**	Insulin Glargine 300 units/ml should be considered for the following: • Patients with Type 2 Diabetes who have hypoglycaemia and particularly nocturnal hypoglycaemia with Insulin Glargine 100 units/ml despite altering doses • Patients with Type 1 diabetes who have nocturnal hypoglycaemia on Insulin Glargine 100units/ml • Patients with Type 1 or 2 Diabetes who are on high doses (>50 units) of Insulin Glargine 100 units/ml who have injection site reactions and/or nocturnal hypoglycaemia • Patients with Type 2 Diabetes who are on a split dose of Insulin Glargine 100 units/ml	**AMBER**	Please see risk minimisation strategy for high strength insulins available at http://mm.wirral.nhs.uk/guidelines/
Insulin Lispro (Humalog) 200	• The 200units/ml strength will be	**AMBER**	Please see

units/ml **HIGH STRENGTH INSULIN**	used in patients with diabetes where volume of injection is causing a clinical issue e.g. pain or discomfort.		risk minimisation strategy for high strength insulins available at http://mm.wirral.nhs.uk/guidelines/
In Vitro Fertilisation (IVF) and oral sub fertility treatment	IVF	**RED**	-
Liraglutide	Treatment of Type 2 diabetes mellitus in combination with metformin and/or sulphonylureas in patients who have not achieved adequate glycaemic control on maximally tolerated doses of these oral therapies. Second line therapy after exenatide or exenatide MR. Must be used in accordance with NICE clinical guideline 87 and only continued after 6 months if there has been at least a 1% reduction in HbA1c and a weight loss of at least 3% from baseline. **In combination with insulin** In adults with type 2 diabetes, a GLP-1 mimetic should only be offered in **combination with insulin** with specialist care advice and ongoing support from a consultant-led multidisciplinary team Initiation and first month of treatment to be supplied by secondary care. If patient is stable at one month review, prescribing to be continued by GP.	**GREEN** **AMBER**	N
Pegvisomant	Acromegaly	**RED**	-
Teriparatide	Treatment of osteoporosis in post menopausal women and in men at increased risk of fracture; treatment of corticosteroid-induced osteoporosis.	**RED**	-
Tolvaptan (Jinarc)	As per NICE (TA 358) as an option for treating Autosomal dominant polycystic kidney disease (ADPKD) to slow the progression of cyst development in adults with chronic kidney disease (CKD) stages 2 or 3 and evidence of rapidly progressing disease.	**RED**	

BNF Chapter 7. Obstetrics, Gynaecology and Urinary-Tract Disorders

Drug	Agreed Formulary Indications	Status	Shared Care Guidelines
Aviptadil/Phentolamine (Invicorp) injection	Erectile dysfunction which has failed to respond to all other conservative treatments including intracavernosal Alprostadil. Patients will be assessed in the erectile dysfunction clinic and initially be prescribed test doses of the drug from the erectile dysfunction clinic. If successful prescribing will transfer to GP.	AMBER	N
iAluril Bladder instillation Sodium Hyaluronate (1.6% - 800mg/50ml) and Chondroitin Sulphate (2% -1g/50ml) in sterile Aqueous Solution (with Calcium Chloride).	Approved for a small sub group of patients with irritative, painful urinary tract symptoms, which have failed to respond to other conservative treatment options including bladder instillations with Sodium Hyaluronate or Chondroitin Sulphate given in alone. All these patients will be under urological or urogynaecological care and the decision regarding administration of iAluRil will generally be made by consultant urologist or urogynaecologist.	RED	N
Mirabegron	Approved for use in line with NICE TA 290, as an option for treating the symptoms of overactive bladder only for people in whom antimuscarinic drugs are contraindicated or clinically ineffective or have unacceptable side effects. Use will be fifth line, after all antimuscarinics have been tried.	GREEN	-
Ulipristal (ellaOne®)	Emergency Contraception. Only for use day 4 or 5 after unprotected intercourse or recognised failure of regular contraception where intrauterine contraception is unacceptable, unavailable or not possible to fit.	GREEN	-
Ulipristal (Esmya®)	For pre-operative patients prior to myomectomy and for infertility patients with known fibroids distorting the uterine cavity. The drug is second line option (after GnRH analogues) for women with small fibroids (less than 3cm) and is	AMBER	N

	first line option for women with larger fibroids (over 3cm) and significant symptoms necessitating immediate treatment. Hospital to prescribe the first month and GP to complete the remainder of the course.		
Uracyst® (2% sodium chondroitin sulphate)	Painful Bladder Syndrome / Interstitial Cystitis	**RED**	-

BNF Chapter 8. Malignant Disease and Immunosuppression

Drug	Agreed Formulary Indications	Status	Shared Care Guidelines
Anagrelide	Thrombocythaemia	**RED**	-
Anti-cancer therapy for malignant disease (not including hormonal treatments)	Systemic chemotherapy including oral anticancer therapy for malignant disease. Intracavitary cytotoxic chemotherapy.	**RED**	-
Azathioprine	Autoimmune conditions, Suppression of transplant rejection	**AMBER**	N
Blinatumomab	Approved for previously treated Philadelphia-chromosome-negative acute lymphoblastic leukaemia as per NICE TA450	**RED**	-
Bortezomib	This was approved in combination with dexamethasone, or with dexamethasone and thalidomide, for the induction treatment of adults with previously untreated multiple myeloma, who are eligible for high-dose chemotherapy with haematopoietic stem cell transplantation (NICE TA 311).	**RED**	
Bortezomib	For treating adults with previously untreated mantle cell lymphoma for whom haematopoietic stem cell transplantation is unsuitable (NICE TA370)	**RED**	
Bosutinib	Approved for use in previously treated chronic, accelerated and blast phase Philadelphia chromosome positive chronic myeloid leukaemia as per NICE TA401	**RED**	N
Brentuximab	Approved for treating CD30-positive Hodgkin lymphoma as per NICE 446	**RED**	-
Ciclosporin	Organ transplantation, Bone marrow transplantation, Nephrotic Syndrome	**AMBER**	N
Degarelix (gonadotrophin releasing hormone antagonist)	Degarelix is recommended as an option for treating advanced hormone-dependent prostate cancer in people with spinal metastases as per NICE TA404.	**AMBER**	Y

GnRH analogues goserelin, triptorelin, leuporelin	Prostate cancer **Triptorelin (Decapeptyl® SR 3mg, 11.25mg and 22.5mg)** is first choice gonadorelin analogue for prostate cancer following specialist urologist/oncologist recommendation under shared care agreement.	**AMBER**	Y
Hydroxycarbamide (oral)	For Chronic Myeloid Leukaemia and other myeloproliferative disorders. For patients under the overall care of a hospital consultant or haemato-oncologist	**AMBER**	Y
Ibrutinib	Approved for use in previously treated chronic lymphocytic leukaemia and untreated chronic lymphocytic leukaemia with 17p deletion or TP53 mutation as per NICE TA 429	**RED**	-
Idelalisib	For use in combination with rituximab for untreated chronic lymphocytic leukaemia in adults with a 17p deletion or TP53 mutation or for chronic lymphocytic leukaemia in adults when the disease has been treated but has relapsed within 24 months (NICE TA359). Please see information from MHRA: https://assets.digital.cabinet-office.gov.uk/media/5707baba40f0b60385000056/Zydelig_idelalisib_-_DHPC_sent_23_03_2016.pdf	**RED**	-
Imatinib	Protein Kinase Inhibitor – specialist haematologist / oncologist use only	**RED**	-
Interferon alfa	Various indications	**RED**	-
Interferon beta	Multiple Sclerosis	**RED**	-
Lanreotide	Acromegaly	**RED**	-
Lenalidomide	Myelodysplastic syndromes associated with an isolated deletion 5q cytogenetic abnormality (NICE TA322)	**RED**	-
Methotrexate IV	Anti cancer therapy for malignant disease	**RED**	-
Mycophenolate	Prophylaxis organ rejection	**AMBER**	N
Obinutuzumab	For Chronic Lymphocytic Leukaemia (CLL) (NICE TA 343)	**RED**	
Octreotide	For acromegaly	**RED**	-
Ofatumumab	For Chronic Lymphocytic Leukaemia (CLL) (NICE TA 344)	**RED**	
Panobinostat tablets	For use in relapsed myeloma patients who need treatment having already had two previous modes of chemotherapy, including bortezomib and an immunomodulatory agent	**RED**	

	(NICE TA380)		
Peginterferon Alfa	Hepatitis C	RED	-
Pixantrone	Approved for the treatment of adult patients with multiply relapsed or refractory aggressive non-Hodgkin B cell lymphomas (NHL) as per NICE TA 306.	RED	-
Ponatinib	Approved for treating chronic myeloid leukaemia and acute lymphoblastic leukaemia as per NICE TA 451	RED	-
Rituximab	Chronic lymphocytic leukaemia Lymphoma	RED	-
Ruxolitinib	Approved as an option for treating disease-related splenomegaly or symptoms in adults with primary myelofibrosis (also known as chronic idiopathic myelofibrosis), post polycythaemia vera myelofibrosis or post essential thrombocythaemia myelofibrosis as per NICE TA386.	RED	N
Sirolimus	Prophylaxis of organ rejection	AMBER	N
Tacrolimus	Prophylaxis of organ rejection	AMBER	N
Thalidomide	Multiple Myeloma	RED	-

BNF Chapter 9. Nutrition and Blood

Drug	Agreed Formulary Indications	Status	Shared Care Guidelines
Alendronic Acid effervescent tablets	Approved as an alternative for patients who cannot swallow standard alendronic acid tablets. For recommendation by rheumatologists only.	AMBER	N
Bisphosphonates IV	Hypercalcaemia	RED	-
Cinacalcet	Secondary hyperparathyroidism	RED	-
Darbepoetin	To treat symptomatic anaemia associated with erythropoietin deficiency in chronic renal failure.	RED	-
Darbepoetin	Approved for the treatment of anaemia in people with cancer having chemotherapy in line with NICE TA 323.	RED	
Deferiprone	Iron Overload	RED	-
Deferasirox	Iron Overload	RED	
Desferrioxamine	Iron Overload	RED	-
Eltrombopag	Approved for the treatment of adult chronic immune (idiopathic) thrombocytopenic purpura (ITP) splenectomised patients who are refractory to other treatments (e.g.	RED	-

	corticosteroids, immunoglobulins). Eltrombopag is to be offered preferentially to patients before romiplostim.		
Erythropoietin alfa, beta and delta	To treat symptomatic anaemia associated with erythropoietin deficiency in chronic renal failure.	**RED**	-
Ferinject (Ferric carboxymaltose) injection 50mg/ml	Approved for use by the Renal Directorate at WUTH for iron deficiency when oral iron is ineffective or cannot be used. Approved for treating iron deficiency anaemia in pregnant women.	**RED** **RED**	-
Paricalcitol	Secondary hyperparathyroidism	**RED**	-
RhG-CSF (e.g. filgrastim, pegfilgrastim)	Human granulocyte-colony stimulating factors used in neutropenia. Zarzio® is a new brand of filgrastim that will replace Neupogen® for the treatment of neutropenia. Pegfilgrastim (Neulasta®) is a pegylated derivative of filgrastim and has been approved for the prevention of neutropenia in haematology patients whose chemotherapy regimen places them at risk of developing neutropenia.	**RED**	-
Renavit®	Switch from Dialyvit® to Renavit® approved. Renavit® costs less than Dialyvit® and its content reflects the European best practice guidelines on vitamin requirements more closely.(June 2014)	**GREEN**	-
Rituximab	Chronic immune (idiopathic) thrombocytopenia purpura (ITP)	**RED**	-
Rituximab	Approved for Auto-Immune Haemolytic Anaemia.	**RED**	
Romiplostim	Approved for the treatment of adult chronic immune (idiopathic) thrombocytopenic purpura (ITP) splenectomised patients who are refractory to other treatments (e.g. corticosteroids, immunoglobulins). Eltrombopag is to be offered preferentially to patients before romiplostim.	**RED**	-
Subcutaneous fluids		**AMBER**	N
Succinylated gelatine 4% (Isoplex®)	Isoplex® is a balanced electrolyte solution that contains less chloride and causes less hyperchloraemic acidosis than other fluids. It will replace Gelofusine® and Volulyte® for the initial management of hypovolaemic shock throughout WUTH.	**RED**	

BNF Chapter 10. Musculoskeletal and Joint Diseases

Drug	Agreed Formulary Indications	Status	Shared Care Guidelines
Capsaicin 8% patch (Qutenza®)	Approved for fifth line use for peripheral neuropathic pain in non-diabetic adults, either as monotherapy or in combination with other medicinal products for the treatment of pain. To be used by Dr Williams only, for a 6 month period with a report back to D&T in 6 months. Reviewed 28/1/15 and agreed to use for a further 6 months before report back.	**RED**	-
Cytokine inhibitors and related drugs:		**RED**	-
Abatacept	Rheumatoid Arthritis (NICE TA 375, 195)		
Adalimumab	Rheumatoid Arthritis (NICE TA 195, 375), Psoriatic arthritis (NICE TA199) Ankylosing spondylitis (NICE TA143, 383). Severe non-radiographic axial spondyloarthritis (NICE TA383)		
Certolizumab	Rheumatoid arthritis (NICE TA 375, 415). Ankylosing spondylitis (NICE TA383) Severe non-radiographic axial spondyloarthritis (NICE TA383) Psoriatic arthritis (NICE TA 445)		
Etanercept	Rheumatoid Arthritis (NICE TA 195, 375) Psoriatic arthritis (NICE TA199) Ankylosing spondylitis (NICE TA143, 383). Severe non-radiographic axial spondyloarthritis (NICE TA383)		
Golimumab	Rheumatoid Arthritis (NICE TA 225, 375), Psoriatic arthritis (NICE TA 220) Ankylosing spondylitis (NICE TA233, 383) Rheumatoid Arthritis (NICE TA 130, 195) Psoriatic arthritis (NICE TA 199)		

Infliximab Rituximab Secukinumab Tocilizumab IV and SC Ustekinumab	Ankylosing spondylitis (NICE TA 143, 383). Rheumatoid arthritis (NICE TA 195) Ankylosing spondylitis (NICE TA407). Psoriatic Arthritis (NICE TA 445) Rheumatoid arthritis (NICE TA247, 375) Psoriatic arthritis (NICE TA340)		
Disease Modifying Anti-Rheumatic Drugs (DMARDS)	Rheumatoid Arthritis and other rheumatological diseases.	**AMBER**	Y: Azathioprine Auranofin Ciclosporin Hydroxychloro-quine Leflunomide Methotrexate oral & sc Mycophenolate Penicillamine Sodium aurothiomalate im injection Sulfasalazine
Rasburicase	Hyperuricaemia associated with cytotoxic drugs	**RED**	-

BNF Chapter 11. Eye

Drug	Agreed Formulary Indications	Status	Shared Care Guidelines
Aflibercept (NICE TA 294)	Approved as a possible treatment for Wet Age Related Macular Degeneration. For Consultant Opthalmologist use only.	**RED**	
Aflibercept (NICE TA 305)	Approved for macular oedema secondary to central retinal vein occlusion (RVO). For Consultant Opthalmologist use only.	**RED**	
Aflibercept (NICE TA 346)	Approved for treating visual impairment caused by diabetic macular oedema (DMO). For Consultant Opthalmologist use only.	**RED**	
Cefuroxime 5% preservative free eye drops (unlicensed preparation)	Approved as second line formulary choice for bacterial keratitis / contact lens associated	**RED**	

	bacterial keratitis.		
Ciclosporin 1mg/ml (0.1%) eye drops, emulsion (Ikervis)	Approved as a 3rd line treatment option for treating severe keratitis in adult patients with dry eye disease that has not improved despite treatment with tear substitutes in accordance with NICE TA369. This is currently the only licensed preparation of ciclosporin eye drops available	AMBER	
Dexamethasone intravitreal implant (NICE TA 229)	Macular Oedema secondary to retinal vein occlusion. Consultant ophthalmologist use only	RED	-
Dexamethasone intravitreal implant (NICE TA 349)	Diabetic macular oedema. Consultant ophthalmologist use only.	RED	
Fluocinolone acetonide intravitreal implant (NICE TA301)	Approved for the treatment of vision impairment associated with chronic diabetic macular oedema (DMO), considered insufficiently responsive to available therapies. For Consultant Opthalmologist use only.	RED	
Levofloxacin 0.5% eye drops	Approved for the following indications: 1. First line for bacterial keratitis/contact lens associated bacterial keratitis and 2. As part of the post-operative presumed bacterial endophthalmitis treatment regime	RED	
Mydriasert® ophthalmic implant (phenylephrine hydrochloride and tropicamide)	Approved for insertion into the eye prior to ophthalmologic procedures to cause mydriasis.	RED	
Natamycin 5% eye drops (unlicensed preparation)	Approved as first line for fungal keratitis for lesions confined to the superficial layers of the cornea.	RED	
Ocriplasmin	This was approved as per NICE Technology Appraisal TA 297 for vitreomacular traction. It is to be co–offered with a surgical treatment option.	RED	-
Polyhexamethylene biguanide (PHMB) 0.02% eye drops (unlicensed preparation)	Approved as first line for acanthamoeba keratitis usually in contact lens wearers	RED	
Ranibizumab	Age related macular degeneration. Consultant Ophthalmologist use only.	RED	-
Ranibizumab	For treating diabetic macular oedema in line with NICE TA 274.	RED	

	Consultant Ophthalmologist use only.		
Ranibizumab	Approved as a treatment option for visual impairment due to choroidal neovascularisation (CNV) secondary to pathologic myopia (PM). (NICE TA 298). For Consultant Opthalmologist use only.	**RED**	
Travoprost	Approved for the following subgroup: 1. As an alternative Prostaglandin analogue for patients that have failed on latanoprost. 2. For patients that require a Prostaglandin analogue that have a documented adverse effect with benzalkonium chloride (BAK). The Panel did **not approve** for the following subgroups: 1. For patients requiring a Prostaglandin analogue that are high risk or who have rapid disease progression. 2. For patients that have ocular surface disease.	**GREEN**	-
Travoprost and timolol (DuoTrav®)	Latanoprost 50 micrograms/timolol 5mg/ml will remain the first line agent for glaucoma patients that have failed on prostaglandin analogue monotherapy. Duotrav® will be the second line combination product.	**GREEN**	-

BNF Chapter 12. Ear, Nose and Oropharynx

Drug	Agreed Formulary Indications	Status	Shared Care Guidelines

BNF Chapter 13. Skin

Drug	Agreed Formulary Indications	Status	Shared Care Guidelines
Acitretin	Severe refractory psoriasis	**RED**	-
Actikerall	Approved for the treatment of actinic keratosis	**GREEN**	-
Adapalene with benzoyl peroxide (Epiduo®)	Approved for third line use in mild to moderate acne (when comedone papules and pustules are present), once benzoyl peroxide and adapalene separately have been tried and failed.	**GREEN**	-

Alitretinoin	Severe chronic hand eczema refractory to potent topical corticosteroids	**RED**	-
Apremilast	Approved for the treatment of psoriasis as per NICE TA419	**RED**	
Betamethasone medicated plaster (Betesil®)	Chronic lichenified eczema. To be recommended by dermatology consultants or GPs with a special interest in dermatology	**AMBER**	-
Botulinum toxin	Hyperhidrosis	**RED**	-
Ciclosporin	Psoriasis	**AMBER**	Y
Cytokine inhibitors and related drugs. Adalimumab (NICE TA 146, 455), Etanercept (NICE TA 103, 455), Infliximab (NICE TA 134), Ixekizumab (NICE TA 442), Secukinumab (NICE TA 350), Ustekinumab (NICE TA 180, 455)	Psoriasis	**RED**	-
Hydroxycarbamide	Psoriasis	**AMBER**	N
Ingenol mebutate (Picato®) gel	To be used for actinic keratosis. Approved as a second line agent (with 5-fluorouracil remaining the first line option) for patients that: 1. Do not respond to 5-fluorouracil. 2. Experience unacceptable side effects with 5-fluorouracil. 3. Are non-compliant with 5-fluorouracil because of prolonged duration of treatment together with unacceptable inflammation. 4. Are confused or elderly and require assistance (eg. a carer to apply the treatment). The short course of treatment is a better option in these instances as 5-fluorouracil requires twenty-one days of application.	**GREEN**	-
Isotretinoin oral (topical formulation is green)	Acne	**RED**	-
Ivermectin	Topical treatment of inflammatory lesions of rosacea (papulopustular) in adult patients. • Mild rosacea: 2nd line after topical metronidazole failure or intolerance • Moderate to severe rosacea: 1st line	**GREEN**	
Methotrexate orally	Psoriasis	**AMBER**	Y
Methotrexate SC or occasionally IM injection	Psoriasis	**AMBER**	N

Omalizumab	TA 339 – Omalizumab for previously treated chronic spontaneous urticaria.	**RED**	-
Promethazine	3rd line for treating pruritus and urticaria	**GREEN**	-
Tacrolimus	Eczema	**AMBER**	N

BNF Chapter 14. Immunological Products and Vaccines

Drug	Agreed Formulary Indications	Status	Shared Care Guidelines
Immunoglobulin IV infusion		**RED**	-

BNF Chapter 15. Anaesthesia

Drug	Agreed Formulary Indications	Status	Shared Care Guidelines

Miscellaneous

Drug	Agreed Formulary Indications	Status	Shared Care Guidelines
Acid Citrate Dextrose Solution	Approved for use (instead of heparin) as anticoagulant in cell salvage with apheresis devices.	**RED**	-
CAPD fluids	Dialysis	**RED**	-
Gastrografin	Visualisation of bowel for virtual colonoscopy	**RED**	
IV infusions	Provided there are specific arrangements or service in place that allow this	**AMBER**	-
Lanreotide	For symptom relief in palliative care	**AMBER**	N
Lanreotide	For carcinoid syndrome	**AMBER**	
Plasma-Lyte 148 in glucose 5% IV fluid.	Approved for use within the Children's directorate as the standard maintenance IV solution (to replace sodium chloride 0.45% in glucose 5% with potassium chloride 0.15%).	**RED**	
Octreotide	For symptom relief in palliative care	**AMBER**	N
Octreotide	For carcinoid syndrome	**AMBER**	
Taurolock Urokinase LineLock, (cyclo)-taurolidine, citrate (4%), heparin 500units/mL	Approved for treatment and subsequent prophylaxis of central venous catheter thrombosis and prophylaxis of catheter related blockages in dialysis patients	**RED**	-
Taurolock Hep500 LineLock, (cyclo)-taurolidine, citrate (4%), heparin 500units/mL	**Approved** for the prophylaxis of central venous catheter thrombosis and catheter related blockages	**RED**	-

IMPORTANT ADDITIONAL INFORMATION

- The most current list is available at http://mm.wirral.nhs.uk/sharedcare/
- This guidance is based on NICE recommendations and the earlier EL(91)127 "Responsibility for Prescribing between Hospitals and GPs".
- These lists of therapies are not exclusive – suggestions are welcome
- It is intended that, over time, medicines would not be listed as individual products, but would be covered by the general principles at the beginning of the Tables.
- This guidance reflects historical and current practice. It is acknowledged that this will lead to some apparent anomalies.
- For further information, or feedback on content, please contact the ML CSU Medicines Management Team or your Acute / Mental Health Trust Chief Pharmacist.