



SAVE where
you can to
SPEND where
it matters most



MEDICINES RECOMMENDATIONS - GREEN LIST

INCLUDING BLACK LIST

(DRUGS RECOMMENDED NOT TO BE PRESCRIBED)

NHS Barnet has compiled the green list of medicines recommended for prescribing. The medicines listed are the most cost-effective treatment options in each drug class. Primary care drug spend accounts for approximately 80% of national drug spend for the whole NHS and represents the largest non-staffing budget.

The black list includes those medicines which are not recommended for prescribing and NHS Barnet will support GPs in declining to prescribe. The Medicines management team can supply you with the evidence base that supports these recommendations.

MEDICINES RECOMMENDATIONS - GREEN LIST (INCLUDING BLACK LIST)

GREEN LIST		
BNF chapter & drug group	First Choice Agents	Second Line
1. GI: Antacids / alginates	Mucogel. For alginates Peptac suspension	
1. GI: PPI	Lansoprazole capsules and omeprazole capsules	
1. GI: H2-blockers	Ranitidine tablets	Cimetidine
1. GI: Laxatives	Ispaghula husk, senna, lactulose, sodium docusate	Macrogols - insufficient evidence to recommend over well established less expensive alternatives
2. CVD: Beta blocker	Atenolol, bisoprolol, metoprolol	
2. CVD: Statins	Simvastatin, pravastatin	2 nd line - Atorvastatin 3 rd line - Rosuvastatin 4 th line - Ezetimibe
2. CVD: ACE inhibitor	Ramipril capsules , lisinopril	Perindopril

BLACK LIST - Drugs recommended NOT to be prescribed

Gaviscon Advance® - Cost per item in NHS Barnet is twice that for Peptac®

Esomeprazole & Arthrotec® - No evidence of advantage over existing therapy. **Arthrotec®** - insufficient misoprostol dose and not cost-effective. **Rabeprazole** - more expensive and non-formulary at our main acute trusts

Inegy® (ezetimibe & simvastatin) - higher acquisition cost compared to separate components

GREEN LIST

MEDICINES RECOMMENDATIONS - GREEN LIST (INCLUDING BLACK LIST)

GREEN LIST		
BNF chapter & drug group	First Choice Agents	Second Line
2. CVD: Angiotensin II antagonists, doxazosin and aliskiren	Losartan (first to go generic; cost has fallen dramatically to <20% of the other sartans)	Irbesartan, candesartan, valsartan
2. CVD: Anti-platelets	Aspirin	Clopidogrel
3. Resp: Antihistamines	Non-sedating - loraidine, cetirizine. Sedating - chlorphenamine	
3. Resp: Nasal sprays	Beclometasone	Mometasone
3. Resp: Asthma/COPD	Refer to local guidelines	
3. Resp: Cough & cold remedies	Not recommended for prescribing under the NHS as of limited value and available OTC	
4. CNS: Anxiolytics	Diazepam - if essential for short-term use. CSM advise 2-4 weeks only, in severe, disabling and unacceptable distress	

BLACK LIST - Drugs recommended NOT to be prescribed

Sartan combination product (with amlodipine or a diuretic) - more expensive than constituent parts particularly if the Sartan is off patent (losartan). **Aliskiren** - not recommended as expensive, no outcome data, also not on formulary at our acute trusts. **Doxazosin m/r** is not recommended as non slow release can be given once a day at 20% of the cost

Desloratadine and levocetirizine - no evidence of advantage over cheaper non-isomers

Ciclesonide - alternative corticosteroids, which do have clinical outcome data, available at a lower acquisition cost

Buspirone - the evidence for buspirone is equivocal and its use is not recommended by NICE

MEDICINES RECOMMENDATIONS - GREEN LIST (INCLUDING BLACK LIST)

GREEN LIST		
BNF chapter & drug group	First Choice Agents	Second Line
4. CNS: Hypnotics	First line - non pharmacological intervention see Good Sleep Guide: http://www.npc.nhs.uk/merec/cns/insomnia/resources/merec_briefing_no17_suppl.pdf	Temazepam (Should only be prescribed to treat insomnia when it is severe, disabling, or subjecting the individual to extreme distress)
4. CNS: Anti-depressants	Fluoxetine, citalopram. If a TCA is indicated, lofepramine	Venlafaxine capsules (immediate release) or venlafaxine modified release tablets
4. CNS: Analgesics	Paracetamol, ibuprofen, codeine, dihydrocodeine	Co-dydramol, co-codamol or tramadol (refer to local guidelines)

BLACK LIST - Drugs recommended NOT to be prescribed

Melatonin - only if recommended by a psychiatrist. Not for general use as no comparative trials with existing cheaper therapy & no medium/long term safety data. If melatonin is to be prescribed please use the licensed Circadin® brand

Escitalopram - expensive isomer of citalopram; RCT evidence suggests any benefits over SSRIs are unlikely to be clinically significant. **Duloxetine** - no convincing randomised controlled trial evidence of benefits over established antidepressants. **Agomelatine** - not approved for use in local acute trusts; requires regular monitoring of LFTs and only licensed for **severe** depression

Co-proxamol - MHRA has withdrawn the marketing authorisation due to poor benefit/risk profile. **Lidocaine patches** - not approved for use in local acute trusts and insufficient evidence base. **Tramadol & paracetamol combination** - insufficient dose of either drug in combination product. **Tramadol SR** - not a cost effective option compared to non SR tramadol

GREEN LIST

MEDICINES RECOMMENDATIONS - GREEN LIST (INCLUDING BLACK LIST)

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BNF chapter & drug group	First Choice Agents	Second Line
4. CNS: Anti-migraine	Prophylaxis - propranolol. Acute attack first line - soluble aspirin, soluble paracetamol or ibuprofen effervescent granules	Acute attack second line - sumatriptan
5. Infec: Antibacterials, antivirals, etc	Refer to local guidelines (Use simple generic antibiotics first whenever possible)	
6. Endo: Oral antidiabetic drugs	Metformin	Refer to local guidelines
6. Endo: Blood glucose testing strips	Refer to local guidelines	
6. Endo: Insulins	Advised to prescribe by brand	
6 Endo: Sex hormones - testosterone patches		
6. Endo: Osteoporosis	Alendronic acid, Adcal D3 tablets, Calcichew D3 Forte, Calceos	Risedronate. Strontium (as an alternative if bisphosphonates are not tolerated)

BLACK LIST - Drugs recommended NOT to be prescribed

Gliclazide MR - similar effects on blood glucose control as the standard release formulation. Risk of dose confusion and 3x the cost of the standard release formulation. **Metformin MR** - costs 3x non-MR and rarely indicated - upward titration of standard release is usually tolerated

Testosterone patches - lack of safety data, comparative data with testosterone implants and cost-effectiveness data

Calcichew D3 - higher cost and half Vit D content of Calcichew D3 Forte (which is the evidence based dose formulation). **Ibandronic acid** - no advantage over alendronate and much more expensive; not approved for use in local acute trusts. **Alendronate** and **coleciferol (Fosavance®)** tablets - very expensive combination product

GREEN LIST

MEDICINES RECOMMENDATIONS - GREEN LIST (INCLUDING BLACK LIST)

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BNF chapter & drug group	First Choice Agents	Second Line
7. GU: Incontinence / frequency	Oxybutynin	Tolterodine, oxybutynin MR (only for patients intolerant of standard release)
7. GU: Urinary retention	Doxazosin, tamsulosin MR capsules	
7. GU: Erectile dysfunction	Sildenafil (Under the NHS only for patients covered within the selected list scheme (SLS) rules. The Department of Health advises doctors that one treatment per week will be appropriate for most patients)	Cialis once a day is not a cost-effective option
9. Nutrition: Milk base nutritional supplements	Complan Shake mixed with full fat milk or Complan Complete	Ensure Plus, Fortisip, Fresubin Energy range (at least 2x cost per kcal)
10. Musc: Oral NSAIDs	Ibuprofen	2 nd line - naproxen 3 rd line - diclofenac (enhanced CVD risk)
10. Musc: Topical NSAIDs and rubifacients	Ketoprofen and piroxicam gel	Ibuprofen gel, Algesal

BLACK LIST - Drugs recommended NOT to be prescribed
Duloxetine - NICE guidance advises that it should not be used as a first line treatment for SUI, nor routinely as a second line treatment
Tamsulosin MR tablets - generic capsules much less expensive
Ensure - Not as calorific as Ensure Plus
Cox 2 drugs - no safer re GI adverse effects, more expensive and non-formulary at our main acute trusts. Sodium hyaluronate injection - non-formulary in local acute trusts and not recommended by NICE for osteoarthritis of the knee

GREEN LIST

MEDICINES RECOMMENDATIONS - GREEN LIST (INCLUDING BLACK LIST)

GREEN LIST

BNF chapter & drug group	First Choice Agents	Second Line
13. Derm: Emollients / specials	Aqueous cream (possible soap substitute only); Medium effect - Diprobase® Cream; Heavy effect - Epaderm® ointment	
13. Derm: Acne (oral treatment)	Oxytetracycline	Lymecycline and doxycycline, 3 rd line minocycline
Others: health/food supplements		
Others: Malarial prophylaxis		
Others: anticoagulant test strips		

BLACK LIST - Drugs recommended NOT to be prescribed

Avoid extemporaneously prepared preparations - unlicensed and very expensive. Seek licensed near equivalent if possible. **Bath and shower emollients** - lack of evidence on the clinical effectiveness of bath and shower emollients, which are not substitutes for emollients applied directly to the skin in place of soap, nor those used after the bath

Health/food supplements e.g. Glucosamine containing products; probiotics; St John's Wort; Ocuvite®; ICaps®; PreserVision®; fish oils; co-enzyme Q10 etc. Not recommended for prescribing under the NHS as generally they are not licensed medicines, have limited evidence base, and are not in local acute trusts formularies. No long term safety data. NICE osteoarthritis guidance and the BNF specifically state that glucosamine +/- chondroitin is not recommended

Malarial prophylaxis - The Department of Health states that prophylactic antimalarials are not prescribable on the NHS

Anticoagulant test strips - GP or hospital managed service to be used in preference to self-testing

GREEN LIST

RED / AMBER LIST

The service level agreements we have with our providers stipulate that they are responsible for the prescribing of certain drugs. For clarity they are divided into two groups.

RED LIST: Due to the expertise and monitoring required for these drugs prescribing should be restricted to secondary care. Providers will retain full clinical and prescribing responsibility for all drugs on the **RED** list. While in exceptional circumstances it may be required to prescribe **RED** drugs in primary care, please discuss with the locality pharmaceutical adviser before prescribing.

AMBER LIST: Inclusion in this list does not indicate that it is appropriate to prescribe for your patient. Each patient must be considered individually. The drugs in this group will normally be initiated by the provider and prescribing continued until benefit is shown and the patient is stable. There can then be discussion with regard to shared care if appropriate.

G.P.s may prescribe these drugs if they are willing to accept clinical responsibility. Prescribing information should normally be provided, either in the form of a shared care protocol, or a prescribing guideline. Where these conditions are not met the centre of excellence will continue to prescribe. If the provider continues to take full clinical responsibility, then the provider should continue to prescribe the drugs.

In addition:

- Unlicensed drugs and drugs with unlicensed indications will automatically fall into the **RED** list category. Where appropriate enquiries to prescribe should be referred back to NHS Barnet's Medicines Management team
- For unlicensed drugs; the provider will accept full responsibility for the sourcing, quality and supply of all unlicensed drugs. All supplies will be under the control of the trust pharmacy department
- The provider will prescribe the first month supply of all new medication
- Drugs not included in the hospital formulary should not be referred to the G.P. but should be provided for the patient as an exceptional supply or on prescription form FP10HP
- The hospital or Community Trust must supply medicines, dressings and appliances which are not available on the Drug Tariff
- Clinical trial drugs; if the patient is included in a hospital based clinical trial all prescribing will remain with the consultant
- The provider will prescribe any drug that is to be administered by the provider. E.g. Injections, IUDs
- The GMC advises that the clinician who signs the prescription takes on full clinical responsibility for the treatment. It is essential that the clinician is fully conversant with the treatment and monitoring required. When prescribing medicines the prescriber must recognise and work within the limits of his/her professional competence
- The GMC recommends that when a consultant sees a patient privately s/he should prescribe privately for that patient. The patient's NHS GP may well refuse to prescribe on the NHS in this situation, because s/he does not have the clinical responsibility for managing that particular condition
- GPs are increasingly being asked to transcribe specialist drug prescriptions (often private prescriptions) and sometimes where the drug is to be administered in a private hospital. The **RED** indicative list of drugs contains the vast majority of specialist drugs where secondary / tertiary care should retain sole responsibility for all the prescribing and associated monitoring.

MEDICINES RECOMMENDATIONS - RED LIST

RESTRICTED TO SECONDARY / TERTIARY CARE

NHS Barnet advises GPs that due to the expertise and monitoring required for these drugs within the specified indication, prescribing should be restricted to secondary care. Providers will retain full clinical and prescribing responsibility for all drugs on the **RED** list. In exceptional circumstances it may be required to prescribe **RED** drugs in primary care. **Please discuss with pharmaceutical adviser before prescribing.** ▼ Drugs marked black triangle were so defined in BNF 60.

MEDICINES RECOMMENDATIONS - RED LIST

BNF Code	Class of Drug	Approved Name	Brand Name
	INTRAVENOUS DRUGS *	ALL DRUGS FOR ALL INDICATIONS	
8	CYTOTOXICS	ALL DRUGS FOR ALL INDICATIONS	
5.3.1	HIV INFECTION/ CYTOMEGALOVIRUS	ALL DRUGS FOR ALL INDICATIONS - including abacavir, amprenavir, atazanavir, cidofovir, didanosine, efavirenz, emtricitabine, enfuvirtide, fosamprenavir, foscarnet sodium, ganciclovir, indinavir, lamivudine, lopinavir, nelfinavir, nevirapine, ritonavir, saquinavir, stavudine, tenofovir, tipranavir, zalcitabine, zidovudine and most probably some more!	Aptivus ▼, Agenerase, Combir, Cymevene, Crixavan, Emtriva, Epivir, Fortovase, Foscavir, Fuzeon, Hivid, Invirase, Kaletra, Kivexa, Norvir, Retrovir, Reyataz, Telzir, Trizivir, Truvada, Sustiva, Videx, Viracept, Viramune, Viread ▼, Vistide, Zeffix, Zerit, Ziagen.

* Unless shared care arrangements are in operation which NHS Barnet has agreed with the provider (RNOH) see **AMBER** list.

Are you using the most cost effective medicine?
Reducing cost means that there will be more money for other treatments



RED LIST

MEDICINES RECOMMENDATIONS - RED LIST (in alphabetical order by approved name)

BNF Code	Approved Name	Brand Name ®	Class of Drug/Indication
9.8.1	6 Mercaptopurine	Cystagon / Purimethol	Nephropathic cystinosis / cytotoxic
10.1.3	Abatacept	Orencia ▼	Drugs that suppress the rheumatic disease process
13.5.2	Acitretin	Neotigason	Psoriasis
10.1	Adalimumab	Humira ▼	All indications
5.3	Adefovir dipivoxil	Hepsera	Viral hepatitis
9.8.1	Agalsidase alfa and beta	Fabrazyme & Replagal	Drugs used in metabolic disorders
8.2.4	Aldesleukin	Proleukin	Other immunomodulating drugs
8.2.3	Alemtuzumab	MabCampath	Anti-lymphocyte monoclonal antibodies
13.5.1	Alitretinoin	Toctino ▼	Severe chronic hand eczema
9.1.4	Anagrelide	Xagrid ▼	Primary thrombocythaemia
10.1.3	Anakinra	Kineret	Drugs that suppress the rheumatic disease process
5	Antibiotics - Intravenous	All	All Intravenous drugs*
5.3	Antivirals - Intravenous	All	All Intravenous drugs, including those for HIV
4.9.1	Apomorphine	APO-go	Antiparkinson
8.2.2	Basiliximab	Simulect	Corticosteroids and other immunosuppressants
2.5.1	Beraprost	Prostacyclin analogue (unlicensed)	Pulmonary arterial hypertension

**RED LIST**

MEDICINES RECOMMENDATIONS - RED LIST (in alphabetical order by approved name)

BNF Code	Approved Name	Brand Name ®	Class of Drug/Indication
2.5.1	Bosentan	Tracleer ▼	Pulmonary arterial hypertension
4.9.3	Botulinum toxin	Botox, Vistabel, Dysport	Hyperhidrosis, spasticity, wrinkles relief
6.7.2	Buserelin	Suprecur	Infertility management
~	Cannabinoid	Sativex (Unlicensed)	Schedule 1 Controlled Drug Pain relief - not yet formulary at our acute trusts
9.8.1	Carglumic acid	Carbaglu	Drugs used in metabolic disorders
9.8.1	Carnitine	Carnitor	Primary and secondary carnitine deficiency
10.1.3	Certolizumab	Cimzia ▼	Drugs that suppress the rheumatic disease process
6.5	Cetrorelix	Cetrotide	Infertility management
6.5	Choriogonadotropin alfa	Ovitrelle	Infertility management
6.5	Chorionic gonadotrophin	Pregnyl, Choragon	Infertility management
5.3.2.2	Cidofovir	Vistide	Cytomegalovirus
4.2	Clozapine	Clozaril	Atypical antipsychotic
2.8.2	Dabigatran etexilate	Pradaxa	Oral anticoagulants
	Darbepoetin alfa	Aranesp	Anaemia associated with renal failure. RFH renal unit will supply all their patients

**RED LIST**

MEDICINES RECOMMENDATIONS - RED LIST (in alphabetical order by approved name)

BNF Code	Approved Name	Brand Name ®	Class of Drug/Indication
9.1.3	Deferasirox	Exjade ▼	Chronic iron overload
9.1.3	Deferiprone	Ferriprox	Chronic iron overload
6.6.2	Denosumab	Prolia	Bisphosphonates and other drugs affecting bone metabolism
9.1.3	Desferrioxamine	Desferal	Chronic iron overload
6.6.2	Disodium Pamidronate	Aredia	IV bisphosphonate
9.1.3	Eculizumab	Soliris ▼	Paroxysmal nocturnal haemoglobinuria
5.3.3	Entecavir	Baraclude ▼	Viral hepatitis
2.1.2	Enoximone, milrinone	Perfan Primacor	Phosphodiesterase inhibitors
9.1.3	Epoetin alfa and beta	Eporex / NeoRecormon	Anaemia associated with renal failure. RFH renal unit will supply all their patients
2.8	Epoprostenol	Flolan	Pulmonary arterial hypertension/Renal dialysis
10.1.3	Etanercept	Enbrel ▼	All indications
9.1.6	Filgrastim	Neupogen	Neutropenia
5.3.2.2	Foscarnet	Foscavir	Cytomegalovirus

**Always consider
more cost efficient
alternatives**



RED LIST

MEDICINES RECOMMENDATIONS - RED LIST (in alphabetical order by approved name)

BNF Code	Approved Name	Brand Name ®	Class of Drug/Indication
8.3.4	Fulvestrant	Faslodex	Advanced breast cancer
9.8.1	Galsulfase	Naglazyme ▼	Drugs used in metabolic disorders
5.3.2.2	Ganciclovir	Cymevene	Cytomegalovirus
6.7.2	Ganirelix	Orgalutran	Drugs affecting gonadotrophins
8.2.4	Glatiramer	Copaxone	Other immunomodulating drugs
13.12	Glycopyrronium bromide	Robinul	Hyperhidrosis
6.5	Gonadorelin	HRF	Infertility management
3.4.2	Grass pollen allergen extract (oral lyophilisate)	Grazax ▼	Grass pollen allergy
14.4	Human papilloma virus vaccine	Gardasil ▼, Cervarix ▼	Human papilloma virus vaccine. Schools program or supplied via LES only.
6.6.2	Ibandronic acid	Bondronat	IV bisphosphonate
9.8.1	Idursulfase	Elaprase ▼	Drugs used in metabolic disorders
2.8	Iloprost	Ventavis ▼	Pulmonary arterial hypertension
8.1.5	Imatinib	Glivec ▼	Chronic myeloid leukaemia
9.8	Imiglucerase	Cerezyme	Gaucher disease
13.7	Imiquimod	Aldara	Anogenital warts

**Consider
the options**



RED LIST

MEDICINES RECOMMENDATIONS - RED LIST (in alphabetical order by approved name)

BNF Code	Approved Name	Brand Name ®	Class of Drug/Indication
14.5	Immunoglobulins	All	All indications
6.5.1	Infertility management	All	Infertility management
10.1.3	Infliximab	Remicade	All indications
8.2	Interferon alfa (2a & 2b)	Intron A, Roferon A	Hepatitis B & C
8.2	Interferon beta (1a & 1b)	Avonex, Rebif, Betaferon, Extavia	Multiple sclerosis
8.2	Interferon gamma 1b	Immukin	Immune interferon
13.6.2	Isotretinoin	Roaccutane	Severe acne
5.3	Lamivudine	Zeffix	Hepatitis B
9.8.1	Laronidase	Aldurazyme ▼	Drugs used in metabolic disorders
8.3	Lanreotide	Somatuline LA & Autogel	All indications
10.1.3	Leflunomide	Arava	Rheumatoid arthritis (active)
8.2.4	Lenalidomide	Revlimid ▼	Other immunomodulating drugs
9.1	Lenograstim	Granocyte	Neutropenia
5.1	Linezolid	Zyvox ▼	Pneumonia, Gram positive infections
6.7.3	Mecasermin	Increlex ▼	Somatomedins

**Consider
cost efficient
alternatives
available
to you**



RED LIST

MEDICINES RECOMMENDATIONS - RED LIST (in alphabetical order by approved name)

BNF Code	Approved Name	Brand Name ®	Class of Drug/Indication
4.11	Memantine	Ebixa	Alzheimer's as part of properly constructed clinical study only - as per NICE guidance
9.8.1	Mercaptamine (cysteamine)	Cystagon	Drugs used in metabolic disorders
6.5	Menotrophin	Menopur, Merional	Infertility management
10.1.3	Methotrexate injection	Metoject & generics	All indications
9.8	Miglustat	Zavesca	Type 1 Gaucher disease
6.7.2	Nafarelin	Synarel	Infertility management
8.2.4	Natalizumab	Tysabri ▼	Other immunomodulating drugs
9.8.1	Nitisinone	Orfadin	Drugs used in metabolic disorders
8.3	Octreotide	Sandostatin	Neuroendocrine tumours (Acromegaly only AMBER)
3.4.2	Omalizumab	Xolair	Allergen immunotherapy
	Oxandrolone		Anabolic steroid (not in BNF 60)
5.3	Palivizumab	Synagis ▼	RSV
9.1.6	Pegfilgrastim	Neulasta	Reduction in duration of neutropenia and incidence of febrile neutropenia in cytotoxic chemotherapy for malignancy



RED LIST

MEDICINES RECOMMENDATIONS - RED LIST (in alphabetical order by approved name)

BNF Code	Approved Name	Brand Name ®	Class of Drug/Indication
8.2	Peginterferon alfa (2a & 2b)	Pegasys, PegIntron, ViraferonPeg	Hepatitis B & C
6.5.1	Pegvisomant	Somavert ▼	Acromegaly (3-4 line)
9.13	Pegzerepoetin alpha		Anaemia associated with renal failure. RFH renal unit will supply all their patients.
5.4.8	Pentamidine	Pentacarinat	Pneumocystis carinii pneumonia
5.2	Posaconazole	Noxafil ▼	Fungal infections
6.5	Progesterone	Crinone, Cyclogest, Gestone	Infertility management
5.3	Ribavirin	Copegus, Rebetol, Virazole	RSV, Hepatitis C
2.8.2	Rivaroxaban	Xarelto	Oral anticoagulants
8.2.3	Rituximab	MabThera	All indications
4.8.1	Rufinamide	Inovelon	Control of epilepsy
2.5.1	Sildenafil	Revatio ▼	Pulmonary arterial hypertension
2.5.1	Sitaxentan	Thelin ▼	Pulmonary arterial hypertension
6.6.2	Sodium clodronate IV	Bonefos Concentrate	Hypercalcaemia of malignancy, osteolytic lesions (unlicensed)

**RED LIST**

MEDICINES RECOMMENDATIONS - RED LIST (in alphabetical order by approved name)

BNF Code	Approved Name	Brand Name ®	Class of Drug/Indication
4.1.1	Sodium oxybate	Xyrem ▼	Cataplexy associated with narcolepsy
9.8.1	Sodium phenylbutyrate	Ammonaps (orphan)	Urea cycle disorders
11.8.2	Subfoveal choroidal neovascularisation	Ranibizumab, Pegaptanib, Verteporfin, Bevacizumab (unlicensed indication)	
5.3.3	Telbivudine	Sebivo ▼	Viral hepatitis
5.3.3	Tenofovir	Viread ▼	Viral hepatitis
6.6	Teriparatide	Forsteo ▼	Osteoporosis
8.2.4	Thalidomide	Thalidomide Celgene ▼	Other immunomodulating drugs
2.9	Tirofiban	Aggrastat	Anti-platelet
10.1.3	Tocilizumab	RoActemra ▼	Drugs that suppress the rheumatic disease process
2.5.1	Treprostinil	Remodulin (unlicensed)	Pulmonary arterial hypertension
13.5.3	Ustekinumab	Stelara ▼	Drugs affecting the immune response
5.3	Valganciclovir	Valcyte	CMV retinitis in HIV
5.2	Voriconazole	Vfend	Serious fungal infections
6.6.2	Zoledronic acid	Aclasta ▼ & Zometa	Bisphosphonates and other drugs affecting bone metabolism

**Always
consider the
alternatives
available**



RED LIST

MEDICINES RECOMMENDATIONS - AMBER LIST

SHARED CARE NEEDED

- The drugs in this group will normally be initiated by the provider and maintained until benefit is shown and the patient is stable
- There can then be discussion with regard to shared care if appropriate
- G.P.s may prescribe these drugs if they are willing to accept clinical responsibility
- Shared care policies should be provided with guidelines for prescribing and monitoring. Where these conditions are not met the hospital will continue to prescribe. If the provider continues to take full clinical responsibility, the provider should continue to prescribe the drugs.

Providers will retain full clinical and prescribing responsibility for all drugs on the AMBER list until such time as the patient is stable. After this time, the consultant may seek the agreement of the G.P. to share care if:

- The patient's condition is stable
- The G.P. is able to monitor treatment and adjust the supply and dose of the drug therapy
- Written guidelines for the treatment are provided for each individual patient and the G.P. is properly informed, prior to the G.P. issuing a prescription
- Data on clinical effectiveness is available.

MEDICINES RECOMMENDATIONS - AMBER LIST (in alphabetical order by approved name)

BNF Code	Approved Name	Brand Name ®	Class of Drug/Indication	Minimum Management - Months
4.2.1	Amisulpride	Solian	Atypical antipsychotic	1
8.3.4.1	Anastrozole	Arimidex	Breast cancer	1
4.2	Aripiprazole	Abilify	Atypical antipsychotic	1
4.4	Atomoxetine	Strattera ▼	ADHD in children & adolescents	3
8.2.1	Azathioprine	Imuran	All indications	1
2.8.1	Bemiparin	Zibor ▼	Low molecular weight heparin	1
8.3.4.2	Bicalutamide	Casodex	Ca prostate	3
6.7.2	Buserelin	Suprefact, Suprecur	Ca prostate, endometriosis (infertility = RED)	3
4.9.1	Cabergoline	Cabaser	Antiparkinson	3
8.2.2	Ciclosporin	Neoral, capimune, deximune (SangCya, Sandimmun – named pt)	Immunosuppression	3
9.5.1	Cinacalcet	Mimpara	Hypercalcaemia, secondary hyperparathyroidism	1
5.1.7	Colistimethate Sodium	Promixin	Nebulised antibiotics	1

**Are there more
cost effective
alternatives?**



AMBER LIST

MEDICINES RECOMMENDATIONS - AMBER LIST (in alphabetical order by approved name)

BNF Code	Approved Name	Brand Name ®	Class of Drug/Indication	Minimum Management - Months
9.1.3	Darbepoetin alfa	Aranesp	Anaemia - associated with Ca (Anaemia associated with renal failure = RED ; RFH renal patients supplied directly)	3
4.1.1	Donepezil	Aricept	Alzheimer's disease	6
3.7	Dornase Alfa	Pulmozyme	Cystic fibrosis	3
13.9	Eflornithine	Vaniqa	Facial hirsutism in women	1
2.8.1	Enoxaparin	Clexane	Low molecular weight heparin	1
4.9.1	Entacapone	Comtess	Antiparkinson	3
9.1.3	Epoetin alfa	Epex	Anaemia (reviewed patients only - see CSM) (Anaemia associated with renal failure = RED ; RFH renal patients supplied directly)	1
9.1.3	Epoetin beta	NeoRecormon	Anaemia (Anaemia associated with renal failure = RED ; RFH renal patients supplied directly)	1
8.3.4.1	Exemestane	Aromasin	Breast cancer	1
6.1.2.3	Exenatide	Byetta ▼	Type 2 diabetes	3
8.3.4.2	Flutamide		Ca prostate	1
2.8.1	Fondaparinux Sodium	Arixtra	Prophylaxis of venous thromboembolism	1

Are you using
the most cost
effective
medicine?

**AMBER LIST**

MEDICINES RECOMMENDATIONS - AMBER LIST (in alphabetical order by approved name)

BNF Code	Approved Name	Brand Name ®	Class of Drug/Indication	Minimum Management - Months
4.1.1	Galantamine	Reminyl	Alzheimer's disease	6
8.4.3.2	Goserelin	Novgos, Zoladex, Zoladex LA	Ca Prostate, endometriosis, Ca breast, fibroids, endometrial thinning (infertility = RED)	1
10.1.3	Hydroxychloroquine	Plaquenil	Treatment of rheumatoid arthritis, juvenile chronic arthritis, discoid and systemic lupus erythematosus, and dermatological conditions caused or aggravated by sunlight.	1
8.1.5	Hydroxycarbamide	Hydrea	CML Ca cervix	3
9.5.2.2	Lanthanum	Fosrenol ▼	Hyperphosphataemia in renal dialysis	1
8.3.4.1	Letrozole	Femara	Breast cancer	1
6.7.2	Leuprorelin Acetate	Prostap SR, Prostap 3	Ca prostate, endometriosis, endometrial preparation, fibroids	1
6.1.2.3	Liraglutide	Victoza ▼	Type 2 diabetes	3
4.2.3	Lithium	Camcolit, Li-Liquid, Liskonum, Priadel	Mania and bipolar disorder. 3-months monitoring essential	3
8.3	Medroxyprogesterone	Provera	Hormone sensitive malignancies (breast, endometrial, prostatic & renal cell carcinomas), endometriosis	3

Reducing cost means
that there will be
more money for
other treatments



AMBER LIST

MEDICINES RECOMMENDATIONS - AMBER LIST (in alphabetical order by approved name)

BNF Code	Approved Name	Brand Name ®	Class of Drug/Indication	Minimum Management - Months
8.3	Megestrol Acetate	Megace	Hormone sensitive malignancies (breast, endometrial)	3
4.1.1	Melatonin	Circadin ▼	Sleep disorders	1
10.1.3	Methotrexate oral	Maxtrex (& generics)	All indications	1
4.4	Methylphenidate	Concerta XL, Equasym XL, Medikinet, Ritalin	ADHD in children & adolescents	3
4.5	Modafinil	Provigil ▼	Narcolepsy	3
8.2.1	Mycophenolate	Arzip, CellCept, Myfortic	Immunosuppression	3
6.7.2	Nafarelin	Synarel	Endometriosis (infertility = RED)	3
8.3	Octreotide	Sandostatin	Agromegaly only (Neuroendocrine tumours RED)	3
4.2	Olanzapine	Zyprexa	Atypical antipsychotic	1
10.1.3	Penicillamine	Distamine	DMARD for rheumatoid arthritis	1
4.9.1	Pramipexole	Mirapexin ▼	Antiparkinson	1
4.2.1	Quetiapine	Seroquel	Atypical antipsychotic	1
4.9.1	Rasagiline	Azilect	Antiparkinson	1

**AMBER LIST**

MEDICINES RECOMMENDATIONS - AMBER LIST (in alphabetical order by approved name)

BNF Code	Approved Name	Brand Name ®	Class of Drug/Indication	Minimum Management - Months
4.9.3	Riluzole	Rilutek	Motor neurone disease	3
4.2.1	Risperidone	Risperdal	Atypical antipsychotic (depot = RED)	1
4.11	Rivastigmine	Exelon	Alzheimer's disease	6
4.9.1	Ropinirole	Requip	Antiparkinson	1
4.9.1	Rotigotine	Neupro ▼	Antiparkinson	1
9.5.2.2	Sevelamer	Renagel	Hyperphosphataemia in renal dialysis	1
8.2.2	Sirolimus	Rapamune	Immunosuppression	3
6.6.2.	Sodium clodronate (oral)	Bonefos; Clasteon; Loron	Bone metabolism	1
6.5.1	Somatropin	Genotropin, Humatrope, Norditropin, Nutropin Aq, Omnitrope, Saizen, Zomacton	In indications in adults and children refer to NICE guideline	3, children 9, adults (see NICE)
8.2.2	Tacrolimus	Adoport, Advagraf, Modigraf, Prograf	Immunosuppression	3
5.1	Teicoplanin	Targocid	Serious staph infections (including MRSA) in joint/bone; shared care with RNOH. Contact Pharmaceutical Adviser first to confirm	14 days



**Prescribe
efficiently**

AMBER LIST

MEDICINES RECOMMENDATIONS - AMBER LIST (in alphabetical order by approved name)

BNF Code	Approved Name	Brand Name ®	Class of Drug/Indication	Minimum Management - Months
6.4.2	Testosterone patch/gel	All brands	Hormone insufficiency	3
2.8	Tinzaparin	Innohep	Low molecular weight heparin	1
5.1	Tobramycin	Tobi, Bramitob	Nebulised antibiotics	1
4.9.1	Tolcapone	Tasmar ▼	Antiparkinson	1
4.8.1	Topiramate	Topamax	Anticonvulsant	1
8.3	Toremifene	Fareston	Breast cancer	1
8.3.4	Triptorelin	Decapeptyl SR, Gonapeptyl Depot	Advanced Ca prostate, endometriosis, uterine fibroids, precocious puberty	1
2.8.2	Warfarin		Anticoagulation	1
4.8.1	Zonisamide	Zonegran ▼	Epilepsy	1

Any other drug or indication so designated by the NHS Barnet Medicines Management Strategy Group.

THESE LISTS ARE NOT EXHAUSTIVE. If you have a query whether a drug, not listed here, should be designated RED or AMBER, prescribed in primary care, or restricted to secondary care, please contact Colin Daff, Assistant Director for Medicines Management. Tel. 020 8349 7574, email: colin.daff@barnet.nhs.uk

December 2010. Date of Next Review, January 2012

Are there more suitable and cost effective alternatives available?



AMBER LIST

MEDICINES RECOMMENDATIONS - SPECIALS

A 'special' refers to an unlicensed medicinal product for human use that has been specially prepared or imported to the order of the prescriber for an individual patient. The most commonly used 'specials' prescribed in NHS Barnet are liquid specials for patients with swallowing difficulties and for patients on PEG feeding but 'specials' manifest themselves in all forms (e.g. specially made up dermatological preparations, preservative free eye drops and specially made up tablets/capsules). These preparations are available via the community pharmacist directly from a 'specials' manufacturer or an intermediary supplier and are far more expensive than the licensed alternative, mainly due to the fact that there is currently no real national price regulatory system operating, and they are not listed in the Drug Tariff. Currently the average cost of a liquid 'special' in NHS Barnet is £206.

MEDICINES RECOMMENDATIONS - SPECIALS

Listed below are examples of the main 'specials' prescribed in primary care and the cheaper alternatives recommended by NHS Barnet.

Examples of the main 'Specials' prescribed in primary care	NHS Barnet recommended alternative
Acetylcysteine eye drops 5%P/F	Moorfields special
Amlodipine liquid special	Crush and mix with water-disperses in 1-2 minutes
Chloral Hydrate Liquid Spec 500mg/5ml	Switch to licensed Welldorm® liquid
Co-Dydramol Liquid	Soluble co-codamol or paracetamol with codeine linctus
Clobazam Liquid special	Clobazam 10mg tablets can be dispersed in water (1-2 minutes). For 5mg dose the 10mg tablets can be halved
Clonazepam liquid special	Tablets will disperse in water in 1-2 minutes
Dermatological specials	Review need for special re licensed much cheaper alternatives
Dexamethasone eye drops 0.1% P/F	Licensed alternative Minims Dexamethasone 0.1% UDV
Diltiazem HC cream 2%	Licensed GTN rectal ointment 0.4% (Rectogesic®)
Gliclazide liquid special	Crush non – MR tablets well and mix in water/juice and will dissolve in greater than 2 minutes
Hypromellose eye drops 0.25%	Prescribe licensed 0.3% as no clinically significant difference

**Consider
cost efficient
alternatives**



MEDICINES RECOMMENDATIONS - SPECIALS

Listed below are examples of the main 'specials' prescribed in primary care and the cheaper alternatives recommended by NHS Barnet.

Examples of the main 'Specials' prescribed in primary care	NHS Barnet recommended alternative
Hypromellose eye drops 0.3% P/F	Prescribe the licensed single use alternative Hydromoor®
Lorazepam liquid special	Crush and disperse in water in 1-2 minutes or consider switching to temazepam or diazepam (licensed liquid alternative)
Magnesium Glycerophosphate 97.5mg	Branded unlicensed Magnaphate® 97.2mg tablets
Magnesium Glycerophosphate 97.5mg/5mL	Branded unlicensed Magnaphate® 97.2mg tablets which are chewable as well as dispersible and OK for a PEG
Melatonin tablets or capsules different strengths	Always change to licensed, branded much cheaper product i.e. Circadin M/R tablets
Midazolam liquid Oromucosal 10mg/mL	Branded Epistatus®
Olanzapine liquid	Olanzapine velotabs®
Omeprazole liquid special	Use omeprazole MUPS formulation that can be dispersed in water or if going down a PEG tube could consider (if tube blocking) switching to lansoprazole FasTabs dispersed in water. If for paed's use may require liquid special if dose is below 10mg



Some patients have special needs but don't necessarily need special preparations

MEDICINES RECOMMENDATIONS - SPECIALS

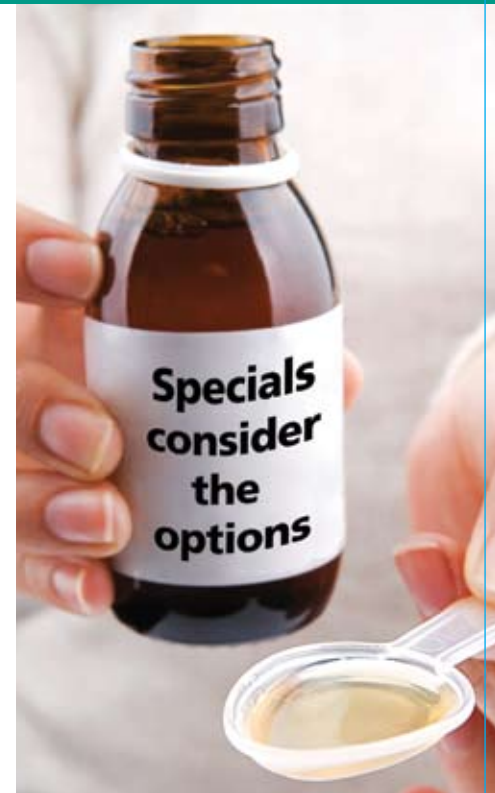
Listed below are examples of the main 'specials' prescribed in primary care and the cheaper alternatives recommended by NHS Barnet.

Examples of the main 'Specials' prescribed in primary care	NHS Barnet recommended alternative
Perindopril liquid special	Tablets will disperse in water in 1-2 minutes
Pregabalin liquid special	Open capsule and dissolve contents in water/juice. Bitter taste
Ramipril liquid special	Prescribe capsules as they can be opened and dispersed in water
Spironolactone liquid special	Tablet will disperse in water in greater than 2 minutes
Zopiclone liquid special	Tablets are not suitable for crushing or dissolving. Consider changing to temazepam liquid

References

- North East Essex & Colchester Hospital University Guidelines for tablet crushing and administration via enteral feeding tubes (May 2009)
- South West Yorkshire Area Prescribing Committee Medication and Enteral Feeding Guidelines (May 2010) - covering the Calderdale PCT, Kirklees PCT, Wakefield District PCT, Calderdale and Huddersfield NHS Foundation Trust, Mid Yorkshire Hospitals NHS Trust and South West Yorkshire Mental Health Trust.

http://www.formulary.cht.nhs.uk/Guidelines/MMC/062b_MedEnt_IndivDrugs.htm



MEDICINES RECOMMENDATIONS - NUTRITIONAL SUPPLEMENTS

THE PRESCRIBING OF DIETARY SUPPLEMENTS FOR ADULTS

Checking need before prescribing is a MUST (Malnutrition Universal Screening Tool). Patients should be supplied with a maximum of 2 weeks of sip feed in the first instance to reduce wastage and this should be on an acute basis and not on a repeat basis. This will provide a suitable period to ascertain compliance and evaluate on going need.

MEDICINES RECOMMENDATIONS - NUTRITIONAL SUPPLEMENTS

Patients should be assessed for malnutrition using the MUST Tool below. Before any prescription for a nutritional supplement is considered, all patients should be advised to follow a high calorie/high protein diet for ONE MONTH. This includes:

Encouraging snacks between meals:

Two of the following snacks provide an extra 300 calories: Chocolate bar, cake, custard, whole milk yoghurt, milkshake made with whole milk.

Food Fortification:

- Add 2 tablespoons of double cream or evaporated milk to breakfast cereals/porridge, soups, sauces, drinks or puddings. (extra 300 calories)
- Add 30g grated hard cheese to vegetables, pasta, sauces or soups (extra 120 calories)
- Add a serving of honey or jam to breakfast cereals or puddings.(extra 40-50 calories)
- Always use full fat milk for cooking and drinks.

Prescribing Nutritional supplements

For issue on FP10 prescription patients should fit the following ACBS criteria:

- Short bowel syndrome
- Intractable malnutrition
- Pre-operative preparation of undernourished patients
- Proven inflammatory bowel disease
- Following gastrectomy
- Bowel fistulas
- Disease related malnutrition
- Dysphagia.

If a patient does not meet one of the ACBS criteria they can purchase one of the OTC products such as Complan or Build Up from pharmacies or supermarkets.

Some SIP feeds are no richer in calories millilitre for millilitre than whole fat milk

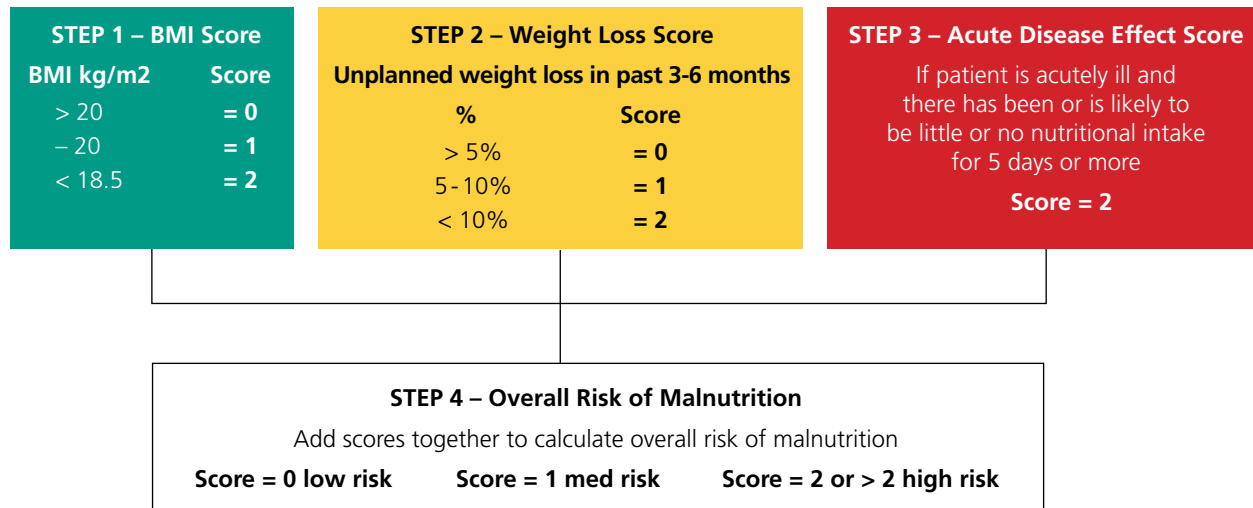


NUTRITIONAL SUPPLEMENTS

MEDICINES RECOMMENDATIONS - NUTRITIONAL SUPPLEMENTS

MUST Screening for the Management of Undernutrition in Adults

SCREENING GUIDELINE: **For further information on Malnutrition Universal Screening Tool (MUST)** see www.bapen.org.uk. If unable to obtain height and weight see the 'MUST' Explanatory Booklet for alternative measurements and use of subjective criteria.

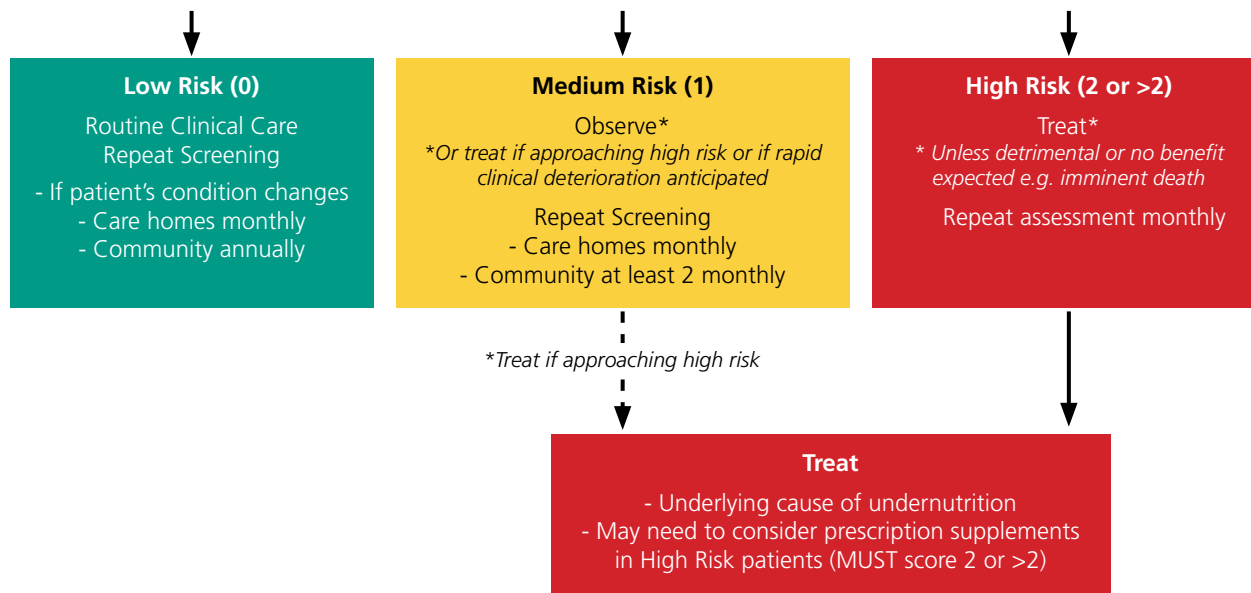


Most people do not need oral nutritional supplements; 57-75% of such preparations do not meet ACBS criteria (London Procurement Programme. Clinical Oral Nutritional Support Project (adults 2010))



NUTRITIONAL SUPPLEMENTS

MEDICINES RECOMMENDATIONS - NUTRITIONAL SUPPLEMENTS



Checking need before prescribing is a **MUST** (Malnutrition Universal Screening Tool). First prescription should be for a maximum of 2 weeks. Only prescribe supplements as **ACUTE** prescriptions – never put them on repeat.



The 'Malnutrition Universal Screening Tool' ('MUST') is adapted/reproduced here with the kind permission of BAPEN (British Association for Parenteral and Enteral Nutrition)

MEDICINES RECOMMENDATIONS - NUTRITIONAL SUPPLEMENTS

Nutritional Supplements

- The first prescription for a supplement should be for 7-14 days supply and should include mixed flavours or a starter pack. Any subsequent prescription should specify the patient's preferred choice of flavour
- Nutritional supplements should only be prescribed as an **ACUTE** prescription for a **maximum of 28 days supply**
- Patients should be monitored every month (e.g. weight, compliance) before further prescriptions are issued
- Patients should be referred to a dietician if:
 - BMI <16.5 or supplements are a sole source of nutrition
 - They have complex nutritional needs and may require specialist products
 - There is no improvement after 2 months of supplementation.

First Line

Powdered supplements

(to be made up with full fat milk)

	Dose	Daily cost
Complan Shake	bd	£1.80
Enshake	od	£2.01
Scandishake	od	£2.08
Calshake	od	£2.09

Second Line

Milk based supplements

	Dose	Daily cost
Resource Energy	bd	£3.49
Fresubin 2 kcal	bd	£3.60
Fresubin Energy	bd	£3.70
Ensure Plus	bd	£3.78

Fruit juice based supplements

	Dose	Daily cost
Resource Fruit	bd	£3.51
Provide Xtra (lactose/milk free)	bd	£3.64
Ensure Plus Juice	bd	£3.68
Fortijuice	bd	£3.70

Yogurt style supplements

	Dose	Daily cost
Fortisip Yoghurt	bd	£3.70
Ensure Plus Yoghurt	bd	£3.78

Savoury supplements

	Dose	Daily cost
Fortisip Savoury		
Multi-fibre	bd	£3.82
Ensure Plus Savoury	bd	£4.88

High fibre supplements

	Dose	Daily cost
Fresubin 2kcal Fibre	bd	£3.60
Resource 2.0 Fibre	bd	£3.60
Ensure Plus Fibre	bd	£3.78

Prices correct March 2011

