

Netformulary

KNoW

Traffic Light Classifications

Comments, feedback and requests for further information to [nwicb.medsqueries@nhs.net](mailto:nwicb.medsqueries@nhs.net) with TAG in the subject line

| Traffic Light Classification | Drug Name                            | Brand Name               | Indication (assume licenced unless stated)                   | Instructions for Prescriber                                                                                                                                                        | NICE Guidance                       |
|------------------------------|--------------------------------------|--------------------------|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| <b>RED</b>                   | (L-) Carnitine                       | (Various - Carnitor®)    | Carnitine Deficiency                                         | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                     | NICE has not issued any guidance.   |
| <b>Double Red</b>            | (Para-)aminosalicylic acid           | (Granupas®)              | Tuberculosis                                                 | Not recommended for routine use                                                                                                                                                    | NICE has not issued any guidance.   |
| <b>RED</b>                   | Abacavir                             | (Ziagen®)                | HIV infection in combination with other antiretroviral drugs | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                     | NICE has not issued any guidance.   |
| <b>RED</b>                   | Abacavir + dolutegravir + lamivudine | (Triumeq®)               | HIV infection in combination with other antiretroviral drugs | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                     | NICE has not issued any guidance.   |
| <b>RED</b>                   | Abacavir and lamivudine              | (Generics are available) | HIV infection in combination with other antiretroviral drugs | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                     | NICE has not issued any guidance.   |
| <b>Double Red</b>            | Abaloparatide                        | (Eladynos®)              | Male and juvenile osteoporosis                               | Not recommended for routine use                                                                                                                                                    | NICE has not issued any guidance.   |
| <b>BLUE</b>                  | Abaloparatide                        | Eladynos®)               | osteoporosis after menopause                                 | NWICB are committed to fund positive NICE TA treatments. Awaiting clarification of place in pathway and commissioning arrangements. Further guidance will be issued when available | <a href="#">TA991 – August 2024</a> |

| Traffic Light Classification | Drug Name                | Brand Name                | Indication (assume licenced unless stated)                                                                                                                                                       | Instructions for Prescriber                                                                                    | NICE Guidance                     |
|------------------------------|--------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------------------|
| RED                          | Abatacept                | (Orencia®)                | Rheumatoid arthritis - 1st line biologic after failure of non-biologic DMARDs - as per NICE TA 280                                                                                               | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA280 - Apr 13</a>    |
| RED                          | Abatacept                | (Orencia®)                | Treatment of Juvenile Idiopathic Arthritis (JIA) as per NICE TA 373                                                                                                                              | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA373 - Dec 15</a>    |
| RED                          | Abatacept                | (Orencia®)                | Rheumatoid arthritis - after other DMARDs including a TNF inhibitor - as per NICE TA 195                                                                                                         | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA375 - Jan 16</a>    |
| BLACK                        | Abatacept                | (Orencia®)                | Psoriatic arthritis after DMARDs as per NICE TA 568 <b>terminated appraisal</b>                                                                                                                  | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA568 - Mar 19</a>    |
| BLACK                        | Abatacept                | various, plus biosimilars | moderate rheumatoid arthritis after conventional DMARDs have failed                                                                                                                              | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA715 – July 2021</a> |
| RED                          | Abatacept (subcutaneous) | (Orencia® (subcutaneous)) | First line biologic option for moderate to severe active rheumatoid arthritis in adults who responded inadequately to one or more DMARDs (including MTX)                                         | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance. |
| RED                          | Abemaciclib              | (Verzenios®)              | Locally advanced or metastatic hormone receptor-positive, human epidermal growth factor receptor 2 (HER2)-negative breast cancer as first endocrine-based therapy in adults - as per NICE TA 563 | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA563 - Feb 19</a>    |
| RED                          | Abemaciclib              | (Verzenios®)              | Breast cancer                                                                                                                                                                                    | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA579 - May 2019</a>  |
| RED                          | Abemaciclib              | Verzenios®                | ®) with endocrine therapy for adjuvant treatment of hormone receptor-positive, HER2-negative, node-positive early breast cancer at high risk of recurrence                                       | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA810 – July 2022</a> |

| Traffic Light Classification | Drug Name                                 | Brand Name                            | Indication (assume licenced unless stated)                                                                                                                                                                                                                                            | Instructions for Prescriber                                                                                                                                                                                                                                         | NICE Guidance                          |
|------------------------------|-------------------------------------------|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <b>RED</b>                   | Abemaciclib (Verzenios®) with fulvestrant | Verzenios®                            | hormone receptor-positive, HER2-negative advanced breast cancer after endocrine therapy                                                                                                                                                                                               | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                                                                                               | <a href="#">TA725 – September 2021</a> |
| <b>RED</b>                   | Abiraterone                               | (Zytiga®)                             | Metastatic hormone-relapsed prostate cancer before chemotherapy is indicated (in combination with prednisone or prednisolone) - as per NICE TA 387                                                                                                                                    | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                                                                                               | <a href="#">TA387 - Apr 16</a>         |
| <b>BLACK</b>                 | Abiraterone                               | Zytiga®                               | newly diagnosed high-risk hormone-sensitive metastatic prostate cancer                                                                                                                                                                                                                | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                                                                                                                                            | <a href="#">TA721 – August 2021</a>    |
| <b>RED</b>                   | Abiraterone acetate                       | (Zytiga®)                             | Castration resistant metastatic prostate cancer previously treated with docetaxel - as per NICE TA 259                                                                                                                                                                                | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                                                                                               | <a href="#">TA259 - Jun 12</a>         |
| <b>BLUE</b>                  | Abrocitinib                               | Cibinqo®                              | moderate to severe atopic dermatitis                                                                                                                                                                                                                                                  | NWICB are committed to fund positive NICE TA treatments. Awaiting clarification of place in pathway and commissioning arrangements. Further guidance will be issued when available. For all other treatments, formulary application and discussion will be required | <a href="#">TA814 – August 2022</a>    |
| <b>RED</b>                   | Acalabrutinib                             | Calquence®                            | chronic lymphocytic leukaemia                                                                                                                                                                                                                                                         | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                                                                                               | <a href="#">TA689 – April 2021</a>     |
| <b>RED</b>                   | Acamprosate                               | (Campral EC / generics are available) | Maintenance of abstinence in alcohol-dependent patients. Prescribing of treatments for alcohol misuse, including acamprosate and disulfiram (and also nalmefene) are the responsibility of the specialist since local alcohol misuse services are not commissioned from GPs practices | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                                                                                               | <a href="#">CG115 - Feb 11</a>         |

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|------------------------------|----------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>Double Red</b>            | ACE Inhibitors - cor pulmonale                                 | (Various)              | Treatment of cor pulmonale - as per NICE CG 101 - NICE Do Not Do (x).                                      | <b>Not recommended for routine use</b>                                                                                | <a href="#">CG101 - Jul 10</a>    |
| <b>Double Red</b>            | ACE inhibitors with Angiotensin-II Receptor Antagonists (ARBs) | (Various)              | NICE Do Not Do (Not a licensed indication).                                                                | <b>Not recommended for routine use.</b> Specialist prescribing only                                                   | <a href="#">CG182 - Jul 14</a>    |
| <b>RED</b>                   | Acitretin                                                      | (Neotigason®)          | All indications                                                                                            | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance. |
| <b>BLACK</b>                 | ActiPatch®                                                     | (ActiPatch®)           | Relief of musculoskeletal pain                                                                             | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | NICE has not issued any guidance. |
| <b>RED</b>                   | Adalimumab                                                     | (Humira® / Biosimilar) | Treatment of adults with psoriasis - as per NICE TA 146 and the local treatment pathway                    | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA146 - Jun 08</a>    |
| <b>RED</b>                   | Adalimumab                                                     | (Humira® / Biosimilar) | Severe active Crohn's disease which has not responded to conventional therapy - as per NICE TA 187         | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA187 - May 10</a>    |
| <b>RED</b>                   | Adalimumab                                                     | (Humira® / Biosimilar) | Rheumatoid arthritis - after other DMARDs including a TNF inhibitor - as per local treatment pathway       | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA195 - Aug 10</a>    |
| <b>RED</b>                   | Adalimumab                                                     | (Humira® / Biosimilar) | Treatment of psoriatic arthritis (including switching between treatments) - as per local treatment pathway | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA199 - Aug 10</a>    |
| <b>RED</b>                   | Adalimumab                                                     | (Humira® / Biosimilar) | Moderate to severe ulcerative colitis (primary) - as per NICE TA 329                                       | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA329 - Feb 15</a>    |

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|------------------------------|------------|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------|
| RED                          | Adalimumab | (Humira® / Biosimilar) | Juvenile idiopathic rheumatoid arthritis (JIA) - option in children with chronic anterior uveitis - as per NHS England policy                                       | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA373 - Dec 15</a> |
| RED                          | Adalimumab | (Humira® / Biosimilar) | Treatment of children and young people with polyarticular juvenile idiopathic arthritis and for enthesitis-related juvenile idiopathic arthritis as per NICE TA 373 | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA373 - Dec 15</a> |
| RED                          | Adalimumab | (Humira® / Biosimilar) | Ankylosing spondylitis - as per local treatment pathway                                                                                                             | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA383 - Feb 16</a> |
| RED                          | Adalimumab | (Humira® / Biosimilar) | 2nd line anti-TNF in patients with joint or skin autoimmune disease who develop IBD on etanercept - as per local treatment pathway                                  | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA383 - Feb 16</a> |
| RED                          | Adalimumab | (Humira® / Biosimilar) | Treatment of (non-radiographic) axial spondyloarthritis - as per local treatment pathway                                                                            | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA383 - Feb 16</a> |
| RED                          | Adalimumab | (Humira® / Biosimilar) | Moderate to severe hidradenitis suppurativa - as per NICE TA 392                                                                                                    | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA392 - Jun 16</a> |
| RED                          | Adalimumab | (Humira® / Biosimilar) | Plaque psoriasis in children and young people - as per NICE TA 455                                                                                                  | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA455 - Jul 17</a> |
| RED                          | Adalimumab | (Humira® / Biosimilar) | Anti-TNF Alpha treatment option for paediatric patients with severe refractory uveitis (Not a licensed indication).                                                 | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA460 - Jul 17</a> |
| RED                          | Adalimumab | (Humira®)              | Anti-TNF treatment option for adult patients with severe refractory uveitis - as per NHS England policy and NICE TA 460 (Not a licensed indication).                | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA460 - Jul 17</a> |

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|------------------------------|-------------------------|---------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| <b>RED</b>                   | Adalimumab              | various, plus biosimilars       | moderate rheumatoid arthritis after conventional DMARDs have failed                                                          | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA715 – July 2021</a>    |
| <b>RED</b>                   | Adalimumab              | ( <i>Humira® / Biosimilar</i> ) | Behcet's syndrome (Not a licensed indication).                                                                               | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance.    |
| <b>RED</b>                   | Adalimumab              | ( <i>Humira® / Biosimilar</i> ) | Children with Severe Refractory Uveitis with onset in childhood (age 2 or more up to 18 or less) - as per NHS England policy | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance.    |
| <b>RED</b>                   | Adalimumab              | ( <i>Humira® / Biosimilar</i> ) | Weekly use for treatment of psoriasis in adults                                                                              | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE TA146 does not cover weekly use |
| <b>RED</b>                   | Adalimumab (biosimilar) | ( <i>Imraldi® / Amjevita®</i> ) | Peripheral spondyloarthritis - following use of 3 DMARDs, as per local pathway                                               | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance.    |
| <b>RED</b>                   | Adalimumab (biosimilar) | various                         | weekly use for dose escalations in NICE-approved rheumatology indications                                                    | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance.    |
| <b>RED</b>                   | Adefovir                | <i>Hepsera®</i>                 | Hepatitis B                                                                                                                  | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">CG165 - Oct 17</a>       |
| <b>Double Red</b>            | ADHD drugs - various    | ( <i>Various</i> )              | First-line use in children and adolescents with ADHD - as per NICE CG 72 - Do Not Do (Not a licensed indication).            | <b>Not recommended for routine use - Specialist initiation only</b>                                                   | <a href="#">CG72 - Feb 16</a>        |
| <b>Double Red</b>            | ADHD drugs - various    | ( <i>Various</i> )              | Use in pre-school children - as per NICE CG 72 - Do Not Do (Not a licensed indication).                                      | <b>Not recommended for routine use - Specialist initiation only</b>                                                   | <a href="#">CG72 - Feb 16</a>        |
| <b>BLACK</b>                 | Afamelanotide           | Scenesse®                       | erythropoietic protoporphyria                                                                                                | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | <a href="#">HST27 – July 2023</a>    |

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|------------------------------|-----------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|------------------------------------|
| <b>RED</b>                   | Afatinib ▼      | (Giotrif® ▼) | Treatment of epidermal growth factor receptor mutation-positive locally advanced or metastatic non-small-cell lung cancer - as per NICE TA 310                                                            | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA310 - April 2014</a> |
| <b>BLACK</b>                 | Afatinib ▼      | (Giotrif® ▼) | Advanced squamous non-small-cell lung cancer after platinum-based chemotherapy - as per NICE TA 444 (terminated appraisal)                                                                                | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | <a href="#">TA444 - May 17</a>     |
| <b>RED</b>                   | Aflibercept 2mg | (Eylea®)     | Treatment of Wet Age-related Macular Degeneration                                                                                                                                                         | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA294 - Jul 13</a>     |
| <b>RED</b>                   | Aflibercept 2mg | (Eylea®)     | Wet Age-related Macular Degeneration (AMD)                                                                                                                                                                | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA294 - Jul 13</a>     |
| <b>RED</b>                   | Aflibercept 2mg | (Eylea®)     | Wet Age-related Macular Degeneration (AMD) in new patients                                                                                                                                                | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA294 - Jul 13</a>     |
| <b>RED</b>                   | Aflibercept 2mg | (Eylea®)     | Visual impairment caused by macular oedema secondary to central retinal vein occlusion (CRVO) - as per NICE TA 305 and local treatment pathway                                                            | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA305 - Feb 14</a>     |
| <b>BLACK</b>                 | Aflibercept     | (Zaltrap®)   | Treatment of metastatic colorectal cancer that has progressed following prior oxaliplatin-based chemotherapy (along with irinotecan and fluorouracil-based therapy) - as per NICE TA 307 - NICE Do Not Do | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | <a href="#">TA307 - Mar 14</a>     |
| <b>RED</b>                   | Aflibercept 2mg | (Eylea®)     | Treatment of visual impairment caused by diabetic macular oedema (DMO)                                                                                                                                    | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA346 - Jul 15</a>     |
| <b>RED</b>                   | Aflibercept 2mg | (Eylea®)     | Visual impairment caused by macular oedema after branch retinal vein occlusion - as per NICE TA 409 and local treatment pathway                                                                           | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA409 - Sep 16</a>     |



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|------------------------------|---------------------------------------------------|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------------------|
| RED                          | Aflibercept 2mg                                   | (Eylea®)                                | Treatment of visual impairment due to myopic choroidal neovascularisation in adults - as per NICE TA 486                                                                                                                                             | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA486 - Nov 17</a>    |
| RED                          | Aflibercept 2mg                                   | (Eylea®)                                | Treatment of Diabetic Macular Oedema (DMO) as part of a treat and extend regimen in line with the locally commissioned treatment pathway                                                                                                             | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance. |
| RED                          | Aflibercept 2mg                                   | (Eylea®)                                | Treatment of Wet Age-related Macular Degeneration (AMD) as part of a treat and extend regimen in line with the locally commissioned treatment pathway                                                                                                | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance. |
| RED                          | Aflibercept (switched to Ranibizumab (Lucentis®)) | (Eylea®)                                | Switching between products in the treatment of Wet Age-related Macular Degeneration (AMD) in previously treated patients who have not responded adequately to, or who have intolerance to aflibercept (Eylea®) - as per locally commissioned pathway | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">NG82 - Jan 18</a>     |
| RED                          | Agalsidase alfa and beta                          | (Replagal® (alpha) / Fabrazyme® (beta)) | Fabry disease ( $\alpha$ -galactosidase A deficiency)                                                                                                                                                                                                | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance. |
| BLACK                        | Agomelatine                                       | (Valdoxan®)                             | 4th line use in depression where other treatments have failed or not been tolerated (terminated appraisal)                                                                                                                                           | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA231 - Sep 11</a>    |
| RED                          | Albumin bound paclitaxel                          | Abraxane®                               | with gemcitabine for untreated metastatic pancreatic cancer                                                                                                                                                                                          | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA476 - Sep 17</a>    |
| RED                          | Albutrenpenona cog alfa                           | (Idelvion)                              | Haemophilia B - as per NHS England policy SSC1652                                                                                                                                                                                                    | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance. |



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| RED                          | Aldesleukin                          | (Proleukin)   | Cancer - metastatic renal cancer                                                                                                       | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.                  |
| RED                          | Alectinib                            | (Alecensa®)   | Untreated ALK-positive advanced non-small-cell lung cancer - as per NICE TA 536                                                        | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA536 - Aug 18</a>                     |
| RED                          | Alectinib                            | Alecensa®     | adjuvant treatment of ALK-positive non-small-cell lung cancer                                                                          | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA1014 – November 2024</a>             |
| BLACK                        | Alectinib ▼                          | (Alecensa® ▼) | Previously treated anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer - as per NICE TA 438 (terminated appraisal) | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA438 - Mar 17</a>                     |
| RED                          | Alemtuzumab                          | (Lemtrada®)   | Chronic lymphocytic leukaemia (CLL) - as per NHS England policy 2013                                                                   | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.                  |
| RED                          | Alemtuzumab                          | (Lemtrada®)   | Pre-transplant immunosuppression                                                                                                       | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.                  |
| RED                          | Alemtuzumab                          | (MabCampath®) | Behcet's syndrome                                                                                                                      | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.                  |
| RED                          | Alemtuzumab ▼                        | (Lemtrada® ▼) | Treatment of adults with relapsing-remitting multiple sclerosis (RRMS) - as per NICE TA 312                                            | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA312 – May 2014, updated May 2024</a> |
| Double Red                   | Alendronate / Vitamin D3 combination | (Fosavance®)  | Treatment of post menopausal osteoporosis in women at risk of vitamin D deficiency                                                     | Not recommended for routine use                                                                                | NICE has not issued any guidance.                  |

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|------------------------------|----------------------------|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| <b>ADVICE</b>                | Alfacalcidol               | (AlfaD®, One-Alpha®)                  | Preparation for hyperparathyroidectomy                                                                                                | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation | NICE has not issued any guidance.    |
| <b>RED</b>                   | Alglucosidase alfa         | (Myozyme®)                            | Pompe disease (a lysosomal storage disorder caused by deficiency of acid alpha-glucosidase) - as per NHS England                      | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance.    |
| <b>BLACK</b>                 | Alimemazine (Trimeprazine) | (Generics)                            | Sedative in children / general antihistamine                                                                                          | Not commissioned. No NHS prescribing in primary or secondary care                                                                        | NICE has not issued any guidance.    |
| <b>RED</b>                   | Alipogene tiparvovec       | (Glybera®)                            | (Gene therapy treatment for ) Lipoprotein lipase deficiency - as per NHSE policy                                                      | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance.    |
| <b>RED</b>                   | Alirocumab ▼               | (Praluent® ▼)                         | Treating primary hypercholesterolaemia and mixed dyslipidaemia - as per NICE TA 393                                                   | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA393 - Jun 16</a>       |
| <b>BLACK</b>                 | Aliskiren ▼                | (Rasilez® ▼)                          | Treatment of essential hypertension - as per NICE CG 127                                                                              | Not commissioned. No NHS prescribing in primary or secondary care                                                                        | <a href="#">CG127 - Sep 11</a>       |
| <b>Double Red</b>            | Alisporivir                | ((aka Debio 025 / DEB025 / UNIL-025)) | Viral Hepatitis C - as per NHSE policy                                                                                                | Not recommended for routine use                                                                                                          | NICE has not issued any guidance.    |
| <b>RED</b>                   | Alitretinoin               | (Toctino®)                            | Treatment of severe chronic hand eczema - as per NICE TA 177                                                                          | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA177 - Aug 09</a>       |
| <b>BLACK</b>                 | Alpelisib                  | Piqray®                               | with fulvestrant for treating hormone-receptor positive, HER2-negative, PIK3CA-positive advanced breast cancer (terminated appraisal) | Not commissioned. No NHS prescribing in primary or secondary care                                                                        | <a href="#">TA652 – October 2020</a> |
| <b>RED</b>                   | Alpelisib                  | Piqray®                               | with fulvestrant for treating hormone receptor-positive, HER2-negative, PIK3CA-mutated advanced breast cancer                         | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA816 – August 2022</a>  |

| Traffic Light Classification | Drug Name                               | Brand Name     | Indication (assume licenced unless stated)                                    | Instructions for Prescriber                                                                                       | NICE Guidance                     |
|------------------------------|-----------------------------------------|----------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>Double Red</b>            | Alpha blockers - various                | (Various)      | Treatment of cor pulmonale - as per NICE CG 101 .                             | Not recommended for routine use                                                                                   | <a href="#">CG101 - Jul 10</a>    |
| <b>RED</b>                   | Alpha-mannosidase - recombinant human   | (Lamazym®)     | Alpha Mannosidase deficiency - as per NHSE policy                             | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care    | NICE has not issued any guidance. |
| <b>RED</b>                   | Alteplase                               | (Actilyse®)    | Treatment of acute ischaemic stroke - as per NICE TA 264                      | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care    | <a href="#">TA264 - Sep 12</a>    |
| <b>Double Red</b>            | Amantadine Hydrochloride                | (Lysovir®)     | Treatment and prophylaxis of influenza                                        | Not recommended for routine use                                                                                   | <a href="#">TA168 - Feb 09</a>    |
| <b>RED</b>                   | Ambrisentan                             | (Volibris® ▼)  | Pulmonary Arterial Hypertension - specialist centre only                      | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care    | NICE has not issued any guidance. |
| <b>RED</b>                   | Amifampridine (phosphate) ▼             | (Firdapse® ▼)  | Treatment of myasthenias - Lambert-Eaton syndrome - as per NHS England policy | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care    | NICE has not issued any guidance. |
| <b>RED</b>                   | Amikacin - liposomal for inhalation     | (Arikace®)     | Gram-negative bacterial infection in Cystic Fibrosis .                        | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care    | NICE has not issued any guidance. |
| <b>Double Red</b>            | Amikacin (for inhalation)               | (Amikin®)      | Gram-negative bacterial infection in Cystic Fibrosis                          | Not recommended for routine use                                                                                   | NICE has not issued any guidance. |
| <b>BLACK</b>                 | Aminobenzoic acid (capsules and powder) | (Potaba®)      | Peyronie's disease, Scleroderma                                               | Not commissioned. No NHS prescribing in primary or secondary care                                                 | NICE has not issued any guidance. |
| <b>SCA</b>                   | <a href="#">Amiodarone</a>              | (Cordarone X®) | Supraventricular and ventricular arrhythmias                                  | Shared Care Agreement Level 2 - Prescribe the drug and perform a more intense level of monitoring, e.g. quarterly | <a href="#">CG180 - Jun 14</a>    |

| Traffic Light Classification | Drug Name                                   | Brand Name                                         | Indication (assume licenced unless stated)                                                                     | Instructions for Prescriber                                                                                           | NICE Guidance                         |
|------------------------------|---------------------------------------------|----------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| <b>BLACK</b>                 | Amivantamab                                 | n/a                                                | EGFR exon 20 insertion mutation-positive advanced non-small-cell lung cancer after platinum-based chemotherapy | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | <a href="#">TA850 – December 2022</a> |
| <b>BLACK</b>                 | Amorolfine                                  | <i>(Loceryl and other equivalent preparations)</i> | Fungal nail infections                                                                                         | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | NICE has not issued any guidance.     |
| <b>RED</b>                   | Amphotericin B, itraconazole & voriconazole | <i>(Various)</i>                                   | Chronic Pulmonary Aspergillosis (CPA) specialist centre only                                                   | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance.     |
| <b>SCA</b>                   | <a href="#">Anagrelide ▼</a>                | <i>(Xagrid® ▼ / Agrelin® / Agrylin®)</i>           | Thrombocythaemia                                                                                               | <b>Prescribe the drug and perform a basic level of monitoring, e.g. a standard annual review</b>                      | NICE has not issued any guidance.     |
| <b>RED</b>                   | Anakinra                                    | Kineret®                                           | Still's disease                                                                                                | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA685 – March 2021</a>    |
| <b>RED</b>                   | Anakinra                                    | <i>(Kineret®)</i>                                  | Cryopyrin-associated periodic syndrome (CAPS)                                                                  | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance.     |
| <b>RED</b>                   | Anakinra                                    | <i>(Kineret®)</i>                                  | Rheumatoid arthritis                                                                                           | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">NG100 - Oct 2020</a>      |
| <b>RED</b>                   | Anakinra                                    | <i>(Kineret®)</i>                                  | Juvenile Idiopathic Arthritis (JIA)                                                                            | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance.     |
| <b>RED</b>                   | Anakinra                                    | <i>(Kineret®)</i>                                  | Periodic fevers and autoinflammatory conditions                                                                | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance.     |

| Traffic Light Classification | Drug Name                                               | Brand Name  | Indication (assume licenced unless stated)                                                                          | Instructions for Prescriber                                                                                                              | NICE Guidance                            |
|------------------------------|---------------------------------------------------------|-------------|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| ADVICE                       | Anastrozole                                             | (Arimidex®) | Breast cancer - as per NICE CG81                                                                                    | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation | <a href="#">CG81 - Nov 06</a>            |
| ADVICE                       | Anastrozole                                             | (Arimidex®) | Post menopausal Women at moderate or High or moderate risk of breast Cancer unless they have severe osteoporosis    | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation | <a href="#">CG164 - updated Nov 2019</a> |
| BLACK                        | Andexanet alfa                                          | Ondexxya®   | for reversing anticoagulation from edoxaban                                                                         | Not commissioned. No NHS prescribing in primary or secondary care                                                                        | <a href="#">TA697 – May 2021</a>         |
| RED                          | Andexanet alfa                                          | Ondexxya®   | for reversing anticoagulation from apixaban or rivaroxaban (this covers bleed in the gastrointestinal tract)        | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA697 – May 2021</a>         |
| BLACK                        | Andexanet alfa                                          | Ondexxya®   | reversing anticoagulation in people with intracranial haemorrhage (terminated appraisal)                            | Not commissioned. No NHS prescribing in primary or secondary care                                                                        | <a href="#">TA1029 – January 2025</a>    |
| BLACK                        | Angiotensin II                                          | Giapreza®   | vasosuppressor-resistant hypotension caused by septic or distributive shock (terminated appraisal)                  | Not commissioned. No NHS prescribing in primary or secondary care                                                                        | <a href="#">TA859 – Jan 2023</a>         |
| Double Red                   | Angiotensin-II receptor antagonists with ACE inhibitors | (Various)   | with ACE inhibitors (Not a licensed indication).                                                                    | Not recommended for routine use                                                                                                          | <a href="#">CG182 - Jul 14</a>           |
| RED                          | Anhydrous sodium thiosulfate                            | Pedmarqsi®  | preventing hearing loss caused by cisplatin chemotherapy in people 1 month to 17 years with localised solid tumours | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA1034 – January 2025</a>    |
| RED                          | Anidulafungin                                           | (Ecalta®)   | Fungal infection - invasive candidiasis                                                                             | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance.        |
| BLACK                        | Anifrolumab                                             | N/A         | active autoantibody-positive systemic lupus erythematosus (terminated appraisal)                                    | Not commissioned. No NHS prescribing in primary or secondary care                                                                        | <a href="#">TA793 – June 2022</a>        |

| Traffic Light Classification | Drug Name                                  | Brand Name                        | Indication (assume licenced unless stated)                                                  | Instructions for Prescriber                                                                                    | NICE Guidance                     |
|------------------------------|--------------------------------------------|-----------------------------------|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>Double Red</b>            | Antacids - various                         | (Various)                         | Long term frequent use in functional dyspepsia - as per NICE CG 184 - Do Not Do             | Not recommended for routine use                                                                                | <a href="#">CG184 - Aug 04</a>    |
| <b>Double Red</b>            | Antibiotic prophylaxis                     | (Various)                         | Infective endocarditis and interventional procedure (dental/non dental) - as per NICE CG 64 | Not recommended for routine use                                                                                | <a href="#">CG64 - Jul 16</a>     |
| <b>RED</b>                   | Antibiotics - intravenous / inhalation     | (Various)                         | Cystic fibrosis                                                                             | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance. |
| <b>Double Red</b>            | Antibiotics (oral for children)            | (Various)                         | Fever in children without apparent source - as per NICE CG 160 - Do Not Do                  | Not recommended for routine use                                                                                | <a href="#">NG143 - Nov 19</a>    |
| <b>RED</b>                   | Anti-D immunoglobulin                      | (Various)                         | Routine anti-D prophylaxis (RAADP) - as per NICE TA 156                                     | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA156 - Aug 08</a>    |
| <b>Double Red</b>            | Antidepressants (including SSRIs)          | (Various)                         | (Routine use) for the treatment of alcohol misuse alone - as per NICE CG 115 - Do Not Do    | Not recommended for routine use                                                                                | <a href="#">CG115 - Feb 11</a>    |
| <b>RED</b>                   | Antithaemophilic Factor                    | ((von Willebrand Factor Complex)) | As per BCSH Guidelines                                                                      | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance. |
| <b>Double Red</b>            | Antihistamines (oral)                      | (Various)                         | (Routine use) for Atopic eczema in children - as per NICE CG 57                             | Not recommended for routine use                                                                                | <a href="#">CG57 - Dec 07</a>     |
| <b>RED</b>                   | Antilymphocyte globulin                    |                                   | Aplastic anaemia, as per BCSH guidelines                                                    | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance. |
| <b>BLACK</b>                 | Antioxidant - ubiquinone aka ubidecarenone | (Co Enzyme Q10)                   | Any indication (Various indications).                                                       | Not commissioned. No NHS prescribing in primary or secondary care                                              | NICE has not issued any guidance. |

| Traffic Light Classification | Drug Name                                         | Brand Name                                                           | Indication (assume licenced unless stated)                                                                          | Instructions for Prescriber                                                                                           | NICE Guidance                     |
|------------------------------|---------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>BLACK</b>                 | Antioxidant nutritional supplements (many brands) | (Ocuvite<br>PreserVision<br>ICAPS<br>MacuLEH,<br>Viteyes<br>Vitalux) | Eye health - including to prevent or slow the progression of AMD, or prevent cataracts (Not a licensed indication). | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | NICE has not issued any guidance. |
| <b>RED</b>                   | Anti-Pseudomonas aeruginosa antibody              | ()                                                                   | Cystic fibrosis - NHSE policy - IFR approval                                                                        | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance. |
| <b>Double Red</b>            | Antipsychotics                                    | (Various)                                                            | Combined use (except for short periods) - as per NICE CG 178                                                        | <b>Not recommended for routine use</b>                                                                                | <a href="#">CG178 - Mar 14</a>    |
| <b>BLACK</b>                 | Antipsychotics                                    | (Various)                                                            | Borderline personality disorder (medium to long term treatment) - as per NICE CG 78 - Do Not Do                     | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | <a href="#">CG78 - Jan 09</a>     |
| <b>BLACK</b>                 | Antipsychotics                                    | (Various)                                                            | Treatment of ADHD in children, young people and adults - as per NICE CG 72 - Do Not Do (Not a licensed indication). | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | <a href="#">CG72 - Feb 16</a>     |
| <b>Double Red</b>            | Antipsychotics                                    | (Various)                                                            | Generalised Anxiety Disorder - as per NICE CG 113 - Do Not Do (Not a licensed indication).                          | <b>Not recommended for routine use</b>                                                                                | <a href="#">CG113 - Jan 11</a>    |
| <b>BLACK</b>                 | Antipsychotics                                    | (Various)                                                            | Loading doses of antipsychotic medication (aka 'rapid neuroleptisation')                                            | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | <a href="#">CG178 - Mar 14</a>    |
| <b>RED</b>                   | Antiretroviral therapy (ART)                      | (Various)                                                            | Treatment as Prevention (TasP) - as per NHS England policy                                                          | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance. |
| <b>RED</b>                   | Antithrombin III                                  | ()                                                                   | As per BCSH Guidelines                                                                                              | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">BCSH guidelines</a>   |
| <b>RED</b>                   | Antithymocyte immunoglobulin                      | (Thymoglobulin e®)                                                   | Aplastic anaemia, organ transplant - as per BCSH guidelines                                                         | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">BCSH guidelines</a>   |



| Traffic Light Classification | Drug Name   | Brand Name | Indication (assume licenced unless stated)                                                                                                                                 | Instructions for Prescriber                                                                                                                     | NICE Guidance                        |
|------------------------------|-------------|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| <b>BLACK</b>                 | Antivirals  | (Various)  | Chronic fatigue syndrome/myalgic encephalomyelitis (or encephalopathy) - as per NICE CG 53 - Do Not Do (Not a licensed indication).                                        | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                        | <a href="#">CG53 - Aug 07</a>        |
| <b>RED</b>                   | Apalutamide | Erleada®   | with androgen deprivation therapy for treating high-risk hormone-relapsed non-metastatic prostate cancer                                                                   | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | <a href="#">TA740 – October 2021</a> |
| <b>RED</b>                   | Apalutamide | Erleada®   | with androgen deprivation therapy for treating hormone-sensitive metastatic prostate cancer                                                                                | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | <a href="#">TA741 – October 2021</a> |
| <b>RED</b>                   | Apixaban    | (Eliquis®) | Thromboprophylaxis post hip and knee surgery                                                                                                                               | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | <a href="#">TA245 - Jan 12</a>       |
| <b>RED</b>                   | Apixaban    | (Eliquis®) | Treatment of calf vein deep vein thrombosis (as per NICE TA 341)                                                                                                           | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | <a href="#">TA341 - Jun 15</a>       |
| <b>ADVICE</b>                | Apixaban    | (Eliquis®) | Treatment and secondary prevention of DVT & PE                                                                                                                             | <b>Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation</b> | <a href="#">TA341 - Jun 15</a>       |
| <b>Double Red</b>            | Apixaban    | (Eliquis®) | Combined use with dual antiplatelet therapy in people who otherwise need anticoagulation, who have had an MI - as per NICE CG 172 - Do Not Do (Not a licensed indication). | <b>Not recommended for routine use</b>                                                                                                          | <a href="#">NG185 - Nov 2020</a>     |
| <b>RED</b>                   | Apomorphine | (APO-go®)  | Patients with Parkinson's disease with disabling motor fluctuations                                                                                                        | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | NICE has not issued any guidance.    |

| Traffic Light Classification | Drug Name               | Brand Name  | Indication (assume licenced unless stated)                                                                                                                                                                      | Instructions for Prescriber                                                                                                                                                        | NICE Guidance                      |
|------------------------------|-------------------------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| BLUE                         | AposHealth              |             | knee osteoarthritis                                                                                                                                                                                             | NWICB are committed to fund positive NICE TA treatments. Awaiting clarification of place in pathway and commissioning arrangements. Further guidance will be issued when available | <a href="#">MTG76 - April 2023</a> |
| RED                          | Apraclonidine eye drops | (Iopidine®) | Short-term adjunctive therapy of chronic glaucoma in patients on maximally tolerated medical therapy who require additional intraocular pressure (IOP) reduction to delay laser treatment or glaucoma surgery.  | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                     | NICE has not issued any guidance.  |
| RED                          | Apremilast              | (Otezla® ▼) | Paediatric indications - NHSE policy (Not a licensed indication).                                                                                                                                               | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                     | NICE has not issued any guidance.  |
| RED                          | Apremilast ▼            | (Otezla® ▼) | Treatment of moderate to severe plaque psoriasis that has not responded to systemic therapy, or where systemic therapy is contraindicated or not tolerated - as per NICE TA 419 and the local treatment pathway | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                     | <a href="#">TA419 - Nov 16</a>     |
| RED                          | Apremilast ▼            | (Otezla® ▼) | Active psoriatic arthritis in adults - as per NICE TA 433                                                                                                                                                       | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                     | <a href="#">TA433 - Feb 17</a>     |
| RED                          | Aprepitant              | (Emend®)    | Prevention of nausea and vomiting in patients on highly emetogenic chemotherapy - as per NHS England policy (A licensed indication).                                                                            | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                     | NICE has not issued any guidance.  |
| ADVICE                       | Aripiprazole            | (Abilify®)  | Moderate to severe manic episodes in adolescents with bipolar I disorder - as per NICE TA 292                                                                                                                   | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation                                           | <a href="#">TA292 - Jul 13</a>     |

| Traffic Light Classification | Drug Name                                        | Brand Name       | Indication (assume licenced unless stated)                                                                                                           | Instructions for Prescriber                                                                                                              | NICE Guidance                             |
|------------------------------|--------------------------------------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| <b>ADVICE</b>                | Aripiprazole                                     | (Abilify®)       | Schizophrenia and bipolar mood disorder - as per NICE CG 82 and TA 213                                                                               | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation | <a href="#">CG82 - Mar 09</a>             |
| <b>BLACK</b>                 | Armour Thyroid / any unlicensed thyroid products | (Armour Thyroid) | Any indication                                                                                                                                       | Not commissioned. No NHS prescribing in primary or secondary care                                                                        | <a href="#">RMOC guidance - June 2019</a> |
| <b>ADVICE</b>                | Aromatase inhibitors (Various)                   | (Various)        | Adjuvant hormonal treatment of early oestrogen-receptor-positive breast cancer in post menopausal women - as per local protocol                      | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation | <a href="#">CG81 - Nov 06</a>             |
| <b>RED</b>                   | Arsenic trioxide                                 | (Trisenox®)      | Acute promyelocytic leukaemia (characterised by the presence of the t[15;17] translocation or the PML/RAR-alpha gene) in adults - as per NICE TA 526 | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA526 - Jun 18</a>            |
| <b>RED</b>                   | Asciminib                                        | Scemblix®        | chronic myeloid leukaemia after 2 or more tyrosine kinase inhibitors                                                                                 | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA813 – August 2022</a>       |
| <b>RED</b>                   | Asfotase alfa                                    | Strensiq®        | paediatric-onset hypophosphatasia                                                                                                                    | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">HST23 – March 2023</a>        |
| <b>Double Red</b>            | Aspirin                                          | ()               | Primary prevention of CVD in T1 or T2 Diabetes - as per NG17 and NG 28 Do Not Do's                                                                   | Not recommended for routine use                                                                                                          | <a href="#">NG17 - May 17</a>             |
| <b>Double Red</b>            | Aspirin                                          | ()               | Primary prevention of CVD in T1 or T2 Diabetes - as per NG17 and NG 28 Do Not Do's                                                                   | Not recommended for routine use                                                                                                          | <a href="#">NG28 - May 17</a>             |
| <b>Double Red</b>            | Asunaprevir (with Daclatasvir)                   | ()               | Viral Hepatitis (B&C) and Respiratory Syncytial Virus                                                                                                | Not recommended for routine use                                                                                                          | NICE has not issued any guidance.         |
| <b>RED</b>                   | Atacicept                                        | ()               | Systemic Lupus Erythematosus (SLE)                                                                                                                   | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance.         |

| Traffic Light Classification | Drug Name                 | Brand Name      | Indication (assume licenced unless stated)                                                                                                   | Instructions for Prescriber                                                                                    | NICE Guidance                        |
|------------------------------|---------------------------|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------|
| RED                          | Ataluren ▼                | (Translarna® ▼) | Duchenne muscular dystrophy with a nonsense mutation in the dystrophin gene in people aged ≥5 years who can walk - as per NHS England policy | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">HST22 - Feb 2023</a>     |
| RED                          | Atazanavir                | (Reyataz®)      | HIV infection in combination with other antiretroviral drugs - as per BHIVA Guidelines                                                       | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.    |
| RED                          | Atazanavir and Cobicistat | (Evotaz®)       | HIV infection in combination with other antiretroviral drugs - as per BHIVA guidelines                                                       | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.    |
| RED                          | Atezolizumab              | (Tecentriq®)    | Locally advanced or metastatic non-small-cell lung cancer after chemotherapy - as per NICE TA 520                                            | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA520 - May 18</a>       |
| RED                          | Atezolizumab              | (Tecentriq®)    | Locally advanced or metastatic urothelial carcinoma after platinum-containing chemotherapy - as per NICE TA 525                              | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA525 - Jun 18</a>       |
| RED                          | Atezolizumab              | Tecentriq®      | monotherapy for untreated advanced non-small-cell lung cancer                                                                                | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA705 – June 2021</a>    |
| RED                          | Atezolizumab              | Tecentriq®      | untreated PD-L1-positive advanced urothelial cancer when cisplatin is unsuitable                                                             | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA739 – October 2021</a> |
| BLACK                        | Atezolizumab              | TECENTRIQ®      | with carboplatin and nab-paclitaxel for untreated advanced non-squamous non-small-cell lung cancer as per TA618 (terminated appraisal)       | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA618 - Jan 20</a>       |
| RED                          | Atezolizumab              | Tecentriq®      | adjuvant treatment of resected non-small-cell lung cancer                                                                                    | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA823 – October 2022</a> |

| Traffic Light Classification | Drug Name                   | Brand Name     | Indication (assume licenced unless stated)                                                                            | Instructions for Prescriber                                                                                                                                 | NICE Guidance                         |
|------------------------------|-----------------------------|----------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| RED                          | Atezolizumab ▼              | (Tecentriq® ▼) | with carboplatin and etoposide for untreated extensive-stage small-cell lung cancer                                   | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                              | <a href="#">TA638 - July 2020</a>     |
| RED                          | Atezolizumab ▼              | (Tecentriq® ▼) | with nab-paclitaxel for untreated PD-L1-positive, locally advanced or metastatic, triple-negative breast cancer       | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                              | <a href="#">TA639 - July 2020</a>     |
| RED                          | Atezolizumab ▼              | (Tecentriq® ▼) | with bevacizumab for treating advanced or unresectable hepatocellular carcinoma                                       | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                              | <a href="#">TA666 – December 2020</a> |
| RED                          | Atezolizumab ▼              | (Tecentriq® ▼) | Cancer - various (Various indications).                                                                               | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                              | NICE has not issued any guidance.     |
| RED                          | Atidarsagene autotemcel     | Libmeldy       | metachromatic leukodystrophy                                                                                          | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                              | <a href="#">HST18 - March 2022</a>    |
| ADVICE                       | Atogepant                   | Aquipta®       | preventing migraine                                                                                                   | Specialist will initiate and provide the first 12 weeks of medication to the patient.                                                                       | <a href="#">TA973 – May 2024</a>      |
| SCA                          | <a href="#">Atomoxetine</a> | (Strattera®)   | Attention Deficit Hyperactivity Disorder in Adults for new treatment of symptoms that can be confirmed from childhood | Shared Care Agreement Level 1 - Prescribe the drug and perform a higher level of monitoring, e.g. 6-monthly                                                 | <a href="#">NG87 - Mar 18</a>         |
| SCA                          | <a href="#">Atomoxetine</a> | (Strattera® ▼) | Attention Deficit Hyperactivity Disorder in Children & Adolescents                                                    | Shared Care Agreement Level 3 - Prescribe the drug and perform significant monitoring including measurements such as height, weight, blood pressure and ECG | <a href="#">NG87 - Mar 18</a>         |

| Traffic Light Classification | Drug Name                                  | Brand Name                        | Indication (assume licenced unless stated)                                                          | Instructions for Prescriber                                                                                                                                                                                        | NICE Guidance                          |
|------------------------------|--------------------------------------------|-----------------------------------|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <b>ADVICE</b>                | Atypical antipsychotics (except clozapine) | (Various (except Clozaril® (Red)) | Psychosis and schizophrenia in adults - As per NICE CG 178                                          | <b>Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation</b><br>Consultant should prescribe for an initial period of one month. | <a href="#">CG82 - Mar 09</a>          |
| <b>RED</b>                   | Autologous anti-CD19-transduced CD3+ cells | Tecartus®                         | Relapsed or refractory mantle cell lymphoma                                                         | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                                              | <a href="#">TA677 – February 2021</a>  |
| <b>RED</b>                   | Autologous chondrocyte implantation        | (Spherox®)                        | For treating symptomatic articular cartilage defects of the knee - as per NICE TA 508               | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                                              | <a href="#">TA508 - Mar 18</a>         |
| <b>RED</b>                   | Autologous serum eye drops                 | ()                                | Dry eye                                                                                             | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                                              | NICE has not issued any guidance.      |
| <b>RED</b>                   | Avacopan                                   | Tavneos®                          | Anca-positive vasculitis                                                                            | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                                              | NICE has not issued any guidance.      |
| <b>RED</b>                   | Avacopan                                   | Tavneos®                          | severe active granulomatosis with polyangiitis or microscopic polyangiitis                          | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                                              | <a href="#">TA825 – September 2022</a> |
| <b>RED</b>                   | Avalglucosidase alfa                       | AVAL®                             | Pompe disease                                                                                       | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                                              | <a href="#">TA821 – August 2022</a>    |
| <b>BLACK</b>                 | Avanafil ▼                                 | (Spedra® ▼)                       | Use of regular, daily doses for penile rehabilitation in prostate cancer/post radical prostatectomy | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                                                                                           | NICE has not issued any guidance.      |
| <b>RED</b>                   | Avapritinib                                | Ayvakyt®                          | advanced systemic mastocytosis                                                                      | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                                              | <a href="#">TA1012 – November 2024</a> |

| Traffic Light Classification | Drug Name               | Brand Name  | Indication (assume licenced unless stated)                                                                     | Instructions for Prescriber                                                                                    | NICE Guidance                          |
|------------------------------|-------------------------|-------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <b>BLACK</b>                 | Avapritinib             | N/A         | unresectable or metastatic gastrointestinal stromal tumours<br>(terminated)                                    | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA730 – September 2021</a> |
| <b>RED</b>                   | Avatrombopag            | (Doptelet®) | treating thrombocytopenia in people with chronic liver disease needing a planned invasive procedure            | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA626 - Jun 2020</a>       |
| <b>RED</b>                   | Avatrombopag            | Doptelet®   | primary chronic immune thrombocytopenia                                                                        | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA853 – December 2022</a>  |
| <b>RED</b>                   | Avelumab                | (Bavencio®) | Metastatic Merkel cell carcinoma - as per NICE TA 517                                                          | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA517 - Apr 18</a>         |
| <b>RED</b>                   | Avelumab                | (Bavencio®) | axitinib for untreated advanced renal cell carcinoma                                                           | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA645 – September 2020</a> |
| <b>RED</b>                   | Avelumab                | Bavencio®   | untreated metastatic Merkel cell carcinoma                                                                     | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA691 – April 2021</a>     |
| <b>RED</b>                   | Avelumab                | Bavencio®   | maintenance treatment of locally advanced or metastatic urothelial cancer after platinum-based chemotherapy    | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA788 – May 2022</a>       |
| <b>RED</b>                   | Avorlastat              | ()          | Hereditary angioedema                                                                                          | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.      |
| <b>RED</b>                   | Axicabtagene ciloleucel | Yescarta®   | diffuse large B-cell lymphoma and primary mediastinal large B-cell lymphoma after 2 or more systemic therapies | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA872 – February 2023</a>  |
| <b>BLACK</b>                 | Axicabtagene ciloleucel | (Yescarta®) | relapsed or refractory follicular lymphoma                                                                     | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA894 – June 2023</a>      |



| Traffic Light Classification | Drug Name                             | Brand Name               | Indication (assume licenced unless stated)                                                                                                                                     | Instructions for Prescriber                                                                                              | NICE Guidance                           |
|------------------------------|---------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <b>RED</b>                   | Axicabtagene ciloleucel               | (Yescarta®)              | relapsed or refractory diffuse large B-cell lymphoma after first-line chemoimmunotherapy                                                                                       | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>    | <a href="#">TA895 – June 2023</a>       |
| <b>RED</b>                   | Axitinib                              | (Inlyta®)                | Advanced renal cell carcinoma after failure of prior systemic treatment - as per NICE TA 333                                                                                   | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>    | <a href="#">TA333 - Feb 2015</a>        |
| <b>BLACK</b>                 | Axonics sacral neuromodulation system |                          | Overactive bladder and faecal incontinence                                                                                                                                     | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                 | <a href="#">MIB 164 - December 2018</a> |
| <b>Double Red</b>            | Aymes Actagain protein shot           | Aymes Actagain           | hypoproteinaemia                                                                                                                                                               | <b>Not recommended for routine use.</b>                                                                                  | NICE has not issued any guidance.       |
| <b>RED</b>                   | Azacitidine                           | (Vidaza®)                | Myelodysplastic syndromes, chronic myelomonocytic leukaemia and acute myeloid leukaemia - as per NICE 218                                                                      | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>    | <a href="#">TA218 - Mar 11</a>          |
| <b>BLACK</b>                 | Azacitidine                           | (Vidaza®)                | Acute myeloid leukaemia with more than 30% bone marrow blasts in people of 65 years or older who are not eligible for haematopoietic stem cell transplant - as per NICE TA 399 | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                 | <a href="#">TA399 - July 16</a>         |
| <b>RED</b>                   | Azacitidine (oral)                    | Onureg®                  | maintenance treatment of acute myeloid leukaemia after induction therapy                                                                                                       | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>    | <a href="#">TA827 – October 2022</a>    |
| <b>SCA</b>                   | <a href="#">Azathioprine</a>          | (Imuran®)                | As a steroid-sparing effect in patients with Autoimmune Diseases in whom steroids cannot be reduced or are contraindicated, and for maintaining remission in vasculitis        | <b>Shared Care Agreement Level 2 - Prescribe the drug and perform a more intense level of monitoring, e.g. quarterly</b> | NICE has not issued any guidance.       |
| <b>SCA</b>                   | <a href="#">Azathioprine</a>          | (Generics are available) | Steroid-sparing effect in ulcerative colitis and Crohn's disease (Not a licensed indication).                                                                                  | <b>Shared Care Agreement Level 2 - Prescribe the drug and perform a more intense level of monitoring, e.g. quarterly</b> | NICE has not issued any guidance.       |

| Traffic Light Classification | Drug Name                                  | Brand Name                                     | Indication (assume licenced unless stated)                                                                           | Instructions for Prescriber                                                                                    | NICE Guidance                        |
|------------------------------|--------------------------------------------|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------|
| RED                          | Azelastine and Fluticasone nasal spray     | Dymista®                                       | moderate to severe seasonal and perennial rhinitis if monotherapy with antihistamine or corticosteroid is inadequate | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.    |
| BLACK                        | Azilsartan                                 | (Edarbi®)                                      | Essential hypertension                                                                                               | Not commissioned. No NHS prescribing in primary or secondary care                                              | NICE has not issued any guidance.    |
| RED                          | Aztreonam (nebulised)                      | (Cayston®)                                     | Gram negative infections in cystic fibrosis - as per NHS England policy                                              | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">NG78 - Oct 17</a>        |
| BLACK                        | B Braun Diveen                             | ()                                             | Urinary stress incontinence                                                                                          | Not commissioned. No NHS prescribing in primary or secondary care                                              | NICE has not issued any guidance.    |
| RED                          | Baclofen (via intrathecal pump)            | (Lioresal®)                                    | Muscle spasm in neurological conditions as per NICE guidance                                                         | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">CG145 - Jul 12</a>       |
| BLACK                        | Baloxavir marboxil                         | N/A                                            | acute uncomplicated influenza (terminated appraisal)                                                                 | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA732 – October 2021</a> |
| BLACK                        | Bamboo bedding (incl sheets, pillow cases) | (Symmetrikit® bamboo sheet and cushion covers) | Care of very disabled patients with severe physical needs                                                            | Not commissioned. No NHS prescribing in primary or secondary care                                              | NICE has not issued any guidance.    |
| RED                          | Bardoxolone Methyl                         |                                                | Pulmonary arterial hypertension                                                                                      | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.    |
| RED                          | Baricitinib                                | Olumiant®                                      | Moderate to severe atopic dermatitis                                                                                 | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA681 – March 2021</a>   |
| BLACK                        | Baricitinib                                | Olumiant®                                      | severe alopecia areata                                                                                               | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA926 – October 2023</a> |

| Traffic Light Classification | Drug Name                                 | Brand Name    | Indication (assume licenced unless stated)                                                                                                                                  | Instructions for Prescriber                                                                                                                     | NICE Guidance                     |
|------------------------------|-------------------------------------------|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>BLACK</b>                 | Baricitinib                               | Olumiant®     | juvenile idiopathic arthritis in people 2 years and over                                                                                                                    | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                        | <a href="#">TA982 – June 2024</a> |
| <b>RED</b>                   | Baricitinib ▼                             | (Olumiant® ▼) | (with or without methotrexate) for active moderate to severe rheumatoid arthritis in adults - as per NICE TA 466 and locally commissioned treatment                         | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | <a href="#">TA466 - Aug 17</a>    |
| <b>RED</b>                   | Basiliximab                               | (Simulect®)   | Option for induction therapy in the prophylaxis of acute organ rejection in adults, children and adolescents undergoing renal transplantation - as per NICE TAs 481 and 482 | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | <a href="#">TA481 - Oct 17</a>    |
| <b>RED</b>                   | Basiliximab                               | (Simulect®)   | Option for induction therapy in the prophylaxis of acute organ rejection in adults, children and adolescents undergoing renal transplantation - as per NICE TAs 481 and 482 | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | <a href="#">TA482 - Oct 17</a>    |
| <b>Double Red</b>            | Bazedoxifene plus conjugated oestrogens   | (Duavive®)    | Management of oestrogen deficiency symptoms in postmenopausal women with a uterus for whom treatment with progestin-containing therapy is not appropriate                   | <b>Not recommended for routine use</b>                                                                                                          | NICE has not issued any guidance. |
| <b>Double Red</b>            | Beclabuvir                                | ()            | Hepatitis C                                                                                                                                                                 | <b>Not recommended for routine use</b>                                                                                                          | NICE has not issued any guidance. |
| <b>ADVICE</b>                | Beclometasone dipropionate 5mg MR tablets | (Clipper®)    | Second-line oral corticosteroid option in the treatment of flares in mild-moderate ulcerative colitis in adults - as per local pathway                                      | <b>Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation</b> | NICE has not issued any guidance. |
| <b>RED</b>                   | Bedaquiline ▼                             | (Sirturo® ▼)  | Multidrug-Resistant and Extensively Drug-Resistant Tuberculosis - as per NHS England policy                                                                                 | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | NICE has not issued any guidance. |
| <b>RED</b>                   | Bee and wasp venom                        | (Pharmalgen®) | Bee and wasp venom allergy - as per NICE TA 246 - specialist centre only                                                                                                    | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | <a href="#">TA246 - Feb 12</a>    |

| Traffic Light Classification | Drug Name                                | Brand Name                                                   | Indication (assume licenced unless stated)                                                                                               | Instructions for Prescriber                                                                                                              | NICE Guidance                         |
|------------------------------|------------------------------------------|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| RED                          | Begelomab                                | (Begedina®)                                                  | Graft versus Host Disease (GvHD)                                                                                                         | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance.     |
| BLACK                        | Belatacept                               | (Nulojix®)                                                   | Initial treatment to prevent organ rejection in adults, children and young people having a kidney transplant - as per NICE TAs 481 & 482 | Not commissioned. No NHS prescribing in primary or secondary care                                                                        | <a href="#">TA481 - Oct 17</a>        |
| BLACK                        | Belatacept                               | (Nulojix®)                                                   | Initial treatment to prevent organ rejection in adults, children and young people having a kidney transplant - as per NICE TAs 481 & 482 | Not commissioned. No NHS prescribing in primary or secondary care                                                                        | <a href="#">TA482 - Oct 17</a>        |
| BLACK                        | Belimumab                                | N/A                                                          | lupus nephritis (terminated appraisal)                                                                                                   | Not commissioned. No NHS prescribing in primary or secondary care                                                                        | <a href="#">TA806 – July 2022</a>     |
| RED                          | Belimumab                                | Benlysta®                                                    | active autoantibody-positive systemic lupus erythematosus (replaces TA397)                                                               | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA752 – December 2021</a> |
| BLACK                        | Belladonna adhesive plaster              | ()                                                           | As a counter irritant for pain relief                                                                                                    | Not commissioned. No NHS prescribing in primary or secondary care                                                                        | NICE has not issued any guidance.     |
| RED                          | Belumosudil                              | Rezurock®                                                    | chronic graft-versus-host disease after 2 or more systemic treatments in people 12 years and over                                        | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA949 – February 2024</a> |
| RED                          | Belzutifan                               | Welireg®                                                     | tumours associated with von Hippel-Lindau disease                                                                                        | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA1011 – October 2024</a> |
| ADVICE                       | Bempedoic acid (alone or with ezetimibe) | Nilemdo® (bempedoic acid) or Nustendi® (combination product) | primary hypercholesterolaemia or mixed dyslipidaemia                                                                                     | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation | <a href="#">TA694 – April 2021</a>    |

| Traffic Light Classification | Drug Name                              | Brand Name  | Indication (assume licenced unless stated)                                                                                                 | Instructions for Prescriber                                                                                    | NICE Guidance                        |
|------------------------------|----------------------------------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------|
| <b>BLACK</b>                 | Bendamustine                           | (Levact®)   | Treatment of indolent (low grade) non-Hodgkin's lymphoma that is refractory to rituximab - as per NICE TA 206 (terminated)                 | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA206 - Oct 10</a>       |
| <b>RED</b>                   | Bendamustine                           | (Levact®)   | First-line treatment of chronic lymphocytic leukaemia (binet stage B or C) - as per NICE TA 216 / NHS England policy                       | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA216 - Feb 11</a>       |
| <b>RED</b>                   | Benralizumab                           | (Fasenra®)  | Severe eosinophilic asthma (specialist use only) - as per NICE TA 565 (NHSE commissioning responsibility)                                  | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA565 - Mar 19</a>       |
| <b>BLACK</b>                 | Benzodiazepines                        | (Various)   | Augmentation of an antidepressant with a benzodiazepine for more than 2 weeks - as per NICE CG 90 - Do Not Do (Not a licensed indication). | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">CG90 - Oct 09</a>        |
| <b>BLACK</b>                 | Benzodiazepines                        | (Various)   | Panic disorder - as per NICE CG 113 - Do Not Do                                                                                            | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">CG113 - Jan 11</a>       |
| <b>BLACK</b>                 | Benzodiazepines                        | (Various)   | Ongoing treatment of alcohol dependence - as per NICE CG 115                                                                               | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">CG115 - Feb 11</a>       |
| <b>BLACK</b>                 | Benzodiazepines                        | (Various)   | Generalised Anxiety Disorder (long term use) - as per NICE CG 113 - Do Not Do                                                              | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">CG113 - Jan 11</a>       |
| <b>RED</b>                   | Beractant                              | (Survanta®) | Respiratory distress syndrome neonates                                                                                                     | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.    |
| <b>RED</b>                   | Berotrastat                            | Orladeyo®   | preventing recurrent attacks of hereditary angioedema                                                                                      | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA738 – October 2021</a> |
| <b>BLACK</b>                 | Beta-carotene (supplements containing) | (Various)   | Secondary prevention of MI / reduce cardiovascular risk post MI - as per NICE CG 172 - Do Not Do (Not a licensed indication).              | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">CG172 - Nov 13</a>       |

| Traffic Light Classification | Drug Name             | Brand Name                             | Indication (assume licenced unless stated)                                                                                                     | Instructions for Prescriber                                                                                    | NICE Guidance                     |
|------------------------------|-----------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>RED</b>                   | Betaine               | (Cystadane® oral powder (orphan drug)) | Homocystinuria                                                                                                                                 | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance. |
| <b>BLACK</b>                 | Betamethasone plaster | BETESIL®                               | Treatment of inflammatory skin disorders that do not respond to less potent corticosteroids                                                    | Not commissioned. No NHS prescribing in primary or secondary care                                              | NICE has not issued any guidance. |
| <b>BLACK</b>                 | Bevacizumab           | (Avastin®)                             | Treatment of non-small-cell lung cancer - as per NHS England policy (terminated appraisal)                                                     | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA148 - Jun 08</a>    |
| <b>BLACK</b>                 | Bevacizumab           | (Avastin®)                             | First-line treatment of advanced and/or metastatic renal cell carcinoma - as per NHS England policy                                            | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA178 - Aug 09</a>    |
| <b>RED</b>                   | Bevacizumab           | (Avastin®)                             | With oxaliplatin and either 5-FU plus folinic acid or capecitabine for metastatic colorectal cancer - as NHS England policy                    | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA212 - Dec 10</a>    |
| <b>RED</b>                   | Bevacizumab           | (Avastin®)                             | First-line treatment of metastatic breast cancer (in combination with a taxane) - as per NHS England policy                                    | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA214 - Feb 11</a>    |
| <b>RED</b>                   | Bevacizumab           | (Avastin®)                             | Treatment of metastatic colorectal cancer after 1st-line chemotherapy - as per NHS England policy                                              | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA242 - Jan 12</a>    |
| <b>BLACK</b>                 | Bevacizumab           | (Avastin®)                             | First-line treatment of metastatic breast cancer                                                                                               | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA263 - Aug 12</a>    |
| <b>RED</b>                   | Bevacizumab           | (Avastin®)                             | (with paclitaxel & carboplatin) 1st-line for advanced ovarian cancer - as per NHS England policy                                               | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA284 - May 13</a>    |
| <b>RED</b>                   | Bevacizumab           | (Avastin®)                             | (with gemcitabine & carboplatin) - treatment of the first recurrence of platinum-sensitive advanced ovarian cancer - as per NHS England policy | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA285 - May 13</a>    |



| Traffic Light Classification | Drug Name   | Brand Name | Indication (assume licenced unless stated)                                                                                                                                                                    | Instructions for Prescriber                                                                                    | NICE Guidance                     |
|------------------------------|-------------|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>BLACK</b>                 | Bevacizumab | (Avastin®) | Treatment for relapsed, platinum resistant epithelial ovarian, fallopian tube or primary peritoneal cancer - as per NICE TA 353 (terminated appraisal)                                                        | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA353 - Aug 15</a>    |
| <b>BLACK</b>                 | Bevacizumab | (Avastin®) | Epidermal growth factor receptor mutation-positive non-small-cell lung cancer - as per NICE TA 436 (terminated appraisal)                                                                                     | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA436 - Mar 17</a>    |
| <b>BLACK</b>                 | Bevacizumab | (Avastin®) | (with carboplatin, gemcitabine and paclitaxel) for first recurrence of platinum-sensitive advanced ovarian cancer - as per NICE TA 560 (terminated appraisal)                                                 | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA560 - Feb 19</a>    |
| <b>RED</b>                   | Bevacizumab | (Avastin®) | pre-treatment before vitrectomy for proliferative diabetic retinopathy (neovascular)                                                                                                                          | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance. |
| <b>BLACK</b>                 | Bevacizumab | (Avastin®) | Early (pre-NICE criteria) treatment of wet AMD and related conditions (Not a licensed indication).                                                                                                            | Not commissioned. No NHS prescribing in primary or secondary care                                              | NICE has not issued any guidance. |
| <b>RED</b>                   | Bevacizumab | (Avastin®) | Neurofibromatosis (Not a licensed indication).                                                                                                                                                                | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance. |
| <b>RED</b>                   | Bevacizumab | (Avastin®) | Choroidal neovascularisation (CNV) secondary to conditions other than age-related macular degeneration (AMD) or pathological myopia (PM) - as per local agreement during 2014-15 (Not a licensed indication). | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance. |
| <b>RED</b>                   | Bevacizumab | (Avastin®) | (Short term) treatment of neovascular glaucoma in rubeosis iridis - as per locally commissioned agreement (Not a licensed indication).                                                                        | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance. |
| <b>RED</b>                   | Bevacizumab | (Avastin®) | Radiation retinopathy macular oedema                                                                                                                                                                          | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance. |



| Traffic Light Classification | Drug Name                                                                 | Brand Name           | Indication (assume licenced unless stated)                                     | Instructions for Prescriber                                                                                    | NICE Guidance                          |
|------------------------------|---------------------------------------------------------------------------|----------------------|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------|
| RED                          | Bevacizumab gamma                                                         | Lytenava®            | wet age-related macular degeneration                                           | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA1022 – December 2024</a> |
| RED                          | Bexarotene                                                                | (Targretin®)         | All indications                                                                | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.      |
| Double Red                   | Bezafibrate                                                               | (Bezalip; Fibrazate) | Prevention of CVD - as per NICE CG 181 "Do Not Do"                             | Not recommended for routine use                                                                                | <a href="#">CG181 - Jul 14</a>         |
| BLACK                        | Bezlotoxumab                                                              | (Zinplava®)          | Prevention of recurrent clostridium difficile infection (terminated appraisal) | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA601 - Sep 19</a>         |
| RED                          | Bictecravir (in combination with emtricitabine and tenofivir alafenamide) | Biktarvy®            | HIV                                                                            | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.      |
| RED                          | Bimagrumab                                                                | ((BYM338))           | Inclusion body myositis                                                        | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.      |
| RED                          | Bimekizumab                                                               | Bimzelx®             | active psoriatic arthritis                                                     | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA916 – October 2023</a>   |
| RED                          | Bimekizumab                                                               | Bimzelx®             | axial spondyloarthritis                                                        | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA918 – October 2023</a>   |
| BLACK                        | Bimekizumab                                                               | Bimzelx®             | moderate to severe hidradenitis suppurativa (terminated appraisal)             | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA1028 – January 2025</a>  |
| RED                          | Bimekizumab                                                               | Bimzelx®             | moderate to severe plaque psoriasis                                            | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA723 – September 2021</a> |

| Traffic Light Classification | Drug Name          | Brand Name                                 | Indication (assume licenced unless stated)                                                                                                 | Instructions for Prescriber                                                                                    | NICE Guidance                          |
|------------------------------|--------------------|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------|
| RED                          | Binimetinib        | (Mektovi®)                                 | (with encorafenib (Braftovi®)) for treating unresectable or metastatic BRAF V600 mutation-positive melanoma in adults - as per NICE TA 562 | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA562 - Feb 19</a>         |
| BLACK                        | Bioidentical HRT   | (Bioidentical hormone replacement therapy) | Menopausal symptoms                                                                                                                        | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">NG23 - Nov 13</a>          |
| RED                          | Biotin (vitamin H) | (Qizenday®, Cerenday®, MD1003)             | various                                                                                                                                    | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.      |
| RED                          | Birch bark extract | n/a                                        | epidermolysis bullosa                                                                                                                      | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">HST28 – September 2023</a> |
| RED                          | Bivalirudin        | (Angiox®)                                  | Treatment of ST-segment-elevation myocardial infarction - as per NICE TA 230                                                               | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA230 - Jul 11</a>         |
| RED                          | Blinatumomab       | (Blinicyto®)                               | Acute lymphoblastic leukaemia in remission with minimal residual disease activity                                                          | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA589 - Jul 19</a>         |
| BLACK                        | Blinatumomab       | N/A                                        | previously treated Philadelphia-chromosome-positive acute lymphoblastic leukaemia (terminated appraisal)                                   | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA686 – March 2021</a>     |
| RED                          | Blinatumomab ▼     | (Blinicyto® ▼)                             | Philadelphia-chromosome-negative relapsed or refractory precursor B-cell acute lymphoblastic leukaemia in adults - as per NICE TA 450      | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA450 - Jun 17</a>         |
| RED                          | Blisibimod         | ()                                         | Systemic lupus erythematosus (SLE)                                                                                                         | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.      |

| Traffic Light Classification | Drug Name  | Brand Name   | Indication (assume licenced unless stated)                                                                                             | Instructions for Prescriber                                                                                    | NICE Guidance                     |
|------------------------------|------------|--------------|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------------------|
| RED                          | Boceprevir | (Victrelis®) | Treatment of genotype 1 chronic hepatitis C - as per NICE TA 253                                                                       | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA253 - Apr 12</a>    |
| RED                          | Bortezomib | (Velcade®)   | Multiple myeloma (first line) - as per NICE 228                                                                                        | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA228 - Jul 11</a>    |
| RED                          | Bortezomib | (Velcade®)   | Induction therapy in multiple myeloma before high-dose chemotherapy and autologous stem cell transplantation - as per NICE TA 311      | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA311 - Apr 14</a>    |
| RED                          | Bortezomib | (Velcade®)   | Previously untreated mantle cell lymphoma in adults for whom haematopoietic stem cell transplantation is unsuitable as per NICE TA 370 | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA370 - Dec 15</a>    |
| BLACK                        | Bortezomib | (Velcade®)   | Relapsed Multiple Myeloma - as per NHS England policy & NICE TA 453 (terminated appraisal)                                             | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA453 - Jul 17</a>    |
| RED                          | Bortezomib | (Velcade®)   | Treatment of refractory antibody mediated rejection post kidney transplant - as per NHS England policy (Not a licensed indication).    | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance. |
| RED                          | Bosentan   | (Tracleer®)  | Treatment of digital ulceration in systemic sclerosis - as per NHS England policy (A licensed indication).                             | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance. |
| RED                          | Bosentan   | (Tracleer®)  | Pulmonary arterial hypertension - - as per NHS England policy - specialist centres only                                                | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance. |
| RED                          | Bosutinib  | (Bosulif®)   | Previously treated chronic myeloid leukaemia - as per NHS England policy                                                               | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA401 - Aug 16</a>    |

| Traffic Light Classification | Drug Name                   | Brand Name                              | Indication (assume licenced unless stated)                                                                                                                                                | Instructions for Prescriber                                                                                           | NICE Guidance                     |
|------------------------------|-----------------------------|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>BLACK</b>                 | Bosutinib                   | ( <i>Bosulif®</i> )                     | Untreated chronic myeloid leukaemia in adults - as per NICE TA 576 ( <b>terminated appraisal</b> ) (Not a licensed indication).                                                           | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | <a href="#">TA576 - Apr 19</a>    |
| <b>RED</b>                   | Botulinum neurotoxin type A | ( <i>Xeomin®</i> )                      | Chronic sialorrhoea                                                                                                                                                                       | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA605 - Oct 19</a>    |
| <b>RED</b>                   | Botulinum Toxin Type A      | ( <i>Botox®</i> )                       | Prophylaxis of headaches in adults with chronic migraine - as per locally agreed policy                                                                                                   | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA260 - Jun 12</a>    |
| <b>RED</b>                   | Botulinum Toxin Type A      | ( <i>Dysport®</i> )                     | Neurogenic and non neurogenic detrusor overactivity in paediatric patients who have not responded to antimuscarinic treatment - as per locally agreed policy (Not a licensed indication). | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance. |
| <b>RED</b>                   | Botulinum Toxin Type A      | ( <i>Botox®</i> )                       | Oesophageal spasm and nutcracker oesophagus - as per locally agreed policy (Not a licensed indication).                                                                                   | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance. |
| <b>RED</b>                   | Botulinum Toxin Type A      | ( <i>Botox®</i> )                       | (severe) Focal hyperhidrosis - as per locally agreed policy                                                                                                                               | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance. |
| <b>RED</b>                   | Botulinum Toxin Type A      | ( <i>Botox®</i> )                       | Overactive bladder / detrusor overactivity - as per locally agreed policy (Not a licensed indication).                                                                                    | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance. |
| <b>RED</b>                   | Botulinum Toxin Type A      | ( <i>Botox®</i> )                       | Chronic anal fissure - as per locally agreed policy (Not a licensed indication).                                                                                                          | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance. |
| <b>RED</b>                   | Botulinum Toxin Type A      | ( <i>Botox® - 200 units injection</i> ) | Treatment of achalasia and gastroparesis - as per locally agreed policy (Not a licensed indication).                                                                                      | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance. |

| Traffic Light Classification | Drug Name                    | Brand Name         | Indication (assume licenced unless stated)                                                                                                                                                                                                                       | Instructions for Prescriber                                                                                    | NICE Guidance                       |
|------------------------------|------------------------------|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------|
| RED                          | Botulinum Toxin Type A       | (Dysport®)         | Muscle spasticity in neuromuscular conditions - cerebral palsy - as per locally agreed policy                                                                                                                                                                    | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.   |
| RED                          | Botulinum Toxin Type A       | (Botox®, Dysport®) | Treatment of focal spasticity in Multiple Sclerosis or following stroke or brain injury - as per locally agreed policy                                                                                                                                           | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.   |
| RED                          | Botulinum Toxin Type A and B | (Botox®)           | Intravesical use in spinal cord injury                                                                                                                                                                                                                           | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.   |
| RED                          | Botulinum Toxin Type A and B | (Botox®)           | Focal spasticity in children                                                                                                                                                                                                                                     | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.   |
| RED                          | Brentuximab vedotin          | (Adcetris®)        | CD30-positive Hodgkin lymphoma in adults with relapsed or refractory disease - as per NICE TA 524                                                                                                                                                                | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA524 - Jun 18</a>      |
| RED                          | Brentuximab vedotin          | (Adcetris®)        | Treating CD30-positive cutaneous T-cell lymphoma (CTCL) after at least 1 systemic therapy in adults, only if they have mycosis fungoides stage IIB or over, primary cutaneous anaplastic large cell lymphoma or Sézary syndrome - as per NICE TA 577 (NHSE comm) | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA577 - Apr 19</a>      |
| BLACK                        | Brentuximab vedotin          | (Adcetris®)        | Untreated advanced Hodgkin lymphoma (terminated appraisal)                                                                                                                                                                                                       | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA594 - Aug 19</a>      |
| RED                          | Brentuximab vedotin          | (Adcetris®)        | in combination for untreated systemic anaplastic large cell lymphoma                                                                                                                                                                                             | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA641 – August 2020</a> |

| Traffic Light Classification | Drug Name                 | Brand Name    | Indication (assume licenced unless stated)                                                                                                                                                              | Instructions for Prescriber                                                                                                              | NICE Guidance                        |
|------------------------------|---------------------------|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| RED                          | Brentuximab vedotin ▼     | (Adcetris® ▼) | CD30-positive Hodgkin lymphoma - as per NICE TA 446                                                                                                                                                     | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA446 - Jun 17</a>       |
| RED                          | Brentuximab vedotin ▼     | (Adcetris® ▼) | For treating relapsed or refractory systemic anaplastic large cell lymphoma in adults, only if they have an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1 - as per NICE TA 478 | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA478 - Oct 17</a>       |
| RED                          | Brexucabtagene autoleucel | Tecartus®     | relapsed or refractory B-cell acute lymphoblastic leukaemia in people 26 years and over                                                                                                                 | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA893 – June 2023</a>    |
| RED                          | Brigatinib                | (Alunbrig®)   | For treating ALK-positive advanced non-small-cell lung cancer in adults, after crizotinib - as per NICE TA 571                                                                                          | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA571 - Mar 19</a>       |
| RED                          | Brigatinib                | Alunbrig®     | ALK-positive advanced non-small-cell lung cancer that has not been previously treated with an ALK inhibitor                                                                                             | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA670 – January 2021</a> |
| RED                          | Brimapitide               |               | Acute sensorineural hearing loss                                                                                                                                                                        | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance.    |
| BLACK                        | Brimonidine tartrate gel  | (Mirvaso®)    | Treatment of facial erythema (rosacea)                                                                                                                                                                  | Not commissioned. No NHS prescribing in primary or secondary care                                                                        | NICE has not issued any guidance.    |
| RED                          | Brincidofovir             | ((CMX001))    | CMV infection                                                                                                                                                                                           | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance.    |
| ADVICE                       | Brivaracetam              | Briviact      | epilepsy as alternative to levetiracetam                                                                                                                                                                | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation | NICE has not issued any guidance.    |

| Traffic Light Classification | Drug Name                                       | Brand Name             | Indication (assume licenced unless stated)                                                  | Instructions for Prescriber                                                                                                                                                                                                                                         | NICE Guidance                         |
|------------------------------|-------------------------------------------------|------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| RED                          | Brodalumab                                      | ( <i>Kyntheum</i> ®)   | Moderate to severe plaque psoriasis - as per NICE TA 511                                    | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                                                                                      | <a href="#">TA511 - Mar 18</a>        |
| RED                          | Brolucizumab                                    | Beovu®                 | Wet age-related macular degeneration                                                        | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                                                                                      | <a href="#">TA672 – February 2021</a> |
| BLUE                         | Brolucizumab                                    | Beovu®                 | diabetic macular oedema                                                                     | NWICB are committed to fund positive NICE TA treatments. Awaiting clarification of place in pathway and commissioning arrangements. Further guidance will be issued when available. For all other treatments, formulary application and discussion will be required | <a href="#">TA820 – August 2022</a>   |
| BLACK                        | Bromocriptine                                   | ()                     | Pharmacological neuroprotective therapy in Parkinson's disease (Not a licensed indication). | Not commissioned. No NHS prescribing in primary or secondary care                                                                                                                                                                                                   | <a href="#">NG71 -Sep 17</a>          |
| BLACK                        | Bromocriptine mesilate                          | ( <i>Parlodel</i> ®)   | First-line use in Parkinson's disease - as per NICE NG 17                                   | Not commissioned. No NHS prescribing in primary or secondary care                                                                                                                                                                                                   | <a href="#">NG71 -Sep 17</a>          |
| ADVICE                       | Budenofalk                                      | ( <i>Budenofalk</i> ®) | Crohn's disease in adults                                                                   | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation                                                                                                                            | NICE has not issued any guidance.     |
| ADVICE                       | Budenofalk (Budesonide 3mg caps & 9mg granules) | ( <i>Budenofalk</i> ®) | Collagenous colitis in adults                                                               | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation                                                                                                                            | NICE has not issued any guidance.     |
| RED                          | Budesonide (oral viscous slurry)                | Pulmicort respules     | eosinophilic oesophagitis in paediatrics                                                    | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                                                                                      | NICE has not issued any guidance      |



| Traffic Light Classification | Drug Name                           | Brand Name                  | Indication (assume licenced unless stated)                                                                                                                                                            | Instructions for Prescriber                                                                                                                                                                                                                                                | NICE Guidance                     |
|------------------------------|-------------------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>BLACK</b>                 | Budesonide orodispersible tablets   | (Jorveza®)                  | Eosinophilic oesophagitis in adults - treatment for maintenance of remission                                                                                                                          | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                                                                                                                                                   | <a href="#">TA708 – June 2021</a> |
| <b>ADVICE</b>                | Budesonide orodispersible tablets   | (Jorveza®)                  | Eosinophilic oesophagitis in adults (GP may issue a SINGLE follow-up treatment (NOT for repeat) only if deemed necessary following assessment of response to initial treatment by given the hospital) | <b>Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation</b><br>Consultant/Specialist responsible for the first script.                                                                 | <a href="#">TA708 – June 2021</a> |
| <b>RED</b>                   | Budesonide orodispersible tablets   | (Jorveza®)                  | Eosinophilic oesophagitis in adults (first treatment with follow-up assessment of effectiveness by the hospital)                                                                                      | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                                                                                                      | <a href="#">TA708 – June 2021</a> |
| <b>RED</b>                   | Bulevirtide                         | Hepcludex®                  | chronic hepatitis D                                                                                                                                                                                   | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                                                                                                      | <a href="#">TA896 – June 2023</a> |
| <b>ADVICE</b>                | Buprenorphine (transdermal)         | (Butec®, Transtec® patches) | Patients with renal impairment (eGFR 15-30, CKD 4) who have an accumulation of opiates and a resulting potential for toxicity                                                                         | <b>Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation</b>                                                                                                                            | NICE has not issued any guidance. |
| <b>BLUE</b>                  | Buprenorphine Long-Acting Injection | Buvidal®)                   | opioid substitution treatment                                                                                                                                                                         | <b>NWICB are committed to fund positive NICE TA treatments. Awaiting clarification of place in pathway and commissioning arrangements. Further guidance will be issued when available. For all other treatments, formulary application and discussion will be required</b> | <a href="#">RMOC - April 2021</a> |
| <b>ADVICE</b>                | Bupropion                           | (Zyban®)                    | GP prescribable after consultant/specialist recommendation where the specialist is a smoking cessation adviser (level 2 or 3).                                                                        | <b>Formulary - Drugs that can be initiated by Prescriber in Primary Care</b>                                                                                                                                                                                               | <a href="#">NG92 - Mar 18</a>     |

| Traffic Light Classification | Drug Name                                   | Brand Name               | Indication (assume licenced unless stated)                                                                                                     | Instructions for Prescriber                                                                                    | NICE Guidance                        |
|------------------------------|---------------------------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------|
| <b>BLACK</b>                 | Bupropion                                   | (Zyban®)                 | ADHD and other mental health conditions                                                                                                        | Not commissioned. No NHS prescribing in primary or secondary care                                              | NICE has not issued any guidance.    |
| <b>RED</b>                   | Burosumab                                   | Crysvita®)               | X-linked hypophosphataemia in adults                                                                                                           | Prescribing to remain with the hospital or specialist service. No prescribing in primary care                  | <a href="#">TA993 – August 2024</a>  |
| <b>Double Red</b>            | Buspirone                                   | (Generics are available) | Augmentation of an antidepressant - as per NICE CG 90 - Do Not Do                                                                              | Not recommended for routine use                                                                                | <a href="#">CG90 - Oct 09</a>        |
| <b>RED</b>                   | Busulfan                                    | (Myleran®)               | All indications                                                                                                                                | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.    |
| <b>BLACK</b>                 | Butyrophenones (benperidol and haloperidol) | (Various)                | NICE Do Not Do - Use in Parkinson's disease - as per NG 71 (Not a licensed indication).                                                        | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">NG71 -Sep 17</a>         |
| <b>RED</b>                   | C1 Esterase Inhibitors                      |                          | Hereditary angioedema treatment and prophylaxis                                                                                                | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.    |
| <b>BLACK</b>                 | Cabazitaxel                                 | (Jevtana®)               | Hormone-refractory metastatic prostate cancer previously treated with a docetaxel-containing regimen - as per NICE TA 255                      | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA255 - May 12</a>       |
| <b>RED</b>                   | Cabazitaxel                                 | (Jevtana®)               | Metastatic hormone relapsed prostate cancer in people whose disease has progressed during or after docetaxel chemotherapy - as per NICE TA 391 | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA391 - Aug 16</a>       |
| <b>BLACK</b>                 | Cabergoline                                 | (Cabaser®)               | First-line use in Parkinson's disease - as per NICE NG 71 (Not a licensed indication).                                                         | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">NG71 -Sep 17</a>         |
| <b>RED</b>                   | Cabotegravir                                | Vocabria®                | with rilpivirine for treating HIV-1                                                                                                            | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA757 – January 2022</a> |

| Traffic Light Classification | Drug Name                                | Brand Name        | Indication (assume licenced unless stated)                                                                                                       | Instructions for Prescriber                                                                                           | NICE Guidance                         |
|------------------------------|------------------------------------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| <b>RED</b>                   | Cabozantinib                             | (Cometriq®)       | For treating medullary thyroid cancer - as per NICE TA 516                                                                                       | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA516 - Mar 18</a>        |
| <b>RED</b>                   | Cabozantinib                             | (Cabometyx®)      | Untreated advanced renal cell carcinoma in adults under defined circumstances - as per NICE TA 542                                               | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA542 - Oct 18</a>        |
| <b>RED</b>                   | Cabozantinib                             | Cabometyx®        | previously treated advanced hepatocellular carcinoma                                                                                             | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA849 – December 2022</a> |
| <b>BLACK</b>                 | Cabozantinib                             | Cabometyx®        | previously treated advanced differentiated thyroid cancer unsuitable for or refractory to radioactive iodine                                     | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | <a href="#">TA928 – November 2023</a> |
| <b>RED</b>                   | Cabozantinib                             | Cabometyx®        | with nivolumab for untreated advanced renal cell carcinoma                                                                                       | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA964 – April 2024</a>    |
| <b>RED</b>                   | Cabozantinib ▼                           | (Cabometyx® ▼)    | Previously treated advanced renal cell carcinoma in adults after vascular endothelial growth factor (VEGF)-targeted therapy - as per NICE TA 463 | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA463 - Aug 17</a>        |
| <b>RED</b>                   | Calcifidiol                              |                   | Inborn errors in primary bile acid synthesis                                                                                                     | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance.     |
| <b>BLACK</b>                 | Calcium and Ergocalciferol combi tablets | (Generic tablets) | Prevention of osteoporosis-related fractures and falls                                                                                           | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | NICE has not issued any guidance.     |
| <b>Double Red</b>            | Calcium channel blockers - various       | (Various)         | Treatment of cor pulmonale - as per NICE CG 101 - NICE Do Not Do                                                                                 | <b>Not recommended for routine use</b>                                                                                | <a href="#">CG101 - Jul 10</a>        |

| Traffic Light Classification | Drug Name                 | Brand Name     | Indication (assume licenced unless stated)                                                                                                                                                                             | Instructions for Prescriber                                                                                                              | NICE Guidance                      |
|------------------------------|---------------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| ADVICE                       | Canagliflozin ▼           | (Invokana® ▼)  | In combination therapy for treating type 2 diabetes - as per NICE TA 315                                                                                                                                               | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation | <a href="#">TA315 - Jun 14</a>     |
| ADVICE                       | Canagliflozin ▼           | (Invokana® ▼)  | As a 4th monotherapy option for treating type 2 diabetes - as per NICE TA 390                                                                                                                                          | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation | <a href="#">TA390 - May 16</a>     |
| BLACK                        | Canakinumab               | (Ilaris®)      | Treatment of gouty arthritis attacks and reducing the frequency of subsequent attacks - as per NICE TA 281 (terminated appraisal)                                                                                      | Not commissioned. No NHS prescribing in primary or secondary care                                                                        | <a href="#">TA281 - Apr 13</a>     |
| BLACK                        | Canakinumab               | (Ilaris®)      | Treatment of systemic juvenile idiopathic arthritis - as per NHS England policy (terminated appraisal)                                                                                                                 | Not commissioned. No NHS prescribing in primary or secondary care                                                                        | <a href="#">TA302 - Nov 13</a>     |
| BLACK                        | Cangrelor ▼               | (Kengrexal® ▼) | Treatment for reducing atherothrombotic events in people undergoing percutaneous coronary intervention or awaiting surgery requiring interruption of anti platelet therapy - as per NICE TA 351 (terminated appraisal) | Not commissioned. No NHS prescribing in primary or secondary care                                                                        | <a href="#">TA351 - Jul 15</a>     |
| RED                          | Cannabidiol               | Epidyolex®     | seizures caused by tuberous sclerosis complex                                                                                                                                                                          | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA873 – March 2023</a> |
| RED                          | Cannabidiol with clobazam | (Epidyolex®)   | Seizures associated with Dravet syndrome                                                                                                                                                                               | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA614 - Dec 19</a>     |
| RED                          | Cannabidiol with clobazam | (Epidyolex®)   | Seizures associated with Lennox–Gastaut syndrome                                                                                                                                                                       | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA615 - Dec 19</a>     |

| Traffic Light Classification | Drug Name                                            | Brand Name             | Indication (assume licenced unless stated)                                                                                                                                                                                                                                       | Instructions for Prescriber                                                                                           | NICE Guidance                         |
|------------------------------|------------------------------------------------------|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| <b>RED</b>                   | Cannabidiol with Dronabinol oromucosal spray         | (Sativex®)             | adult patients with moderate to severe spasticity due to multiple sclerosis (MS) who have not responded adequately to other anti-spasticity medication and who demonstrate clinically significant improvement in spasticity related symptoms during an initial trial of therapy. | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance.     |
| <b>BLACK</b>                 | Cannabis (all forms, including nabilone)             | (excluding sativex)    | All indications - as per local policy (July 2011) and PAC guidance Jan 2020                                                                                                                                                                                                      | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | NICE has not issued any guidance.     |
| <b>RED</b>                   | Capecitabine                                         | (Xeloda®)              | All indications                                                                                                                                                                                                                                                                  | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA191 - Apr 06</a>        |
| <b>RED</b>                   | Caplacizumab                                         | Cablivi®               | with plasma exchange and immunosuppression for treating acute acquired thrombotic thrombocytopenic purpura                                                                                                                                                                       | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA667 – December 2020</a> |
| <b>BLACK</b>                 | Capmatinib                                           | n/a                    | advanced non-small-cell lung cancer with MET exon 14 skipping                                                                                                                                                                                                                    | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | <a href="#">TA884 – May 2023</a>      |
| <b>RED</b>                   | Capsaicin transdermal patches (Qutenza®)             | (Qutenza®)             | Peripheral neuropathic pain in non-diabetic patients (specialist use only)                                                                                                                                                                                                       | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance.     |
| <b>Double Red</b>            | Carbamazepine                                        | (Tegretol®, Carbagen®) | Augmentation of an antidepressant - as per NICE CG 90 - Do Not Do (Not a licensed indication).                                                                                                                                                                                   | <b>Not recommended for routine use</b>                                                                                | <a href="#">CG90 - Oct 09</a>         |
| <b>RED</b>                   | Carfilzomib (®) with dexamethasone and lenalidomide) | Kyprolis®              | previously treated multiple myeloma                                                                                                                                                                                                                                              | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA695 – April 2021</a>    |
| <b>RED</b>                   | Carfilzomib ▼                                        | (Kyprolis® ▼)          | (with dexamethasone) for previously treated multiple myeloma where the patient has had only 1 previous therapy, which did not include bortezomib - as per NICE 457                                                                                                               | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA457 - Jul 17</a>        |

| Traffic Light Classification | Drug Name                                      | Brand Name      | Indication (assume licenced unless stated)                                                                        | Instructions for Prescriber                                                                                    | NICE Guidance                         |
|------------------------------|------------------------------------------------|-----------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------------------------------|
| RED                          | Carfilzomib ▼                                  | (Kyprolis® ▼)   | with dexamethasone for multiple myeloma in adults, only if they have had only 1 previous therapy                  | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | TA657 – November 2020                 |
| BLACK                        | Carfilzomib with daratumumab and dexamethasone | Kyprolis®       | relapsed or refractory multiple myeloma (terminated appraisal)                                                    | Not commissioned. No NHS prescribing in primary or secondary care                                              | TA841 – November 2022                 |
| RED                          | Carglumic acid                                 | (Carbaglu®)     | Treatment hyperammonaemia in urea cycle disorder                                                                  | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.     |
| BLACK                        | Carmustine implants                            | (Gliadel®)      | Treatment of recurrent glioblastoma multiforme - as per NICE TA 149 and NHS England policy (terminated appraisal) | Not commissioned. No NHS prescribing in primary or secondary care                                              | TA149 - Jun 08                        |
| BLACK                        | Casirivimab and Imdevimab                      | Ronapreve       | monoclonal antibody treatment for COVID-19                                                                        | Not commissioned. No NHS prescribing in primary or secondary care                                              | TA878 – March 2023, updated June 2023 |
| RED                          | Caspofungin                                    | (Cancidas®)     | Systemic candidiasis - - as per NHS England policy                                                                | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.     |
| RED                          | Catridecacog                                   | (NovoThirteen®) | Congenital factor XIII A-subunit deficiency                                                                       | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.     |
| RED                          | Ceftriaxone                                    | (Rocephin®)     | Cellulitis - as per local policy                                                                                  | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.     |
| RED                          | Cemiplimab                                     | (Libtayo®)      | Metastatic or locally advanced cutaneous squamous cell carcinoma                                                  | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | TA592 - Aug 19                        |
| BLACK                        | Cemiplimab                                     | Libtayo®        | untreated PD-L1-positive advanced or metastatic non-small-cell lung cancer (terminated appraisal)                 | Not commissioned. No NHS prescribing in primary or secondary care                                              | TA848 – December 2022                 |

| Traffic Light Classification | Drug Name                  | Brand Name                   | Indication (assume licenced unless stated)                                                                                       | Instructions for Prescriber                                                                                    | NICE Guidance                         |
|------------------------------|----------------------------|------------------------------|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------------------------------|
| <b>BLACK</b>                 | Cemiplimab                 | ( <i>Libtayo</i> ®)          | recurrent or metastatic cervical cancer (terminated appraisal)                                                                   | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA901 – June 2023</a>     |
| <b>RED</b>                   | Cemiplimab                 | Libtayo®                     | advanced cutaneous squamous cell carcinoma                                                                                       | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA802 – June 2022</a>     |
| <b>BLACK</b>                 | Cenegermin eye drops ▼     | ( <i>Oxervate</i> ▼)         | Treatment of moderate or severe neurotrophic keratitis - as per NICE TA 532                                                      | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA532 - July 18</a>       |
| <b>SCA</b>                   | <a href="#">Cenobamate</a> | Ontozry®                     | focal onset seizures in epilepsy                                                                                                 | Prescribe the drug and perform a basic level of monitoring, e.g. a standard annual review                      | <a href="#">TA753 – December 2021</a> |
| <b>RED</b>                   | Ceralifimod                | (( <i>ONO-4641</i> ))        | Multiple sclerosis                                                                                                               | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.     |
| <b>BLACK</b>                 | Cerebrotech Visor          | ( <i>Cerebrotech Visor</i> ) | For detecting stroke                                                                                                             | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">MIB165 - Dec 18</a>       |
| <b>RED</b>                   | Ceritinib                  | ( <i>Zykadia</i> ®)          | Anaplastic lymphoma kinase positive non-small-cell lung cancer in adults previously treated with crizotinib - as per NICE TA 395 | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA395 - Jun 16</a>        |
| <b>RED</b>                   | Ceritinib ▼                | ( <i>Zykadia</i> ® ▼)        | Untreated ALK-positive non-small-cell lung cancer in adults                                                                      | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA500 - Jan 18</a>        |
| <b>RED</b>                   | Cerliponase                | ( <i>Brineura</i> ®)         | Neuronal Ceroid Lipofuscinosis, type 2 (CLN2) from birth, also known as tripeptidyl peptidase 1 (TPP1) deficiency                | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">HST12 - Nov 2019</a>      |
| <b>RED</b>                   | Certolizumab pegol         | ( <i>Cimzia</i> ®)           | for rheumatoid arthritis not previously treated with DMARDs or after conventional DMARDs only have failed                        | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA375 - Jan 16</a>        |



| Traffic Light Classification | Drug Name                                 | Brand Name | Indication (assume licenced unless stated)                                                                                                                                                                       | Instructions for Prescriber                                                                                           | NICE Guidance                  |
|------------------------------|-------------------------------------------|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--------------------------------|
| <b>RED</b>                   | Certolizumab Pegol                        | (Cimzia®)  | Treatment of severe (non-radiographic) axial spondyloarthritis - as per NICE TA 383 and locally agreed pathway                                                                                                   | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA383 - Feb 16</a> |
| <b>RED</b>                   | Certolizumab pegol                        | (Cimizia®) | Ankylosing spondylitis - as per NICE TA 383 and locally agreed pathway                                                                                                                                           | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA383 - Feb 16</a> |
| <b>RED</b>                   | Certolizumab pegol                        | (Cimzia®)  | For treating moderate to severe plaque psoriasis in adults - as per NICE TA 574 and local treatment pathway                                                                                                      | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA574 - Apr 19</a> |
| <b>RED</b>                   | Certolizumab pegol (with and without MTX) | (Cimzia®)  | Active rheumatoid arthritis in adults after inadequate response or intolerance to other disease-modifying antirheumatic drugs (DMARDs) including at least one tumour necrosis factor-alpha (TNF-alpha) inhibitor | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA415 - Oct 16</a> |
| <b>RED</b>                   | Certolizumab pegol (with or without MTX)  | (Cimzia ®) | Psoriatic arthritis (including switching between treatments) after inadequate response to DMARDs - as per NICE TA 445 and locally agreed pathway                                                                 | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA445 - May 17</a> |
| <b>RED</b>                   | Cetuximab                                 | (Erbix®)   | Locally advanced squamous cell cancer of the head and neck - as per NICE TA 145 and NHS England policy                                                                                                           | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA145 - Jun 08</a> |
| <b>RED</b>                   | Cetuximab                                 | (Erbix®)   | Treatment of metastatic colorectal cancer after 1st-line chemotherapy - as per NICE TA 242 and NHS England policy                                                                                                | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA242 - Jan 12</a> |
| <b>RED</b>                   | Cetuximab                                 | (Erbix®)   | First-line treatment of metastatic colorectal cancer under specified circumstances                                                                                                                               | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA439 - Mar 17</a> |
| <b>RED</b>                   | Cetuximab                                 | (Erbix®)   | Recurrent or metastatic squamous cell head and neck cancer in adults only if started in the mouth - as per NICE TA 473 and NHS England policy                                                                    | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA473 - Aug 17</a> |

| Traffic Light Classification | Drug Name                               | Brand Name                        | Indication (assume licenced unless stated)                                                                                                          | Instructions for Prescriber                                                                                                              | NICE Guidance                       |
|------------------------------|-----------------------------------------|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| RED                          | Chenodeoxycholic acid                   | (Chenodeoxycholic acid sigma-tau) | Primary biliary cirrhosis                                                                                                                           | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance.   |
| RED                          | Chenodeoxycholic acid                   | (Chenodeoxycholic acid sigma-tau) | Cerebrotendinous xanthomatosis (CTX)                                                                                                                | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance.   |
| ADVICE                       | Chloral hydrate 500mg/5ml oral solution | n/a                               | off-label use in treatment of dystonia.                                                                                                             | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation | NICE has not issued any guidance.   |
| RED                          | Chlorambucil                            | (Leukeran®)                       | All indications                                                                                                                                     | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance.   |
| BLACK                        | Chlorhexidine Mouthwash                 | (Various)                         | prophylaxis against infective endocarditis to people at risk of infective endocarditis undergoing dental procedures - as per NICE CG 64 - Do Not Do | Not commissioned. No NHS prescribing in primary or secondary care                                                                        | <a href="#">CG64 - Jul 16</a>       |
| RED                          | Chlormethine gel                        | Ledaga®                           | mycosis fungoides-type cutaneous T-cell lymphoma                                                                                                    | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA720 – August 2021</a> |
| BLACK                        | Cholesterol and Simvastatin cream       | n/a                               | disseminated superficial actinic porokeratosis                                                                                                      | Not commissioned. No NHS prescribing in primary or secondary care                                                                        | NICE has not issued any guidance.   |
| RED                          | Cholic acid                             | (Orphacol®, Kolbam®)              | Inborn errors in primary bile acid synthesis                                                                                                        | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance.   |
| BLACK                        | Chondroitin                             | (Various)                         | Osteoarthritis - as per NICE CG 177 - Do Not Do                                                                                                     | Not commissioned. No NHS prescribing in primary or secondary care                                                                        | <a href="#">CG177 - Feb 14</a>      |

| Traffic Light Classification | Drug Name                   | Brand Name                                        | Indication (assume licenced unless stated)                                                                                                                                  | Instructions for Prescriber                                                                                                              | NICE Guidance                       |
|------------------------------|-----------------------------|---------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| ADVICE                       | Ciclosporin                 | (Ikervis®)                                        | Severe keratitis in adult patients with dry eye disease that has not improved despite treatment with tear substitutes (Consultant recommendation only) - as per NICE TA 369 | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation | <a href="#">TA369 - Dec 15</a>      |
| SCA                          | <a href="#">Ciclosporin</a> | (Various brands - to be specified by prescribers) | Rheumatic and dermatological diseases.                                                                                                                                      | Shared Care Agreement Level 2 - Prescribe the drug and perform a more intense level of monitoring, e.g. quarterly                        | <a href="#">NG100 - Jul 18</a>      |
| RED                          | Cidofovir                   | (Vistide®)                                        | Cytomegalovirus (CMV) infection                                                                                                                                             | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance.   |
| BLACK                        | Cilostazol                  | (Pletal®)                                         | Treatment of intermittent claudication in people with peripheral arterial disease - as per NICE TA 223                                                                      | Not commissioned. No NHS prescribing in primary or secondary care                                                                        | <a href="#">TA223 - May 11</a>      |
| BLACK                        | Ciltacabtagene autoleucel   | n/a                                               | relapsed or refractory multiple myeloma                                                                                                                                     | Not commissioned. No NHS prescribing in primary or secondary care                                                                        | <a href="#">TA889 – May 2023</a>    |
| RED                          | Cinacalcet                  | (Mimpara®)                                        | Refractory secondary hyperparathyroidism in patients with end-stage renal disease under specific criteria - as per NICE TA 117 and NHS England policy                       | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA117 - Jan 07</a>      |
| RED                          | Cinacalcet                  | (Mimpara®)                                        | Secondary hyperparathyroidism & parathyroid cancer - as per NHS England policy                                                                                              | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA117 - Jan 07</a>      |
| SCA                          | <a href="#">Cinacalcet</a>  | (Mimpara®)                                        | Primary hyperparathyroidism where parathyroidectomy is contraindicated, refused by patient or not suitable as per NHSE Commissioning Policy 16034/P                         | Shared Care Agreement Level 2 - Prescribe the drug and perform a more intense level of monitoring, e.g. quarterly                        | NICE has not issued any guidance.   |
| RED                          | Cipaglucosidase alfa        | Pombiliti®                                        | with miglustat for treating late-onset Pompe disease                                                                                                                        | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA912 – August 2023</a> |

| Traffic Light Classification | Drug Name                         | Brand Name                                              | Indication (assume licenced unless stated)                                      | Instructions for Prescriber                                                                                    | NICE Guidance                                           |
|------------------------------|-----------------------------------|---------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <b>Double Red</b>            | Ciprofibrate                      | <i>(Generics are available)</i>                         | Prevention of CVD - as per NICE CG 181 "Do Not Do" (Not a licensed indication). | Not recommended for routine use                                                                                | <a href="#">CG181 - Jul 14</a>                          |
| <b>RED</b>                   | Ciprofloxacin (inhalation)        | ()                                                      | Cystic Fibrosis                                                                 | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.                       |
| <b>RED</b>                   | Ciprofloxacin liposomal (inhaled) | ()                                                      | Cystic Fibrosis                                                                 | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.                       |
| <b>RED</b>                   | Cladribine                        | <i>(Mavenclad®; Leustat®; Litak®)</i>                   | Pulmonary Langerhans histiocytosis (Not a licensed indication).                 | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.                       |
| <b>RED</b>                   | Cladribine                        | <i>(Mavenclad®)</i>                                     | Relapsing-remitting multiple sclerosis - as per NICE TA616                      | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA616 – December 2019, updated May 2024</a> |
| <b>RED</b>                   | Clazakizumab                      |                                                         | Antibody medicated rejection                                                    | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.                       |
| <b>RED</b>                   | Clofarabine                       | <i>(Evoltra®)</i>                                       | Cancer (Various indications).                                                   | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.                       |
| <b>Double Red</b>            | Clomethiazole                     | <i>(Heminevrin®)</i>                                    | Community-based assisted alcohol withdrawal - as per NICE CG 115 - Do Not Do    | Not recommended for routine use                                                                                | <a href="#">CG115 - Feb 11</a>                          |
| <b>RED</b>                   | Clopidogrel                       | <i>(Plavix®, generics approved for use - Sept 2009)</i> | Prophylaxis pre-elective PCI                                                    | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.                       |

| Traffic Light Classification | Drug Name                           | Brand Name                                       | Indication (assume licenced unless stated)                                                             | Instructions for Prescriber                                                                                                                                                                                                             | NICE Guidance                     |
|------------------------------|-------------------------------------|--------------------------------------------------|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>Double Red</b>            | Clopidogrel                         | (Plavix®, generics approved for use - Sept 2009) | Primary prevention of CVD in T1 or T2 Diabetes - as per NG17 and NG 28 Do Not Do's                     | <b>Not recommended for routine use</b>                                                                                                                                                                                                  | <a href="#">NG17 - May 17</a>     |
| <b>Double Red</b>            | Clopidogrel                         | (Plavix®, generics approved for use - Sept 2009) | Primary prevention of CVD in T1 or T2 Diabetes - as per NG17 and NG 28 Do Not Do's                     | <b>Not recommended for routine use</b>                                                                                                                                                                                                  | <a href="#">NG28 - May 17</a>     |
| <b>ADVICE</b>                | Clopidogrel (with low dose aspirin) | (Plavix®, generics approved for use - Sept 2009) | Acute Coronary Syndrome without ST-segment elevation (NSTEMI) (with aspirin)                           | <b>Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation</b><br>Consultant responsible for the first script.                                         | <a href="#">TA80 - Jul 04</a>     |
| <b>ADVICE</b>                | Clopidogrel (with low dose aspirin) | (Plavix®, generics approved for use - Sept 2009) | Post elective percutaneous coronary intervention (PCI) - bare metal stent (Not a licensed indication). | <b>Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation</b><br>Consultant should prescribe for an initial period of in-patient stay.                | NICE has not issued any guidance. |
| <b>ADVICE</b>                | Clopidogrel (with low dose aspirin) | (Plavix®, generics approved for use - Sept 2009) | ST-elevation myocardial infarction (STEMI) (Not a licensed indication).                                | <b>Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation</b><br>Consultant should prescribe for an initial period of in patient stay; max one month. | NICE has not issued any guidance. |
| <b>RED</b>                   | Clozapine                           | (Clozaril®, Denzapine®, Zaponex®)                | Schizophrenia                                                                                          | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                                                                   | <a href="#">CG82 - Mar 09</a>     |

| Traffic Light Classification | Drug Name                                          | Brand Name                                           | Indication (assume licenced unless stated)                                                                     | Instructions for Prescriber                                                                                           | NICE Guidance                     |
|------------------------------|----------------------------------------------------|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>RED</b>                   | Cobicistat ▼                                       | (Tybost® ▼)                                          | Use as a booster in treatment of HIV positive adults and adolescents - as per NHS England policy               | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance. |
| <b>BLACK</b>                 | Cobimetinib ▼<br>(in combination with vemurafenib) | (Cotellic® ▼)                                        | Unresectable or metastatic BRAF V600 mutation-positive melanoma - as per NICE TA 414                           | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | <a href="#">TA414 - Oct 16</a>    |
| <b>RED</b>                   | Co-careldopa intestinal gel                        | (Duodopa® ▼)                                         | Severe Parkinson's disease inadequately controlled by other preparations - as per NHS England policy           | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance. |
| <b>RED</b>                   | Cochlear implants                                  | (Various)                                            | For children and adults with severe to profound deafness - specialist commissioned use only as per NHSE policy | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA566 - Mar 19</a>    |
| <b>Double Red</b>            | Codeine linctus                                    | generic                                              | Cough suppressant                                                                                              | <b>Not recommended for routine use</b>                                                                                | NICE has not issued any guidance  |
| <b>BLACK</b>                 | Co-enzyme Q10                                      | (Healthcrafts, Nature's Best, Lamb, Natrahealth etc) | All indications - as per NICE NG 71 & CG181 Do Not Do                                                          | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | <a href="#">CG181 - Jul 17</a>    |
| <b>BLACK</b>                 | Co-enzyme Q11                                      | (Healthcrafts, Nature's Best, Lamb, Natrahealth etc) | All indications - as per NICE NG 71 & CG181 Do Not Do                                                          | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | <a href="#">NG71 -Sep 17</a>      |
| <b>BLACK</b>                 | Colecalciferol (Vitamin D)                         | (Various)                                            | To increase adherence to statin treatment - as per NICE CG 181 - Do Not Do                                     | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | <a href="#">CG181 - Jul 14</a>    |



| Traffic Light Classification | Drug Name                                         | Brand Name                        | Indication (assume licenced unless stated)                                                                                                          | Instructions for Prescriber                                                                                                                                                                                                                    | NICE Guidance                     |
|------------------------------|---------------------------------------------------|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>ADVICE</b>                | Colesevelam HCl                                   | (Cholestagel®)                    | Third-line option for (unlicensed) use in bile salt malabsorption causing diarrhoea (for patients under the NNUH only) (Not a licensed indication). | <b>Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation</b><br>Consultant/Specialist should prescribe for an initial period of 8 weeks (for new patients). | NICE has not issued any guidance. |
| <b>Double Red</b>            | Colesevelam HCl ▼                                 | (Cholestagel® ▼)                  | Hypercholesterolaemia - as per NICE CG 181 Do Not Do                                                                                                | <b>Not recommended for routine use</b>                                                                                                                                                                                                         | <a href="#">CG181 - Jul 14</a>    |
| <b>Double Red</b>            | Colesevelam hydrochloride                         | (Cholestagel®)                    | Prevention of CVD, alone or added to a statin - as per NICE CG 181 - Do Not Do                                                                      | <b>Not recommended for routine use</b>                                                                                                                                                                                                         | <a href="#">CG181 - Jul 14</a>    |
| <b>RED</b>                   | Colestilan                                        | ()                                | Management of hyperphosphataemia in adults on renal dialysis                                                                                        | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                                                                          | NICE has not issued any guidance. |
| <b>Double Red</b>            | Colestipol hydrochloride                          | (Colestid®)                       | Prevention of CVD, alone or added to a statin - as per NICE CG 181 - Do Not Do (Not a licensed indication).                                         | <b>Not recommended for routine use</b>                                                                                                                                                                                                         | <a href="#">CG181 - Jul 14</a>    |
| <b>Double Red</b>            | Colestyramine                                     | (Questran®)                       | Prevention of CVD, alone or added to a statin - as per NICE CG 181 - Do Not Do (Not a licensed indication).                                         | <b>Not recommended for routine use</b>                                                                                                                                                                                                         | <a href="#">CG181 - Jul 14</a>    |
| <b>RED</b>                   | Colistimethate sodium (nebulised)                 | (Colomycin®, Promixin®)           | Pseudomonas lung infection in Cystic Fibrosis (new patients from 1st April 2013) - as per NHS England policy                                        | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                                                                          | <a href="#">TA276 - Mar 13</a>    |
| <b>SCA</b>                   | <a href="#">Colistimethate sodium (Nebulised)</a> | (Colomycin®, Promixin®)           | Ps. aeruginosa infection in non-Cystic Fibrosis bronchiectasis                                                                                      | <b>Prescribe the drug and perform a basic level of monitoring, e.g. a standard annual review</b>                                                                                                                                               | NICE has not issued any guidance. |
| <b>RED</b>                   | Colistimethate sodium Dry Powder Inhaler          | (Colobreathe® Dry Powder Inhaler) | Pseudomonas lung infection in cystic fibrosis - as per NICE TA 276 and NHS England policy                                                           | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                                                                          | <a href="#">TA276 - Mar 13</a>    |
| <b>BLACK</b>                 | Combination analgesics with caffeine              | ()                                | Pain relief                                                                                                                                         | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                                                                                                                       | NICE has not issued any guidance. |



| Traffic Light Classification | Drug Name                                        | Brand Name    | Indication (assume licenced unless stated)                                                                                   | Instructions for Prescriber                                                                                    | NICE Guidance                          |
|------------------------------|--------------------------------------------------|---------------|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <b>Double Red</b>            | Combination products - new co-drugs              | (Various)     | Various (Various indications).                                                                                               | Not recommended for routine use                                                                                | NICE has not issued any guidance.      |
| <b>RED</b>                   | Conestat alfa                                    | (Ruconest®)   | Hereditary angiodema - acute treatment only - as per NHS England policy .                                                    | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.      |
| <b>BLACK</b>                 | Co-proxamol                                      | (Distalgesic) | Pain - as per N&W DROP List (Not a licensed indication).                                                                     | Not commissioned. No NHS prescribing in primary or secondary care                                              | NICE has not issued any guidance.      |
| <b>RED</b>                   | Corneal epithelial cells (human) with stem cells | (Holoclar)    | (Holoclar for) Limbal stem cell deficiency after eye burns - as per NICE TA 467                                              | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA467 - Aug 17</a>         |
| <b>BLACK</b>                 | Crisaborole                                      |               | mild to moderate atopic dermatitis in people 2 years and older (terminated appraisal)                                        | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA701 – May 2021</a>       |
| <b>RED</b>                   | Crizanlizumab                                    | Adakveo®      | preventing sickle cell crises in sickle cell disease                                                                         | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA743 – November 2021</a>  |
| <b>RED</b>                   | Crizotinib                                       | (Xalkori®)    | ROS1-positive advanced non-small-cell lung cancer                                                                            | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA1021 – December 2024</a> |
| <b>RED</b>                   | Crizotinib ▼                                     | (Xalkori® ▼)  | Untreated anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer - as per NICE TA 406                       | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA406 - Sep 16</a>         |
| <b>RED</b>                   | Crizotinib ▼                                     | (Xalkori® ▼)  | Previously treated non-small-cell lung cancer associated with an anaplastic lymphoma kinase fusion gene - as per NICE TA 422 | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA422 - Dec 16</a>         |
| <b>RED</b>                   | Crovalimab                                       | Piasky®       | paroxysmal nocturnal haemoglobinuria in people 12 years and over                                                             | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA1019 – November 2024</a> |

| Traffic Light Classification | Drug Name                                     | Brand Name                 | Indication (assume licenced unless stated)                                                                                                                                 | Instructions for Prescriber                                                                                                                     | NICE Guidance                     |
|------------------------------|-----------------------------------------------|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>RED</b>                   | Cyclic Pyranopterin Monophosphate             |                            | Molybdenum cofactor deficiency                                                                                                                                             | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | NICE has not issued any guidance. |
| <b>BLACK</b>                 | Cycloidal vibration accessories (Vibro-pulse) | (Vibro-pulse® accessories) | Therapy for cellulitis, venous leg ulcers and lower limb oedema                                                                                                            | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                        | NICE has not issued any guidance. |
| <b>RED</b>                   | Cyclophosphamide                              | (Endoxana®)                | Use in Cancer                                                                                                                                                              | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | NICE has not issued any guidance. |
| <b>RED</b>                   | Cysteamine (Mercaptamine)                     | (Cystagon®; Procysbi®)     | Neuropathic cystinosis                                                                                                                                                     | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | NICE has not issued any guidance. |
| <b>ADVICE</b>                | Cytisinicline ▼                               | Cytisine                   | Smoking cessation. GP prescribable after consultant/specialist recommendation where the specialist is a smoking cessation adviser (level 2 or 3)                           | <b>Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation</b> |                                   |
| <b>ADVICE</b>                | Dabigatran                                    | (Pradaxa®)                 | Treatment and secondary prevention of pulmonary embolism as per NICE TA 327 (where warfarin is not appropriate - see Full Guidance)                                        | <b>Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation</b> | <a href="#">TA327 - Dec 14</a>    |
| <b>Double Red</b>            | Dabigatran                                    | (Pradaxa®)                 | Combined use with dual antiplatelet therapy in people who otherwise need anticoagulation, who have had an MI - as per NICE CG 172 - Do Not Do (Not a licensed indication). | <b>Not recommended for routine use</b>                                                                                                          | <a href="#">CG172 - Nov 13</a>    |
| <b>RED</b>                   | Dabigatran etexilate                          | (Pradaxa®)                 | Prevention of venous thromboembolism after hip or knee surgery in adults (as per NICE TA 157)                                                                              | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | <a href="#">TA157 - Sep 08</a>    |

| Traffic Light Classification | Drug Name                  | Brand Name                 | Indication (assume licenced unless stated)                                                                                                                  | Instructions for Prescriber                                                                                                                                                                                                 | NICE Guidance                     |
|------------------------------|----------------------------|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>ADVICE</b>                | Dabigatran etexilate       | (Pradaxa®)                 | Treatment and secondary prevention of proximal deep vein thrombosis in specified patient groups as per NICE TA 327 and local policy (see Full TAG Guidance) | <b>Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation</b><br>Consultant/Specialist should prescribe for an initial period of 3 weeks. | <a href="#">TA327 - Dec 14</a>    |
| <b>RED</b>                   | Dabigatran etexilate       | (Pradaxa®)                 | Treatment and secondary prevention of calf vein deep vein thrombosis (as per NICE TA 327)                                                                   | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                                                       | <a href="#">TA327 - Dec 14</a>    |
| <b>RED</b>                   | Dabrafenib                 | (Tafinlar®)                | plus trametinib for treating BRAF V600 mutation-positive advanced non-small-cell lung cancer                                                                | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                                                       | <a href="#">TA898 – June 2023</a> |
| <b>RED</b>                   | Dabrafenib                 | Finlee®                    | with trametinib for treating BRAF V600E mutation-positive glioma in children and young people aged 1 year and over                                          | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                                                       | <a href="#">TA977 – May 2024</a>  |
| <b>RED</b>                   | Dabrafenib ▼               | (Tafinlar® ▼)              | Treatment of unresectable or metastatic BRAF V600 mutation-positive melanoma (alone or with trametinib)                                                     | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                                                       | <a href="#">TA396 - Jun 16</a>    |
| <b>RED</b>                   | Dabrafenib with trametinib | (Tafinlar® with Mekinist®) | Adjuvant treatment of resected BRAF V600 mutation-positive melanoma - as per NICE TA 544                                                                    | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                                                       | <a href="#">TA544 - Oct 18</a>    |
| <b>RED</b>                   | Daclatasvir ▼              | (Daklinza® ▼)              | For treating chronic hepatitis C in adults (with sofosbuvir or peginterferon alfa, and with ribavirin) as per NICE TA 364                                   | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                                                       | <a href="#">TA364 - Nov 15</a>    |
| <b>BLACK</b>                 | Daclizumab                 | (Zinbryta®)                | Relapsing-remitting multiple sclerosis in adults - as per NICE TA 441 Specialist centre only - currently suspended                                          | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                                                                                                    | <a href="#">TA441 - Apr 17</a>    |

| Traffic Light Classification | Drug Name       | Brand Name   | Indication (assume licenced unless stated)                                       | Instructions for Prescriber                                                                                                                     | NICE Guidance                         |
|------------------------------|-----------------|--------------|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| <b>RED</b>                   | Dacomitinib     | (Vizimpro®)  | Untreated EGFR mutation-positive non-small-cell lung cancer                      | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | <a href="#">TA595 - Aug 19</a>        |
| <b>BLACK</b>                 | Danazol         | (Danol®)     | Heavy menstrual bleeding - as per NICE CG 44 - Do Not Do                         | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                        | <a href="#">CG44 - Aug 16</a>         |
| <b>RED</b>                   | Danicopan       | Voydeya®     | with ravulizumab or eculizumab for treating paroxysmal nocturnal haemoglobinuria | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | <a href="#">TA1010 – October 2024</a> |
| <b>ADVICE</b>                | Dapagliflozin   | (Forxiga®)   | Triple therapy for treating type 2 diabetes in adults - as per NICE TA 418       | <b>Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation</b> | <a href="#">TA418 - Nov 16</a>        |
| <b>BLACK</b>                 | Dapagliflozin   | (Forxiga®)   | With insulin for treating type 1 diabetes                                        | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                        | <a href="#">TA597 - Nov 19</a>        |
| <b>ADVICE</b>                | Dapagliflozin   | Forxiga®     | Chronic heart failure with reduced ejection fraction                             | <b>Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation</b> | <a href="#">TA679 – February 2021</a> |
| <b>ADVICE</b>                | Dapagliflozin   | Forxiga®     | chronic heart failure with preserved or mildly reduced ejection fraction         | <b>Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation</b> | <a href="#">TA902 – June 2023</a>     |
| <b>ADVICE</b>                | Dapagliflozin ▼ | (Forxiga® ▼) | Limited use in Type 2 diabetes mellitus - as per NICE TA 288                     | <b>Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation</b> | <a href="#">TA288 - Jun 13</a>        |

| Traffic Light Classification | Drug Name                                       | Brand Name   | Indication (assume licenced unless stated)                                                                   | Instructions for Prescriber                                                                                                              | NICE Guidance                         |
|------------------------------|-------------------------------------------------|--------------|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| <b>ADVICE</b>                | Dapagliflozin ▼                                 | (Forxiga® ▼) | As monotherapy for treating type 2 diabetes - as per NICE TA 390                                             | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation | <a href="#">TA390 - May 16</a>        |
| <b>BLACK</b>                 | Dapoxetine                                      | (Priligy®)   | For diagnosed premature ejaculation                                                                          | Not commissioned. No NHS prescribing in primary or secondary care                                                                        | NICE has not issued any guidance.     |
| <b>BLACK</b>                 | Daratumumab                                     | N/A          | with bortezomib, melphalan and prednisone for untreated multiple myeloma (terminated appraisal)              | Not commissioned. No NHS prescribing in primary or secondary care                                                                        | <a href="#">TA771 – February 2022</a> |
| <b>RED</b>                   | Daratumumab                                     | (Darzalex®)  | As monotherapy for treating relapsed and refractory multiple myeloma - as per NICE TA783                     | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA783 – April 2022</a>    |
| <b>RED</b>                   | Daratumumab                                     | (Darzalex®)  | with bortezomib and dexamethasone for previously treated multiple myeloma                                    | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA897 – June 2023</a>     |
| <b>RED</b>                   | Daratumumab                                     | Darzalex®    | with lenalidomide and dexamethasone for untreated multiple myeloma when a stem cell transplant is unsuitable | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA917 – October 2023</a>  |
| <b>RED</b>                   | Daratumumab                                     | Darzalex®)   | combination for treating newly diagnosed systemic amyloid light-chain amyloidosis                            | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA959 – March 2024</a>    |
| <b>RED</b>                   | Daratumumab                                     | Darzalex®    | in combination for untreated multiple myeloma when a stem cell transplant is suitable                        | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA763 – February 2022</a> |
| <b>RED</b>                   | Daratumumab (with bortezomib and dexamethasone) | (Darzalex®)  | Previously treated multiple myeloma •in people who have had 1 previous treatment - as per NICE TA 573        | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA573 - Apr 19</a>        |

| Traffic Light Classification | Drug Name                                         | Brand Name    | Indication (assume licenced unless stated)                                                                                    | Instructions for Prescriber                                                                                       | NICE Guidance                          |
|------------------------------|---------------------------------------------------|---------------|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <b>BLACK</b>                 | Daratumumab (with lenalidomide and dexamethasone) | n/a           | untreated multiple myeloma (terminated appraisal)                                                                             | Not commissioned. No NHS prescribing in primary or secondary care                                                 | <a href="#">TA634 – June 2020</a>      |
| <b>BLACK</b>                 | Daratumumab ▼                                     | (Darzalex® ▼) | (with lenalidomide and dexamethasone) for relapsed or refractory multiple myeloma - as per NICE TA 454 (terminated appraisal) | Not commissioned. No NHS prescribing in primary or secondary care                                                 | <a href="#">TA454 - Jul 17</a>         |
| <b>BLACK</b>                 | Daratumumab with pomalidomide and dexamethasone   | N/A           | relapsed or refractory multiple myeloma (terminated)                                                                          | Not commissioned. No NHS prescribing in primary or secondary care                                                 | <a href="#">TA726 – September 2021</a> |
| <b>RED</b>                   | Darbepoetin alfa                                  | (Aranesp®)    | Treatment of anaemia in people with cancer having chemotherapy - as per NICE TA 323                                           | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care    | <a href="#">TA323 - Nov 14</a>         |
| <b>RED</b>                   | Darbepoetin alfa                                  | (Aranesp®)    | Treatment of anaemia renal dialysis as per CG114                                                                              | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care    | <a href="#">CG114 - Nov 11</a>         |
| <b>SCA</b>                   | <a href="#">Darbepoetin alfa</a>                  | Aranesp®      | anaemia in chronic kidney disease                                                                                             | Shared Care Agreement Level 2 - Prescribe the drug and perform a more intense level of monitoring, e.g. quarterly | NICE has not issued any guidance.      |
| <b>RED</b>                   | Darolutamide                                      | Nubeqa®       | with androgen deprivation therapy for treating hormone-relapsed non-metastatic prostate cancer                                | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care    | <a href="#">TA660 – November 2020</a>  |
| <b>RED</b>                   | Darolutamide                                      | Nubeqa®       | with androgen deprivation therapy and docetaxel for treating hormone-sensitive metastatic prostate cancer                     | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care    | <a href="#">TA903 – June 2023</a>      |
| <b>RED</b>                   | Darunavir                                         | (Prezista®)   | HIV infection in combination with other antiretroviral drugs - as per BHIVA Guidelines                                        | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care    | NICE has not issued any guidance.      |



| Traffic Light Classification | Drug Name                            | Brand Name                     | Indication (assume licenced unless stated)                                                                        | Instructions for Prescriber                                                                                           | NICE Guidance                         |
|------------------------------|--------------------------------------|--------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| <b>RED</b>                   | Darunavir and Cobicistat (Rezolsta®) | (Rezolsta®)                    | HIV infection in combination with other antiretroviral drugs - as per BHIVA Guidelines                            | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance.     |
| <b>BLACK</b>                 | Darvadstrocel                        | (Alofisel®)                    | Complex perianal fistulas in adults with non-active or mildly active luminal Crohn's disease - as per NICE TA 556 | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | <a href="#">TA556 - Jan 19</a>        |
| <b>Double Red</b>            | Dasabuvir                            | (Exviera®)                     | Viral Hepatitis C                                                                                                 | <b>Not recommended for routine use</b>                                                                                | NICE has not issued any guidance.     |
| <b>RED</b>                   | Dasatinib                            | (Sprycel®)                     | Chronic myeloid leukaemia (CML) - as per NHS England policy                                                       | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA425 - Dec 16</a>        |
| <b>RED</b>                   | Dasatinib                            | (Sprycel®)                     | Untreated chronic-phase Philadelphia-chromosome-positive chronic myeloid leukaemia in adults - as per NICE TA 426 | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA426 - Dec 16</a>        |
| <b>BLACK</b>                 | Dasatinib                            | n/a                            | Philadelphia-chromosome-positive acute lymphoblastic leukaemia <b>(terminated appraisal)</b>                      | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | <a href="#">TA714 – July 2021</a>     |
| <b>BLACK</b>                 | Decitabine                           | (Dacogen®)                     | Acute Myeloid Leukaemia - as per NICE TA 270 <b>(terminated appraisal)</b>                                        | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | <a href="#">TA270 - Dec 12</a>        |
| <b>BLACK</b>                 | Decitabine                           | (Dacogen®)                     | Untreated acute myeloid leukaemia - as per NICE TA 548 <b>(terminated appraisal)</b>                              | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | <a href="#">TA548 - Dec 18</a>        |
| <b>BLACK</b>                 | Decitabine–ceda zuridine             | N/A                            | untreated acute myeloid leukaemia when intensive chemotherapy is unsuitable                                       | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | <a href="#">TA932 – November 2023</a> |
| <b>RED</b>                   | Deep Brain Stimulation (DBS)         | (Deep Brain Stimulation (DBS)) | Treatment of refractory epilepsy - as per NHS England policy                                                      | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance.     |
| <b>RED</b>                   | Deep Brain Stimulation (DBS)         | (Deep Brain Stimulation (DBS)) | Treatment of Chronic Neuropathic Pain as per NHS England policy                                                   | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance.     |



| Traffic Light Classification | Drug Name            | Brand Name   | Indication (assume licenced unless stated)                                                                                                    | Instructions for Prescriber                                                                                                              | NICE Guidance                     |
|------------------------------|----------------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>Double Red</b>            | Deferasirox          | (Exjade®)    | For blood transfusion related iron overload in patients with myelodysplastic syndrome (MDS) (Not a licensed indication).                      | Not recommended for routine use                                                                                                          | NICE has not issued any guidance. |
| <b>RED</b>                   | Deferasirox          | (Exjade®)    | Iron chelation in thalassaemia and sickle cell                                                                                                | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance. |
| <b>RED</b>                   | Deferasirox          | (Exjade®)    | Treatment of chronic iron overload due to frequent blood transfusions (but not for use in MDS) - as per NHS England policy                    | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance. |
| <b>Double Red</b>            | Deferiprone          | (Ferriprox®) | For blood transfusion related iron overload in patients with myelodysplastic syndrome (MDS) (Not a licensed indication).                      | Not recommended for routine use                                                                                                          | NICE has not issued any guidance. |
| <b>RED</b>                   | Deferiprone          | (Ferriprox®) | Chronic iron overload related to frequent blood transfusions (not for use in MDS) - as per NHS England policy                                 | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance. |
| <b>RED</b>                   | Deferiprone          | (Ferriprox®) | Iron chelation in thalassaemia and sickle cell                                                                                                | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance. |
| <b>RED</b>                   | Defibrotide          | (Defitelio®) | Treatment of hepatic veno-occlusive disease in adults and children undergoing haematopoietic stem cell transplant - as per NHS England policy | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance. |
| <b>RED</b>                   | Degarelix            | (Firmagon®)  | Advanced hormone-dependent prostate cancer - as per NICE TA 404                                                                               | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA404 - Aug 16</a>    |
| <b>ADVICE</b>                | DEKAs essential/plus |              | for use when recommended by specialists for patients with cystic fibrosis                                                                     | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation | NICE has not issued any guidance. |

| Traffic Light Classification | Drug Name                 | Brand Name   | Indication (assume licenced unless stated)                                                                               | Instructions for Prescriber                                                                                              | NICE Guidance                                         |
|------------------------------|---------------------------|--------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| <b>RED</b>                   | Delamanid                 | (Delyba®)    | Multidrug-Resistant and Extensively Drug-Resistant Tuberculosis - as per NHS England policy                              | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>    | NICE has not issued any guidance.                     |
| <b>BLACK</b>                 | Denosumab                 | (Prolia®)    | Treatment of therapy-induced bone loss in non-metastatic prostate cancer - as per NICE TA 194 (terminated appraisal)     | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                 | <a href="#">TA194 - Jan 14</a>                        |
| <b>SCA</b>                   | <a href="#">Denosumab</a> | (Prolia®)    | Prevention of osteoporotic fractures in postmenopausal women as per NICE TA 204                                          | <b>Shared Care Agreement Level 2 - Prescribe the drug and perform a more intense level of monitoring, e.g. quarterly</b> | <a href="#">TA204 - Oct 10</a>                        |
| <b>RED</b>                   | Denosumab                 | (Prolia®)    | Prevention of osteoporotic fractures in men                                                                              | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>    | NICE has not issued any guidance.                     |
| <b>BLACK</b>                 | Denosumab                 | (XGEVA®)     | Preventing skeletal-related events in multiple myeloma - as per NICE TA 549 (Not a licensed indication).                 | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                 | <a href="#">TA549 - Dec 18</a>                        |
| <b>RED</b>                   | Denosumab ▼               | (XGEVA® ▼)   | Prevention of skeletal-related events in adults with bone metastases from solid tumours                                  | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>    | <a href="#">TA265 - Oct 12</a>                        |
| <b>BLACK</b>                 | Deodorants (stoma)        | (Various)    | Odour management related to stoma                                                                                        | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                 | <a href="#">Norfolk and Waveney Fair Usage Policy</a> |
| <b>BLACK</b>                 | Depigmenting cream        | (Pigmanorm®) | Melasma (Chloasma)                                                                                                       | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                 | NICE has not issued any guidance.                     |
| <b>Double Red</b>            | Desferrioxamine           | (Desferal®)  | For blood transfusion related iron overload in patients with myelodysplastic syndrome (MDS) (Not a licensed indication). | <b>Not recommended for routine use</b>                                                                                   | NICE has not issued any guidance.                     |
| <b>RED</b>                   | Desferrioxamine mesilate  | (Desferal®)  | Anaemia related to chronic iron overload (not for use in MDS) - as per NHS England policy                                | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>    | NICE has not issued any guidance.                     |

| Traffic Light Classification | Drug Name                               | Brand Name                  | Indication (assume licenced unless stated)                                                                                                         | Instructions for Prescriber                                                                                    | NICE Guidance                          |
|------------------------------|-----------------------------------------|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------|
| RED                          | Desferrioxamine mesilate                | (Desferal®)                 | Iron chelation in thalassaemia and sickle cell                                                                                                     | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.      |
| Double Red                   | Desloratadine                           | (Generics are available)    | Allergy (not for NHS provision - self care recommended)                                                                                            | Not recommended for routine use                                                                                | NICE has not issued any guidance.      |
| RED                          | Deucravacitinib                         | SOTYKTU®                    | moderate to severe plaque psoriasis                                                                                                                | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA907 – June 2023</a>      |
| RED                          | Dexamethasone                           | n/a                         | To prevent prescribing in primary care as a treatment for covid-19                                                                                 | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.      |
| RED                          | Dexamethasone intravitreal implant      | (Ozurdex®)                  | Non-infectious uveitis in the posterior segment of the eye in adults - as per NICE TA 460                                                          | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA460 - Jul 17</a>         |
| RED                          | Dexamethasone intravitreal implant      | (Ozurdex®)                  | Treatment of diabetic macular oedema (DMO) in line with NICE TA824                                                                                 | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA824 – September 2022</a> |
| RED                          | Dexamethasone intravitreal implant ▼    | (Ozurdex®)                  | Macular oedema secondary to retinal vein occlusion - as per NICE TA 229                                                                            | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA229 - Jul 11</a>         |
| SCA                          | <a href="#">Dexamfetamine sulfate ▼</a> | (see Shared Care Agreement) | Narcolepsy in adults - All patients will be initiated by specialist centre in Cambridge. No new initiations in Norfolk and Waveney                 | Shared Care Agreement Level 1 - Prescribe the drug and perform a higher level of monitoring, e.g. 6-monthly    | NICE has not issued any guidance.      |
| SCA                          | <a href="#">Dexamfetamine sulfate ▼</a> | (Use generic)               | Attention Deficit Hyperactivity Disorder in Adults for new treatment of symptoms that can be confirmed from childhood (Not a licensed indication). | Shared Care Agreement Level 1 - Prescribe the drug and perform a higher level of monitoring, e.g. 6-monthly    | <a href="#">NG87 - Mar 18</a>          |

| Traffic Light Classification | Drug Name                                           | Brand Name               | Indication (assume licenced unless stated)                                                                                          | Instructions for Prescriber                                                                                                                                 | NICE Guidance                     |
|------------------------------|-----------------------------------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| SCA                          | Dexamfetamine sulfate ▼<br>(currently under review) | (Generic)                | Attention Deficit Hyperactivity Disorder in children and adolescents                                                                | Shared Care Agreement Level 3 - Prescribe the drug and perform significant monitoring including measurements such as height, weight, blood pressure and ECG | <a href="#">NG87 - Mar 18</a>     |
| BLACK                        | Dexamfetamine sulphate ▼                            | (Generics are available) | Chronic fatigue syndrome/myalgic encephalomyelitis (or encephalopathy) - as per NICE CG 53 - Do Not Do (Not a licensed indication). | Not commissioned. No NHS prescribing in primary or secondary care                                                                                           | <a href="#">CG53 - Aug 07</a>     |
| BLACK                        | Dexibuprofen                                        | (Seractil®)              | Analgesia / musculoskeletal pain                                                                                                    | Not commissioned. No NHS prescribing in primary or secondary care                                                                                           | NICE has not issued any guidance. |
| RED                          | Dexrazoxane (Cardioxane®)                           | (Cardioxane®)            | Anthracycline cardiotoxicity                                                                                                        | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                              | NICE has not issued any guidance. |
| RED                          | Dexrazoxane (Savene®)                               | (Savene®)                | Anthracycline extravasation                                                                                                         | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                              | NICE has not issued any guidance. |
| RED                          | Diaminopyridine (-3,4) (amifampridine base)         | (Generic)                | Treatment of myasthenias - as per NHS England policy (Not a licensed indication).                                                   | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                              | NICE has not issued any guidance. |
| RED                          | Diaminopyridine (-3,4) (amifampridine base)         | (Generic)                | Lambert Eaton Myasthenic Syndrome                                                                                                   | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                              | NICE has not issued any guidance. |
| Double Red                   | Diazepam                                            | (Generic)                | Chronic use for spasticity in adults with cerebral palsy - NICE Do Not Do as per NG 119                                             | Not recommended for routine use                                                                                                                             | <a href="#">NG119 - Jan 19</a>    |
| RED                          | Dibotermin alfa                                     | (InductOs®)              | Complex spinal surgery - as per NHS England Policy 16063/P                                                                          | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                              | NICE has not issued any guidance. |

| Traffic Light Classification | Drug Name                                         | Brand Name                                 | Indication (assume licenced unless stated)                                                                       | Instructions for Prescriber                                                                                                              | NICE Guidance                     |
|------------------------------|---------------------------------------------------|--------------------------------------------|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| RED                          | Diboterminalpha (RH bone morphogenetic protein-2) | (InductOs 12)                              | Acute tibial fractures with Grade IIIB fractures                                                                 | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance. |
| RED                          | Dichlorphenamide                                  |                                            | Primary hypo and hyperkalaemic periodic paralysis                                                                | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance. |
| Double Red                   | Diclofenac medicated plaster                      | (Flector Tissugel medicated plaster 140mg) | Pain relief                                                                                                      | Not recommended for routine use                                                                                                          | NICE has not issued any guidance. |
| Double Red                   | Dicycloverine                                     | (Generics available)                       | GI indications                                                                                                   | Not recommended for routine use                                                                                                          | NICE has not issued any guidance. |
| ADVICE                       | Diethylstilboestrol                               | various                                    | treatment of prostate cancer                                                                                     | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation | NICE has not issued any guidance. |
| RED                          | Difelikefalin                                     | Kapruvia®                                  | pruritus in people having haemodialysis                                                                          | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA890 – May 2023</a>  |
| Double Red                   | Digoxin                                           | (Generics available)                       | Cor pulmonale                                                                                                    | Not recommended for routine use                                                                                                          | <a href="#">CG101 - Jul 10</a>    |
| RED                          | Dimethyl fumarate (Skilarence®)                   | (Skilarence®)                              | Treatment of moderate to severe plaque psoriasis in adults - as per NICE TA 475 and locally commissioned pathway | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA475 - Sep 17</a>    |
| RED                          | Dimethyl Fumarate (Tecfidera®)                    | (Tecfidera®)                               | For treatment of adults with active relapsing-remitting multiple sclerosis (RRMS) - as per NICE TA 320           | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA320 - Aug 14</a>    |

| Traffic Light Classification | Drug Name                        | Brand Name               | Indication (assume licenced unless stated)                                                                                                                                                                                                                                            | Instructions for Prescriber                                                                                           | NICE Guidance                     |
|------------------------------|----------------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>RED</b>                   | Dinutuximab beta                 | (Qarziba®)               | High-risk neuroblastoma in people aged 12 months and over - as per NICE TA538                                                                                                                                                                                                         | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA538 - Aug 18</a>    |
| <b>BLACK</b>                 | Dipipanone 10mg / cyclizine 30mg | Diconal®)                | treatment of acute pain                                                                                                                                                                                                                                                               | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | NICE has not issued any guidance. |
| <b>RED</b>                   | Diroximel fumarate               | Vumerity®                | relapsing–remitting multiple sclerosis                                                                                                                                                                                                                                                | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA794 – June 2022</a> |
| <b>RED</b>                   | Disulfiram                       | (Generics are available) | Maintenance of abstinence in alcohol-dependent patients. Prescribing of treatments for alcohol misuse, including acamprosate and disulfiram (and also nalmefene) are the responsibility of the specialist since local alcohol misuse services are not commissioned from GPs practices | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">CG115 - Feb 11</a>    |
| <b>RED</b>                   | Docetaxel                        | (Taxotere®)              | Non-small cell lung cancer - as per NHS England policy                                                                                                                                                                                                                                | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance. |
| <b>RED</b>                   | Docetaxel                        | (Taxotere®)              | Substitute for paclitaxel causing peripheral neuropathy in ovarian cancer - as per NHS England policy (Not a licensed indication).                                                                                                                                                    | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance. |
| <b>RED</b>                   | Docetaxel                        | (Taxotere®)              | Advanced breast cancer - as per NICE CG 80                                                                                                                                                                                                                                            | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">CG80 - Feb 09</a>     |
| <b>RED</b>                   | Dolutegravir ▼                   | (Tivicay® ▼)             | (in combination with other antiretroviral drugs) Treatment of HIV-1 infection in adults and adolescents - as per NHS England policy                                                                                                                                                   | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance. |

| Traffic Light Classification | Drug Name                 | Brand Name                     | Indication (assume licenced unless stated)                                                                                                           | Instructions for Prescriber                                                                                           | NICE Guidance                      |
|------------------------------|---------------------------|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|------------------------------------|
| <b>RED</b>                   | Domagrozumab              |                                | Duchenne muscular dystrophy                                                                                                                          | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance.  |
| <b>SCA</b>                   | <a href="#">Donepezil</a> | (Aricept®; Generics available) | Mild to moderate Alzheimer's dementia as per NICE TA 217                                                                                             | <b>Prescribe the drug and perform a basic level of monitoring, e.g. a standard annual review</b>                      | <a href="#">TA217 - Mar 11</a>     |
| <b>RED</b>                   | Doravirine                | ()                             | HIV infection in combination with other antiretroviral drugs                                                                                         | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance.  |
| <b>RED</b>                   | Dornase alfa              | (Pulmozyme®)                   | Cystic fibrosis - as per NHS England policy                                                                                                          | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance.  |
| <b>BLACK</b>                 | Dornase alfa              | (Pulmozyme®)                   | Primary Ciliary Dyskinesia (Not a licensed indication).                                                                                              | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | NICE has not issued any guidance.  |
| <b>RED</b>                   | Dostarlimab               | Jemperli®                      | previously treated advanced or recurrent endometrial cancer with high microsatellite instability or mismatch repair deficiency                       | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA779 – March 2022</a> |
| <b>RED</b>                   | Dostarlimab               | Jemperli®                      | platinum-based chemotherapy for treating advanced or recurrent endometrial cancer with high microsatellite instability or mismatch repair deficiency | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA963 – April 2024</a> |
| <b>BLACK</b>                 | Dosulepin hydrochloride   | (Prothiaden®)                  | Depression - as per NICE CG 90 - Do Not Do                                                                                                           | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | <a href="#">CG90 - Oct 09</a>      |
| <b>Double Red</b>            | Doxepin                   | ()                             | Antidepressant                                                                                                                                       | <b>Not recommended for routine use</b>                                                                                | NICE has not issued any guidance.  |
| <b>Double Red</b>            | Doxepin                   | (Xepin)                        | Urticaria in dermatology                                                                                                                             | <b>Not recommended for routine use</b>                                                                                | NICE has not issued any guidance.  |



| Traffic Light Classification | Drug Name                                    | Brand Name              | Indication (assume licenced unless stated)                                                                                                                                                                   | Instructions for Prescriber                                                                                                                                                     | NICE Guidance                     |
|------------------------------|----------------------------------------------|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| RED                          | Doxorubicin HCl (pegylated liposomal) (PLDH) | (Caelyx)                | As monotherapy or with platinum for treatment of advanced recurrent ovarian cancer - as per NICE TA 389                                                                                                      | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                           | <a href="#">TA389 - Apr 16</a>    |
| ADVICE                       | Doxylamine succinate + Pyridoxine            | (Xonvea®)               | (with pyridoxine hydrochloride 10mg in a delayed-release formulation) for the treatment of nausea and vomiting in pregnancy in women who do not respond to conservative management (third-line option)       | <b>Only to be initiated in hospital. Can continue in primary care once patient is stable and treatment has been proven to be effective.</b> Not to be initiated in primary care | NICE has not issued any guidance. |
| RED                          | Dried Prothrombin (complex)                  | ()                      | Licensed indications incl treatment and peri-operative prophylaxis of haemorrhage in patients with congenital deficiency of factors II, VII, IX, or X if purified specific coagulation factors not available | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                           | NICE has not issued any guidance. |
| RED                          | Drisapersen                                  | ((PRO051 / GSK2402968)) | Duchenne Muscular Dystrophy                                                                                                                                                                                  | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                           | NICE has not issued any guidance. |
| SCA                          | <a href="#">Dronedarone</a>                  | (Multaq®)               | Non-permanent Atrial Fibrillation - for use only where amiodarone is contraindicated or has previously not been tolerated (except lung toxicity due to amiodarone)                                           | <b>Shared Care Agreement Level 2 - Prescribe the drug and perform a more intense level of monitoring, e.g. quarterly</b>                                                        | <a href="#">TA197 - Aug 10</a>    |
| ADVICE                       | Dulaglutide ▼                                | (Trulicity® ▼)          | Type 2 diabetes mellitus - third line option                                                                                                                                                                 | <b>Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation</b>                                 | NICE has not issued any guidance. |
| ADVICE                       | Duloxetine                                   | (Yentreve®)             | Moderate to Severe Stress Urinary Incontinence (SUI) - (but not first- line as per NICE CG 171 - Do Not Do)                                                                                                  | <b>Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation</b>                                 | <a href="#">CG171 - Oct 06</a>    |

| Traffic Light Classification | Drug Name        | Brand Name    | Indication (assume licenced unless stated)                                                                                                                           | Instructions for Prescriber                                                                                                                                                                                                                                         | NICE Guidance                          |
|------------------------------|------------------|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| BLUE                         | Dundee sunscreen | n/a           | photosensitivity disorders where the patient is sensitive to visible light, most commonly solar urticaria and porphyrias, particularly erythropoietic protoporphyria | NWICB are committed to fund positive NICE TA treatments. Awaiting clarification of place in pathway and commissioning arrangements. Further guidance will be issued when available. For all other treatments, formulary application and discussion will be required | NICE has not issued any guidance.      |
| RED                          | Dupilumab        | Dupixent®     | severe asthma with type 2 inflammation                                                                                                                               | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                                                                                      | <a href="#">TA751 – December 2021</a>  |
| BLACK                        | Dupilumab        | N/A           | eosinophilic oesophagitis in people 12 years and over                                                                                                                | Not commissioned. No NHS prescribing in primary or secondary care                                                                                                                                                                                                   | <a href="#">TA938 – December 2023</a>  |
| BLACK                        | Dupilumab        | N/A           | moderate to severe prurigo nodularis                                                                                                                                 | Not commissioned. No NHS prescribing in primary or secondary care                                                                                                                                                                                                   | <a href="#">TA955 – March 2024</a>     |
| RED                          | Dupilumab ▼      | (Dupixent® ▼) | For adults with severe atopic dermatitis who have failed to respond, or who are intolerant of or ineligible for all approved therapies - as per NICE TA 534          | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                                                                                      | <a href="#">TA534 - Aug 18</a>         |
| BLACK                        | Dupilumab ▼      | (Dupixent® ▼) | chronic rhinosinusitis with nasal polyps (terminated appraisal)                                                                                                      | Not commissioned. No NHS prescribing in primary or secondary care                                                                                                                                                                                                   | <a href="#">TA648 – September 2020</a> |
| RED                          | Dupilumab ▼      | (Dupixent® ▼) | Asthma                                                                                                                                                               | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                                                                                      | NICE has not issued any guidance.      |
| BLACK                        | Durvalumab       |               | in combination for untreated extensive-stage small-cell lung cancer (terminated appraisal)                                                                           | Not commissioned. No NHS prescribing in primary or secondary care                                                                                                                                                                                                   | <a href="#">TA662 – November 2020</a>  |

| Traffic Light Classification | Drug Name   | Brand Name  | Indication (assume licenced unless stated)                                                                                            | Instructions for Prescriber                                                                                    | NICE Guidance                          |
|------------------------------|-------------|-------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------|
| RED                          | Durvalumab  | Imfinzi®    | maintenance treatment of unresectable non-small-cell lung cancer after platinum-based chemoradiation                                  | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA798 – June 2022</a>      |
| RED                          | Durvalumab  | Imfinzi®    | with gemcitabine and cisplatin for treating unresectable or advanced biliary tract cancer                                             | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA944 – Jan 2024</a>       |
| RED                          | Durvalumab  | Imfinzi®    | with chemotherapy before surgery (neoadjuvant) then alone after surgery (adjuvant) for treating resectable non-small-cell lung cancer | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA1030 – January 2025</a>  |
| BLACK                        | Duvelisib   | N/A         | relapsed follicular lymphoma after 2 or more systemic therapies (terminated appraisal)                                                | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA717 – July 2021</a>      |
| BLACK                        | Duvelisib   | N/A         | relapsed or refractory chronic lymphocytic leukaemia after 2 or more treatments (terminated appraisal)                                | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA811 – July 2022</a>      |
| RED                          | Ecallantide | (Kalbitor®) | Hereditary angiodema - acute treatment only                                                                                           | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.      |
| BLACK                        | Eculizumab  | (Soliris®)  | treating refractory myasthenia gravis (terminated appraisal)                                                                          | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA636 – June 2020</a>      |
| BLACK                        | Eculizumab  | (Soliris®)  | relapsing neuromyelitis optica (terminated appraisal)                                                                                 | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA647 – September 2020</a> |
| RED                          | Eculizumab  | (Soliris®)  | C3 glomerulopathy (post transplant) - as per NHSE policy (Not a licensed indication).                                                 | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.      |
| RED                          | Eculizumab  | (Soliris®)  | Paroxysmal nocturnal haemoglobinuria                                                                                                  | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.      |

| Traffic Light Classification | Drug Name     | Brand Name   | Indication (assume licenced unless stated)                                                                                                                                      | Instructions for Prescriber                                                                                                                                                                                                 | NICE Guidance                     |
|------------------------------|---------------|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>RED</b>                   | Eculizumab    | (Soliris®)   | Treatment of refractory antibody mediated rejection post kidney transplant - as per NHS England policy (Not a licensed indication).                                             | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                                                       | NICE has not issued any guidance. |
| <b>RED</b>                   | Eculizumab    | (Soliris®)   | Atypical haemolytic uremic syndrome (aHUS)                                                                                                                                      | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                                                       | <a href="#">HST1 - Jan 2015</a>   |
| <b>RED</b>                   | Edasalonexent |              | Duchenne muscular dystrophy                                                                                                                                                     | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                                                       | NICE has not issued any guidance. |
| <b>ADVICE</b>                | Edoxaban ▼    | (Lixiana® ▼) | Treatment and secondary prevention of pulmonary embolism as per NICE TA 354 (where warfarin is not appropriate - see Full Guidance)                                             | <b>Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation</b>                                                                             | <a href="#">TA354 - Aug 15</a>    |
| <b>ADVICE</b>                | Edoxaban ▼    | (Lixiana® ▼) | Treatment and prevention of proximal deep vein thrombosis in specified patient groups (see Full Guidance)                                                                       | <b>Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation</b><br>Consultant/Specialist should prescribe for an initial period of 3 weeks. | <a href="#">TA354 - Aug 15</a>    |
| <b>RED</b>                   | Edoxaban ▼    | (Lixiana® ▼) | Treatment of calf vein deep vein thrombosis (as per NICE TA 354)                                                                                                                | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                                                       | <a href="#">TA354 - Aug 15</a>    |
| <b>Double Red</b>            | Edoxaban ▼    | (Lixiana® ▼) | Combined use with with dual antiplatelet therapy in people who otherwise need anticoagulation, who have had an MI - as per NICE CG 172 - Do Not Do (Not a licensed indication). | <b>Not recommended for routine use</b>                                                                                                                                                                                      | <a href="#">CG172 - Nov 13</a>    |

| Traffic Light Classification | Drug Name               | Brand Name     | Indication (assume licenced unless stated)                                                                       | Instructions for Prescriber                                                                                    | NICE Guidance                          |
|------------------------------|-------------------------|----------------|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <b>RED</b>                   | Edtratide               | ((hCDR1))      | Systemic lupus erythematosus (SLE)                                                                               | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.      |
| <b>BLACK</b>                 | Efalex                  | (Efalex)       | Dyslexia - (Not a licensed indication).                                                                          | Not commissioned. No NHS prescribing in primary or secondary care                                              | NICE has not issued any guidance.      |
| <b>RED</b>                   | Efavirenz               | (Sustiva®)     | HIV infection in combination with other antiretroviral drugs                                                     | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.      |
| <b>RED</b>                   | Efraloctocog alfa ()    | ()             | Haemophilia A - as per NHS England policy SSC1652                                                                | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.      |
| <b>RED</b>                   | Eftrenonacog alfa ()    | ()             | Haemophilia B - as per NHS England SSC1652                                                                       | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.      |
| <b>RED</b>                   | Eladocagene exuparvovec | Upstaza®       | aromatic L-amino acid decarboxylase deficiency                                                                   | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">HST26 – April 2023</a>     |
| <b>RED</b>                   | Elafibranor             | Iqirvo®        | previously treated primary biliary cholangitis                                                                   | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA1016 – November 2024</a> |
| <b>RED</b>                   | Elbasvir-grazoprevir ▼  | (Zepatier® ▼)  | Genotype 1 or 4 chronic hepatitis C in adults - as per NICE TA 413                                               | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA413 - Oct 16</a>         |
| <b>BLACK</b>                 | Electronic cigarettes   | (e-cigarettes) | Tobacco dependence / smoking reduction or cessation - as per Public Health guidance (Not a licensed indication). | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">NG92 - Mar 18</a>          |

| Traffic Light Classification | Drug Name          | Brand Name     | Indication (assume licenced unless stated)                                                                                    | Instructions for Prescriber                                                                                                                                                                                                                                         | NICE Guidance                          |
|------------------------------|--------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| RED                          | Eliglustat ▼       | (Cerdelga® ▼)  | Treatment of Type 1 Gaucher disease                                                                                           | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                                                                                      | <a href="#">HST5 - Jun 17</a>          |
| RED                          | Elosulfase alpha ▼ | (Vimizim® ▼)   | Treatment of Mucopolysaccharidosis IV Type A (MPS IVA) (Morquio A syndrome) - as per NHS England policy                       | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                                                                                      | <a href="#">HST19 - April 2022</a>     |
| BLACK                        | Elotuzumab ▼       | (Empliciti® ▼) | Multiple myeloma - as per NICE TA 434 (Terminated appraisal)                                                                  | Not commissioned. No NHS prescribing in primary or secondary care                                                                                                                                                                                                   | <a href="#">TA434 - Mar 17</a>         |
| RED                          | Elranatamab        | Elrexio®       | relapsed and refractory multiple myeloma after 3 or more treatments                                                           | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                                                                                      | <a href="#">TA1023 – December 2024</a> |
| RED                          | Eltrombopag        | (Revolade®)    | Treatment of chronic immune (idiopathic) thrombocytopenic purpura - as per NICE TA 293                                        | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                                                                                      | <a href="#">TA293 - Jul 13</a>         |
| RED                          | Eltrombopag        | (Revolade®)    | ITP in children                                                                                                               | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                                                                                      | <a href="#">TA293 - Jul 13</a>         |
| BLACK                        | Eltrombopag        | (Revolade®)    | Severe aplastic anaemia refractory to immunosuppressive therapy - as per NICE TA 382 (terminated appraisal)                   | Not commissioned. No NHS prescribing in primary or secondary care                                                                                                                                                                                                   | <a href="#">TA382 - Jan 16</a>         |
| BLUE                         | Eltrombopag        | (Revolade®)    | Thrombocytopenia which affects the initiation or maintenance of optimal interferon therapy in adults with chronic Hepatitis C | NWICB are committed to fund positive NICE TA treatments. Awaiting clarification of place in pathway and commissioning arrangements. Further guidance will be issued when available. For all other treatments, formulary application and discussion will be required | NICE has not issued any guidance.      |

| Traffic Light Classification | Drug Name                                         | Brand Name                    | Indication (assume licenced unless stated)                                                       | Instructions for Prescriber                                                                                                              | NICE Guidance                           |
|------------------------------|---------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| RED                          | Elvitegravir                                      | (Part of Genvoya®; Stribild®) | HIV infection in combination with other antiretroviral drugs - as per NHS England Policy 16043/P | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance.       |
| RED                          | Elvitegravir/cobicistat/emtricitabine/tenofovir ▼ | (Stribild® ▼)                 | HIV infection - as per NHS England policy 16043/P                                                | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance.       |
| RED                          | Elvucitabine                                      | ()                            | HIV infection in combination with other antiretroviral drugs                                     | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance.       |
| RED                          | Emapalumab                                        |                               | Haemophagocytic lymphohistiocytosis                                                              | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance.       |
| RED                          | Emicizumab                                        |                               | As per BCSH guidelines for specialised indications                                               | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance.       |
| BLACK                        | Empagliflozin                                     | (Jardiance ▼)                 | treating type 2 diabetes in people 10 to 17 years (terminated appraisal)                         | Not commissioned. No NHS prescribing in primary or secondary care                                                                        | <a href="#">TA1006 – September 2024</a> |
| ADVICE                       | Empagliflozin                                     | Jardiance®                    | chronic heart failure with reduced ejection fraction                                             | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation | <a href="#">TA773 – March 2022</a>      |
| ADVICE                       | Empagliflozin                                     | Jardiance®                    | chronic heart failure with preserved or mildly reduced ejection fraction                         | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation | <a href="#">TA929 – November 2023</a>   |
| ADVICE                       | Empagliflozin ▼                                   | (Jardiance® ▼)                | In combination therapy for treating type 2 diabetes - as per NICE TA 336                         | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation | <a href="#">TA336 - Mar 15</a>          |



| Traffic Light Classification | Drug Name                                         | Brand Name    | Indication (assume licenced unless stated)                                                                                                | Instructions for Prescriber                                                                                                              | NICE Guidance                        |
|------------------------------|---------------------------------------------------|---------------|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| <b>ADVICE</b>                | Empagliflozin ▼                                   | (Jardiance ▼) | As 4th line monotherapy option for treating type 2 diabetes - as per NICE TA 390                                                          | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation | <a href="#">TA390 - May 16</a>       |
| <b>RED</b>                   | Emricasan                                         | ()            | Non alcoholic steatohepatitis (NASH) fibrosis                                                                                             | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance.    |
| <b>RED</b>                   | Emtricitabine                                     | (Emtriva®)    | HIV infection in combination with other antiretroviral drugs                                                                              | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance.    |
| <b>RED</b>                   | Emtricitabine and tenofovir                       | (Truvada®)    | HIV infection in combination with other antiretroviral drugs                                                                              | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance.    |
| <b>RED</b>                   | Emtricitabine and Tenofovir alafenamide fumarate  | (Descovy®)    | HIV infection in combination with other antiretroviral drugs                                                                              | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance.    |
| <b>RED</b>                   | Emtricitabine, Rilpivirine, tenofovir alafenamide | (Odefsey®)    | HIV infection in combination with other antiretroviral drugs - as per NHSE policy                                                         | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance.    |
| <b>RED</b>                   | Encorafenib                                       | (Braftovi®)   | (with binimetinib (Mektovi®)) for treating unresectable or metastatic BRAF V600 mutation-positive melanoma in adults - as per NICE TA 562 | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA562 - Feb 19</a>       |
| <b>RED</b>                   | Encorafenib                                       | Braftovi®     | Plus cetuximab for previously treated BRAF V600E mutation-positive metastatic colorectal cancer                                           | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA668 – January 2021</a> |
| <b>BLACK</b>                 | Enfortumab vedotin                                | N/A           | previously treated locally advanced or metastatic urothelial cancer (terminated appraisal)                                                | Not commissioned. No NHS prescribing in primary or secondary care                                                                        | <a href="#">TA797 – June 2022</a>    |

| Traffic Light Classification | Drug Name    | Brand Name   | Indication (assume licenced unless stated)                                                                              | Instructions for Prescriber                                                                                    | NICE Guidance                       |
|------------------------------|--------------|--------------|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------|
| <b>RED</b>                   | Enfuvirtide  | (Fuzeon®)    | HIV infection in combination with other antiretroviral drugs                                                            | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.   |
| <b>RED</b>                   | Entecavir    | (Baraclude®) | Chronic hepatitis B - as per NHS England policy                                                                         | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">CG165 - Jun 13</a>      |
| <b>RED</b>                   | Entrectinib  | Rozlytrek®)  | ROS1-positive advanced non-small-cell lung cancer                                                                       | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA643 – August 2020</a> |
| <b>RED</b>                   | Entrectinib  | Rozlytrek®)  | NTRK fusion-positive solid tumours                                                                                      | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA644 – August 2020</a> |
| <b>RED</b>                   | Enzalutamide | (Xtandi®)    | Metastatic hormone relapsed prostate cancer previously treated with a docetaxel-containing regimen - as per NICE TA 316 | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA316 - Jul 14</a>      |
| <b>RED</b>                   | Enzalutamide | (Xtandi®)    | Metastatic hormone-relapsed prostate cancer before chemotherapy is indicated - as per NICE TA 377                       | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA377 - Jan 16</a>      |
| <b>BLACK</b>                 | Enzalutamide |              | non-metastatic prostate cancer after radical prostatectomy or radiotherapy                                              | Not for prescribing in primary or secondary care                                                               | <a href="#">TA994 – August 2024</a> |
| <b>RED</b>                   | Enzalutamide | Xtandi®      | hormone-sensitive metastatic prostate cancer                                                                            | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA712 – July 2021</a>   |
| <b>RED</b>                   | Epcoritamab  | Tepkinly®    | relapsed or refractory diffuse large B-cell lymphoma after 2 or more systemic treatments                                | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA954 – March 2024</a>  |
| <b>BLACK</b>                 | Epifix®      | (Epifix®)    | Chronic wounds (A licensed indication).                                                                                 | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">MIB139 - Jan 18</a>     |

| Traffic Light Classification | Drug Name                                          | Brand Name                     | Indication (assume licenced unless stated)                                          | Instructions for Prescriber                                                                                    | NICE Guidance                          |
|------------------------------|----------------------------------------------------|--------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <b>BLACK</b>                 | Epinephrine (Adrenaline) inhaler (Primatene Mist®) | (Primatene Mist®)              | Asthma - reliever therapy (Not a licensed indication).                              | Not commissioned. No NHS prescribing in primary or secondary care                                              | NICE has not issued any guidance.      |
| <b>RED</b>                   | Eplontersen                                        | Wainzua®                       | hereditary transthyretin-related amyloidosis                                        | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA1020 – November 2024</a> |
| <b>RED</b>                   | Epoetin alpha, beta, theta and zeta                |                                | Dialysis-induced anaemia (renal dialysis only)                                      | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.      |
| <b>BLACK</b>                 | Epoprostenol                                       | (Flolan®)                      | Acute respiratory distress syndrome (ARDS) (Not a licensed indication).             | Not commissioned. No NHS prescribing in primary or secondary care                                              | NICE has not issued any guidance.      |
| <b>RED</b>                   | Epoprostenol (prostacyclin)                        | (Flolan®)                      | Primary pulmonary hypertension - as per NHS England policy - specialist centre only | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.      |
| <b>RED</b>                   | Epratuzumab                                        | (Epratucyn®)                   | Systemic lupus erythematosus (SLE)                                                  | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.      |
| <b>RED</b>                   | Eprodiasate                                        | (Kiacta® (formerly Fibrillex)) | Amyloidosis                                                                         | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.      |
| <b>RED</b>                   | Eptifibatide                                       | (Integrilin®)                  | Prevention of MI in unstable angina - as per NICE TA 47                             | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA47 - Sep 02</a>          |
| <b>RED</b>                   | Eptinezumab                                        | VYEPTI®                        | preventing migraine                                                                 | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA871 – March 2023</a>     |

| Traffic Light Classification | Drug Name                             | Brand Name | Indication (assume licenced unless stated)                                                                                                                                                                                                    | Instructions for Prescriber                                                                                                                                                                                                                                         | NICE Guidance                      |
|------------------------------|---------------------------------------|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| <b>RED</b>                   | Eptotermin alfa                       | ()         | Complex spinal surgery                                                                                                                                                                                                                        | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                                                                                               | NICE has not issued any guidance.  |
| <b>RED</b>                   | Erectile dysfunction drugs            | (Various)  | Severe distress from erectile dysfunction seeking treatment on the NHS                                                                                                                                                                        | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                                                                                               | NICE has not issued any guidance.  |
| <b>BLUE</b>                  | Erenumab                              | Aimovig®   | Preventing migraine                                                                                                                                                                                                                           | NWICB are committed to fund positive NICE TA treatments. Awaiting clarification of place in pathway and commissioning arrangements. Further guidance will be issued when available. For all other treatments, formulary application and discussion will be required | <a href="#">TA682 – March 2021</a> |
| <b>ADVICE</b>                | Ergocalciferol / Vitamin D Injections |            | Vitamin D deficiency                                                                                                                                                                                                                          | <b>Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation</b>                                                                                                                     | NICE has not issued any guidance.  |
| <b>RED</b>                   | Eribulin                              | (Halaven®) | Locally advanced or metastatic breast cancer after 2 or more chemotherapy regimens only when it has progressed after at least 2 chemotherapy regimens (which may include an anthracycline or a taxane, and capecitabine) - as per NICE TA 423 | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                                                                                               | <a href="#">TA423 - Dec 16</a>     |
| <b>RED</b>                   | Eribulin                              | (Halaven®) | Treatment of locally advanced or metastatic breast cancer - as per NICE TA 423 and NHS England policy                                                                                                                                         | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                                                                                               | <a href="#">TA423 - Dec 16</a>     |
| <b>BLACK</b>                 | Eribulin                              | (Halaven®) | Locally advanced or metastatic breast cancer after 1 chemotherapy regimen - as per NICE TA 515                                                                                                                                                | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                                                                                                                                            | <a href="#">TA515 - Mar 18</a>     |

| Traffic Light Classification | Drug Name                              | Brand Name                        | Indication (assume licenced unless stated)                                                                                                              | Instructions for Prescriber                                                                                                                     | NICE Guidance                     |
|------------------------------|----------------------------------------|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>BLACK</b>                 | Erlotinib                              | (Tarceva®)                        | Monotherapy for maintenance treatment of non-small-cell lung cancer as per NICE TA 227 and NHS England policy                                           | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                        | <a href="#">TA227 - Jun 11</a>    |
| <b>RED</b>                   | Erlotinib                              | (Tarceva®)                        | First-line treatment of locally advanced or metastatic EGFR-TK mutation-positive non-small-cell lung cancer - as per NICE TA 258 and NHS England policy | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | <a href="#">TA258 - Jun 12</a>    |
| <b>BLACK</b>                 | Erlotinib                              | (Tarceva®)                        | Treatment of non-small-cell lung cancer (NSCLC) as per NICE TA 374 - as per NHS England policy                                                          | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                        | <a href="#">TA374 - Dec 15</a>    |
| <b>BLACK</b>                 | Erlotinib                              | (Tarceva®)                        | Treating locally advanced or metastatic NSCLC that doesn't test positive for the EGFR TK mutation (as per NICE TA 374) (Not a licensed indication).     | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                        | <a href="#">TA374 - Dec 15</a>    |
| <b>ADVICE</b>                | Ertugliflozin                          | (Steglatro®)                      | As monotherapy or with metformin for treating type 2 diabetes - as per NICE TA 572                                                                      | <b>Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation</b> | <a href="#">TA572 - Mar 19</a>    |
| <b>RED</b>                   | Erythropoietin (epoetin / darbepoetin) | (Various)                         | Treatment of anaemia in people with cancer having chemotherapy - as per NICE TA 323 and NHS England policy                                              | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | <a href="#">TA323 - Nov 14</a>    |
| <b>RED</b>                   | Erythropoietin / Epoetin               | (Eprex)                           | Treatment of transfusion-dependent anaemia in myelodysplasia                                                                                            | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | NICE has not issued any guidance. |
| <b>RED</b>                   | Erythropoietin / Epoetin               | (Eprex®, NeoRecormon® and others) | Dialysis-induced anaemia                                                                                                                                | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | <a href="#">CG114 - Nov 11</a>    |
| <b>Double Red</b>            | Erythropoietin / Epoetin               | (Eprex®, NeoRecormon® and others) | Anaemia in renal failure pre-dialysis.                                                                                                                  | <b>Not recommended for routine use</b>                                                                                                          | <a href="#">NG8 - Jun 15</a>      |

| Traffic Light Classification | Drug Name              | Brand Name                            | Indication (assume licenced unless stated)                                             | Instructions for Prescriber                                                                                                              | NICE Guidance                         |
|------------------------------|------------------------|---------------------------------------|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| <b>BLACK</b>                 | Esketamine             | Spravato®                             | nasal spray for treatment-resistant depression                                         | Not commissioned. No NHS prescribing in primary or secondary care                                                                        | <a href="#">TA854 – December 2022</a> |
| <b>BLACK</b>                 | Esketamine             | Spravato®                             | major depressive disorder in adults at imminent risk of suicide (terminated appraisal) | Not commissioned. No NHS prescribing in primary or secondary care                                                                        | <a href="#">TA899 – June 2023</a>     |
| <b>BLACK</b>                 | Eslicarbazepine        | Zebinix®                              | Epilepsy                                                                               | Not commissioned. No NHS prescribing in primary or secondary care                                                                        | NICE has not issued any guidance.     |
| <b>BLACK</b>                 | Eslicarbazepine        | Zebinix®                              | Trigeminal neuralgia                                                                   | Not commissioned. No NHS prescribing in primary or secondary care                                                                        | NICE has not issued any guidance.     |
| <b>ADVICE</b>                | Esomeprazole           | (Generic)                             | Limited use where other PPI options have been ineffective; Barrett's oesophagus        | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation | NICE has not issued any guidance.     |
| <b>Double Red</b>            | Esomeprazole           | (Nexium®, Emozul®, Generic available) | First line PPI option for licensed indications -                                       | Not recommended for routine use                                                                                                          | NICE has not issued any guidance.     |
| <b>BLACK</b>                 | Estradiol / Dienogest  | (Qlaira®)                             | Contraception                                                                          | Not commissioned. No NHS prescribing in primary or secondary care                                                                        | NICE has not issued any guidance.     |
| <b>RED</b>                   | Estramustine phosphate | (Estracyt®)                           | All indications                                                                        | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance.     |
| <b>BLACK</b>                 | Etamsylate             | (Dicynene®)                           | Heavy menstrual bleeding - as per NICE CG 44 and the BNF                               | Not commissioned. No NHS prescribing in primary or secondary care                                                                        | <a href="#">NG88 - Mar 18</a>         |
| <b>RED</b>                   | Etanercept             | (Enbrel® / Benepali® ▼)               | Psoriasis - as per NICE TA 103 and the local treatment pathway                         | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA103 - Jul 06</a>        |

| Traffic Light Classification | Drug Name  | Brand Name                | Indication (assume licenced unless stated)                                                                                                      | Instructions for Prescriber                                                                                    | NICE Guidance                     |
|------------------------------|------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------------------|
| RED                          | Etanercept | (Enbrel® / Benepali® ▼)   | Rheumatoid arthritis - after other DMARDs including a TNF inhibitor - as per NICE TA 195 and local policy                                       | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA195 - Aug 10</a>    |
| RED                          | Etanercept | (Enbrel® / Benepali® ▼)   | Active and progressive psoriatic arthritis - as per NICE 199 and local policy                                                                   | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA199 - Aug 10</a>    |
| RED                          | Etanercept | (Enbrel® / Benepali® ▼)   | Idiopathic juvenile arthritis - polyarticular, psoriatic and enthesitis-related JIA as per NICE TA 373 and NHS England policy                   | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA373 - Dec 15</a>    |
| RED                          | Etanercept | (Enbrel® / Benepali® ▼)   | For rheumatoid arthritis not previously treated with DMARDs or after conventional DMARDs only have failed - as per NICE TA 375 and local policy | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA375 - Jan 16</a>    |
| RED                          | Etanercept | (Enbrel® / Benepali® ▼)   | Ankylosing spondilitis - as per NICE TA 383                                                                                                     | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA383 - Feb 16</a>    |
| RED                          | Etanercept | (Enbrel® / Benepali® ▼)   | Axial spondyloarthritis (severe, non-radiographic) where NSAIDs not effective or not tolerated - as per NICE TA 383 and local policy            | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA383 - Feb 16</a>    |
| RED                          | Etanercept | (Enbrel® / Benepali® ▼)   | Plaque psoriasis in children and young people - as per NICE TA 455                                                                              | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA455 - Jul 17</a>    |
| RED                          | Etanercept | various, plus biosimilars | moderate rheumatoid arthritis after conventional DMARDs have failed                                                                             | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA715 – July 2021</a> |
| RED                          | Etanercept | (Enbrel® / Benepali® ▼)   | Behcet's Disease (Not a licensed indication).                                                                                                   | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance. |



| Traffic Light Classification | Drug Name                       | Brand Name    | Indication (assume licenced unless stated)                                                                | Instructions for Prescriber                                                                                                                                                                         | NICE Guidance                      |
|------------------------------|---------------------------------|---------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| RED                          | Etelcalcetide ▼                 | (Parsabiv® ▼) | Secondary hyperparathyroidism in adults with chronic kidney disease on haemodialysis - as per NICE TA 448 | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                      | <a href="#">TA448 - Jun 17</a>     |
| RED                          | Eteplirsen                      | (Exondys 51)  | Duchenne Muscular Dystrophy                                                                               | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                      | NICE has not issued any guidance.  |
| ADVICE                       | Ethambutol                      | various       | Non-TB related mycobacterium infections                                                                   | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation<br>Consultant responsible for the first script.            | NICE has not issued any guidance.  |
| BLACK                        | Etilefrine                      |               | Priapism in sickle cell crisis                                                                            | Not commissioned. No NHS prescribing in primary or secondary care                                                                                                                                   | NICE has not issued any guidance.  |
| ADVICE                       | Etonogestrel / ethinylestradiol | (NuvaRing®)   | Medium acting reversible contraception where oral and transdermal options are not suitable                | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation<br>Consultant/Specialist responsible for the first script. | NICE has not issued any guidance.  |
| RED                          | Etoposide                       | (Vepesid®)    | All indications                                                                                           | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                      | NICE has not issued any guidance.  |
| RED                          | Etranacogene dezaparvovec       | Hemgenix®     | moderately severe or severe haemophilia B                                                                 | Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                                       | <a href="#">TA989 – July 2024</a>  |
| RED                          | Etrasimod                       | Velsipity     | moderately to severely active ulcerative colitis in people aged 16 and over                               | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                      | <a href="#">TA956 - March 2024</a> |

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|------------------------------|-------------|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>RED</b>                   | Etravirine  | (Intelligence)        | HIV infection in combination with other antiretroviral drugs                                                                                              | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance. |
| <b>RED</b>                   | Etrolizumab | ((RG7413))            | Paediatric indications (IBD) where adult TA available                                                                                                     | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance. |
| <b>BLACK</b>                 | Everolimus  | (Certican®)           | Treatment for preventing organ rejection in liver transplantation - as per NICE TA 348                                                                    | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA348 - Jul 15</a>    |
| <b>RED</b>                   | Everolimus  | (Afinitor®)           | (with exemestane) for advanced HER2-negative, hormone-receptor-positive breast cancer in postmenopausal women - as per NICE TA 421 and NHS England policy | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA421 - Dec 16</a>    |
| <b>RED</b>                   | Everolimus  | (Afinitor tablets® ▼) | 2nd line for advanced renal cell carcinoma - as per NICE TA 432                                                                                           | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA432 - Feb 17</a>    |
| <b>RED</b>                   | Everolimus  | (Afinitor®)           | Unresectable or metastatic neuroendocrine tumours in people with progressive disease in adults - as per NICE TA 449                                       | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA449 - Jun 17</a>    |
| <b>BLACK</b>                 | Everolimus  | (Certican®)           | Initial treatment to prevent organ rejection in adults, children and young people having a kidney transplant - as per NICE TAs 481 & 482                  | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA481 - Oct 17</a>    |
| <b>BLACK</b>                 | Everolimus  | (Certican®)           | Initial treatment to prevent organ rejection in adults, children and young people having a kidney transplant - as per NICE TAs 481 & 482                  | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA482 - Oct 17</a>    |
| <b>RED</b>                   | Everolimus  | (Votubia®)            | Subependymal giant cell astrocytoma (SEGA) associated with tubular sclerosis                                                                              | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance. |

| Traffic Light Classification | Drug Name                | Brand Name   | Indication (assume licenced unless stated)                                                                   | Instructions for Prescriber                                                                                                              | NICE Guidance                           |
|------------------------------|--------------------------|--------------|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| RED                          | Everolimus               | (Votubia®)   | Renal angiomyolipoma associated with tubular sclerosis                                                       | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance.       |
| RED                          | Evinacumab               |              | Homozygous familial hypercholesterolaemia                                                                    | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance.       |
| RED                          | Evinacumab               | Evkeeza®     | homozygous familial hypercholesterolaemia in people 12 years and over                                        | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA1002 – September 2024</a> |
| RED                          | Evolocumab               | (Repatha® ▼) | Homozygous familial hypercholesterolaemia                                                                    | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance.       |
| RED                          | Evolocumab ▼             | (Repatha® ▼) | For treating primary hypercholesterolaemia and mixed dyslipidaemia - as per NICE TA 394                      | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA394 - Jun 16</a>          |
| RED                          | Exagamglogene autotemcel | Casgevy®     | transfusion-dependent beta-thalassaemia in people 12 years and over                                          | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA1003 – September 2024</a> |
| ADVICE                       | Exemestane               | (Aromasin®)  | Adjuvant treatment of oestrogen-receptor-positive early breast cancer - as per NICE TA 112 and CG80/81       | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation | <a href="#">TA112 - Nov 06</a>          |
| ADVICE                       | Exemestane               | (Aromasin®)  | Advanced breast cancer in postmenopausal women in whom anti-oestrogen therapy has failed - as per NICE CG 81 | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation | NICE has not issued any guidance.       |

| Traffic Light Classification | Drug Name                                                                                   | Brand Name                | Indication (assume licenced unless stated)                                                                                                                | Instructions for Prescriber                                                                                                              | NICE Guidance                     |
|------------------------------|---------------------------------------------------------------------------------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| ADVICE                       | Exenatide                                                                                   | (Byetta®)                 | Co-use with insulin under specified criteria for T2DM - as per local policy                                                                               | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation | NICE has not issued any guidance. |
| ADVICE                       | Exenatide                                                                                   | (Byetta® and Bydureon® ▼) | 3rd line use in Type 2 diabetes with metformin + sulphonylurea - as per NICE CG 28                                                                        | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation | <a href="#">NG28 - Dec 15</a>     |
| ADVICE                       | Exenatide (prolonged-release)                                                               | (Bydureon®)               | in combination with oral antidiabetic therapy for type-2 diabetes - as per NICE TA 248                                                                    | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation | <a href="#">TA248 - Feb 12</a>    |
| RED                          | Ex-vivo expanded autologous human corneal epithelial cells containing stem cells (Holoclar) |                           | Treatment of adult patients with moderate to severe limbal stem cell deficiency (LSCD), unilateral or bilateral, due to physical or chemical ocular burns | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA467 - Aug 17</a>    |
| RED                          | Factor IX                                                                                   |                           | Specialist indications                                                                                                                                    | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance. |
| RED                          | Factor VII                                                                                  |                           | Specialist indications                                                                                                                                    | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance. |
| RED                          | Factor VIIA                                                                                 | NovoSeven                 | Specialist indications                                                                                                                                    | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance. |
| RED                          | Factor VIII                                                                                 | NovoEight®                | Specialist indications                                                                                                                                    | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance. |

| Traffic Light Classification | Drug Name                                       | Brand Name | Indication (assume licenced unless stated)                                                                              | Instructions for Prescriber                                                                                    | NICE Guidance                            |
|------------------------------|-------------------------------------------------|------------|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------------------|
| RED                          | Factor VIII and IX                              | (Various)  | Deficiency states (A licensed indication).                                                                              | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.        |
| RED                          | Factor X (Coagadex)                             |            | Hereditary factor X deficiency                                                                                          | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.        |
| RED                          | Factor XIII                                     |            | Specialist indications                                                                                                  | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.        |
| RED                          | FactorR VIII Inhibitor Bypassing Factor (FEIBA) |            | Specialist indications                                                                                                  | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.        |
| BLACK                        | Fampridine                                      | (Fampyra®) | Improvement of walking in adults with Multiple Sclerosis with walking disability (EDSS 4-7) - as per NHS England policy | Not commissioned. No NHS prescribing in primary or secondary care                                              | NICE has not issued any guidance.        |
| BLACK                        | Farco-fill Protect                              |            | Indwelling urinary catheterisation                                                                                      | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">MIB 121 – September 2017</a> |
| RED                          | Faricimab                                       | Vabysmo®   | visual impairment caused by macular oedema after retinal vein occlusion                                                 | Prescribing to remain with the hospital or specialist service. No prescribing in primary care                  | <a href="#">TA1004 – September 2024</a>  |
| RED                          | Faricimab                                       | Vabysmo®   | diabetic macular oedema                                                                                                 | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA799 – June 2022</a>        |
| RED                          | Faricimab                                       | Vabysmo®   | wet age-related macular degeneration                                                                                    | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA800 – June 2022</a>        |
| RED                          | Fedratinib                                      | Inrebic®   | disease-related splenomegaly or symptoms in myelofibrosis                                                               | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA1018 – November 2024</a>   |

| Traffic Light Classification | Drug Name                                      | Brand Name                                                                 | Indication (assume licenced unless stated)                                                                                                | Instructions for Prescriber                                                                                           | NICE Guidance                     |
|------------------------------|------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>RED</b>                   | Fenfluramine                                   | Fintepla®                                                                  | seizures associated with Dravet syndrome                                                                                                  | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA808 – July 2022</a> |
| <b>Double Red</b>            | Fenofibrate                                    | ( <i>Lipantil®</i> ; <i>Supralip®</i> ; <i>Cholib®</i> )                   | Prevention of CVD - as per NICE CG 181 "Do Not Do" (Not a licensed indication).                                                           | <b>Not recommended for routine use</b>                                                                                | <a href="#">CG181 - Jul 14</a>    |
| <b>Double Red</b>            | Fentanyl I-R - buccal tabs, loz, nasal sprays  | ( <i>Effentora®</i> , <i>Actiq®</i> , <i>Instanyl®</i> , <i>PecFent®</i> ) | (Acute) breakthrough pain in cancer                                                                                                       | <b>Not recommended for routine use</b>                                                                                | <a href="#">CG140 - July 12</a>   |
| <b>RED</b>                   | Fentanyl I-R sublingual tabs (Abstral®)        | ( <i>Abstral®</i> )                                                        | 3rd line option for (Acute) breakthrough pain in cancer as part of an agreed pathway of care                                              | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance. |
| <b>Double Red</b>            | Ferric maltol (Feraccru®)                      | ( <i>Feraccru®</i> )                                                       | Treatment of iron-deficiency anaemia in adults (see separate Red entry regarding use in IBD)                                              | <b>Not recommended for routine use</b>                                                                                | NICE has not issued any guidance. |
| <b>RED</b>                   | Ferric maltol (Feraccru®)                      | ( <i>Feraccru®</i> )                                                       | Treatment of iron-deficiency anaemia in adults with Inflammatory Bowel Disease that are intolerant of at least 2 other oral iron products | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance. |
| <b>RED</b>                   | Fibrin sealants                                | ( <i>Fibrin sealants</i> )                                                 | Haemostatic / tissue glue                                                                                                                 | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance. |
| <b>RED</b>                   | Fibrinogen, dried (Human)                      | 0                                                                          | Treatment of haemorrhage in congenital hypofibrinogenaemia or afibrinogenaemia - as per BCSH guidelines                                   | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance. |
| <b>RED</b>                   | Fibroblast growth factor 1 (FGF1) gene therapy | 0                                                                          | All indications                                                                                                                           | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance. |

| Traffic Light Classification | Drug Name    | Brand Name   | Indication (assume licenced unless stated)                                                                                                                                                          | Instructions for Prescriber                                                                                                                     | NICE Guidance                         |
|------------------------------|--------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| <b>ADVICE</b>                | Fidaxomicin  | (Dificlor®)  | Treatment of mild to moderate C. difficile infection (CDI) in patients who have had two previous episodes in the last 3 months under consultant microbiologist recommendation - as per local policy | <b>Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation</b> | NICE has not issued any guidance.     |
| <b>RED</b>                   | Filgotinib   | Jyseleca®)   | Moderate to severe rheumatoid arthritis                                                                                                                                                             | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | <a href="#">TA676 – February 2021</a> |
| <b>RED</b>                   | Filgotinib   | ()           | Paediatric indications (where adult TA available) - specialist centres only                                                                                                                         | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | NICE has not issued any guidance.     |
| <b>RED</b>                   | Filgotinib   | Jyseleca®    | moderately to severely active ulcerative colitis                                                                                                                                                    | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | <a href="#">TA792 – June 2022</a>     |
| <b>RED</b>                   | Filgrastim   | ()           | Barth Syndrome - specialist centres only                                                                                                                                                            | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | NICE has not issued any guidance.     |
| <b>RED</b>                   | Filgrastim   | (Various ▼)  | Reduction in the duration of neutropenia and the incidence of febrile neutropenia in patients treated with established cytotoxic chemotherapy for malignancy - as per NHS England policy            | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | NICE has not issued any guidance.     |
| <b>Double Red</b>            | Filibuvir    | ()           | Viral Hepatitis (B&C) and Respiratory Syncytial Virus                                                                                                                                               | <b>Not recommended for routine use</b>                                                                                                          | NICE has not issued any guidance.     |
| <b>RED</b>                   | Fingolimod ▼ | (Gilenya® ▼) | Highly active relapsing remitting multiple sclerosis as per NICE TA 254                                                                                                                             | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | <a href="#">TA254 - Apr 12</a>        |
| <b>RED</b>                   | Fingolimod ▼ | (Gilenya® ▼) | Highly active, or rapidly evolving severe, relapsing-remitting multiple sclerosis outside NICE TA 254                                                                                               | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | <a href="#">TA254 - Apr 12</a>        |



| Traffic Light Classification | Drug Name                                   | Brand Name                                  | Indication (assume licenced unless stated)                                                                                                           | Instructions for Prescriber                                                                                                                     | NICE Guidance                     |
|------------------------------|---------------------------------------------|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>BLACK</b>                 | Fish oils (omega-3 fatty acids)             | (e.g. Omacor®, Maxepa®, Equazen®)           | Prevention of CVD, alone or added to a statin - as per NICE CG 181 - Do Not Do                                                                       | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                        | <a href="#">CG181 - Jul 14</a>    |
| <b>BLACK</b>                 | Fish oils (omega-3 fatty acids)             | (Various - e.g. Equazen®, Omacor®, Maxepa®) | Treatment of attention deficit hyperactivity disorder (ADHD) (Not a licensed indication).                                                            | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                        | NICE has not issued any guidance. |
| <b>RED</b>                   | Fitusiran                                   |                                             | Haemophilia A and B                                                                                                                                  | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | NICE has not issued any guidance. |
| <b>BLACK</b>                 | Flavoxate hydrochloride                     | (Urispas®)                                  | Overactive bladder and urinary incontinence in women - as per NICE CG 171 - Do Not Do                                                                | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                        | <a href="#">CG171 - Nov 15</a>    |
| <b>BLACK</b>                 | Fluconazole (Oral)                          | (Generics available)                        | Vaginal candidiasis <b>in pregnancy</b> - as per NICE CG 62 - Do Not Do (Not a licensed indication).                                                 | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                        | <a href="#">CG62 - Jan 17</a>     |
| <b>RED</b>                   | Fludarabine                                 | (Fludara®)                                  | B-cell Chronic Lymphocytic Leukaemia - 2nd line treatment - as per NICE TA 29                                                                        | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | <a href="#">TA29 - Sep 01</a>     |
| <b>BLACK</b>                 | Fludarabine                                 | (Fludara®)                                  | B-cell Chronic Lymphocytic Leukaemia - 1st line treatment - as per NICE TA 119                                                                       | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                        | <a href="#">TA119 - Feb 07</a>    |
| <b>ADVICE</b>                | Fludroxycortide tape                        | (previously Haelan)                         | Adjunctive therapy for chronic, localised, recalcitrant dermatoses that may respond to topical corticosteroids and particularly dry, scaling lesions | <b>Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation</b> | NICE has not issued any guidance  |
| <b>BLACK</b>                 | Fludroxycortide tape                        | (previously Haelan)                         | All unlicensed uses including hypertrophic scars and keloids                                                                                         | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                        | NICE has not issued any guidance  |
| <b>RED</b>                   | Fluocinolone acetonide intravitreal implant | (Iluvien®)                                  | Recurrent non-infectious uveitis                                                                                                                     | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | <a href="#">TA590 - Jul 19</a>    |

| Traffic Light Classification | Drug Name                                          | Brand Name                                 | Indication (assume licenced unless stated)                                                                                                                                                                                                            | Instructions for Prescriber                                                                                           | NICE Guidance                      |
|------------------------------|----------------------------------------------------|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|------------------------------------|
| <b>RED</b>                   | Fluocinolone acetonide intravitreal implant        | (Iluvien®)                                 | chronic diabetic macular oedema                                                                                                                                                                                                                       | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA953 – March 2024</a> |
| <b>RED</b>                   | Fluoride supplements - Toothpaste; dental products | (Duraphat 0.619% DPF; 1.1% DPF Toothpaste) | Prevention of dental caries in at-risk patients (where the specialist is a dentist)                                                                                                                                                                   | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance.  |
| <b>BLACK</b>                 | Folic acid                                         | (Generics are available)                   | Secondary prevention of MI / reduce cardiovascular risk post MI - as per NICE CG 172 - Do Not Do (Not a licensed indication).                                                                                                                         | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | <a href="#">CG172 - Nov 13</a>     |
| <b>BLACK</b>                 | Folic Acid                                         | (Generics are available)                   | For preventing hypertensive disorders during pregnancy - as per NICE CG 107 - Do Not Do (Not a licensed indication).                                                                                                                                  | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | <a href="#">CG107 - Aug 10</a>     |
| <b>RED</b>                   | Fomepizole                                         | (Antizol®)                                 | Methanol and ethylene glycol poisoning ( <b>Poison Centre prescribing only</b> )                                                                                                                                                                      | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance.  |
| <b>RED</b>                   | Fondaparinux sodium                                | (Arixtra®)                                 | Treatment of unstable angina or non-ST segment elevation myocardial infarction (UA/NSTEMI) in adults for whom urgent (< 120 mins) invasive management i.e. percutaneous coronary intervention (PCI) is not indicated - as per regional network policy | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">CG94 - Mar 10</a>      |
| <b>BLACK</b>                 | Fondaparinux sodium                                | (Arixtra®)                                 | Prophylaxis of venous thromboembolism in those undergoing major orthopaedic surgery of the legs - as per NICE DoNotDo recommendation                                                                                                                  | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | <a href="#">NG89 - Mar 18</a>      |
| <b>RED</b>                   | Forigerimod acetate                                | (Lupuzor®)                                 | Systemic lupus erythematosus (SLE)                                                                                                                                                                                                                    | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance.  |

| Traffic Light Classification | Drug Name                                         | Brand Name        | Indication (assume licenced unless stated)                                            | Instructions for Prescriber                                                                                                                                                                         | NICE Guidance                         |
|------------------------------|---------------------------------------------------|-------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| RED                          | Fosamprenavir                                     | (Telzir®)         | HIV infection in combination with other antiretroviral drugs- with low-dose ritonavir | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                      | NICE has not issued any guidance.     |
| RED                          | Foscarnet                                         | (Foscavir®)       | CMV infection                                                                         | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                      | NICE has not issued any guidance.     |
| RED                          | Foslevodopa–foscarbidopa                          | Produodopa®       | advanced Parkinson's with motor symptoms                                              | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                      | <a href="#">TA934 – November 2023</a> |
| Double Red                   | Fosphenytoin sodium                               | (Pro-Epanutin®)   | Status epilepticus, seizures with head injury,etc.                                    | Not recommended for routine use                                                                                                                                                                     | NICE has not issued any guidance.     |
| RED                          | Fostamatinib                                      | Tavlesse®         | refractory chronic immune thrombocytopenia                                            | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                      | <a href="#">TA835 – October 2022</a>  |
| Double Red                   | Fostemsavir                                       | ()                | HIV infection in combination with other antiretroviral drugs                          | Not recommended for routine use                                                                                                                                                                     | NICE has not issued any guidance.     |
| RED                          | FreeStyle Libre BGS device (sensors are "Advice") | (FreeStyle Libre) | Blood Glucose Monitoring in diabetes - as per NHSE criteria March 2019                | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                      | NICE has not issued any guidance.     |
| ADVICE                       | FreeStyle Libre BGS sensors (BGS device is "Red") | (FreeStyle Libre) | Blood Glucose Monitoring in diabetes - as per NHSE criteria March 2019                | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation<br>Consultant/Specialist responsible for the first script. | NICE has not issued any guidance.     |
| RED                          | Fremanezumab                                      | Ajovy®            | preventing migraine                                                                   | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                      | <a href="#">TA764 – February 2022</a> |

| Traffic Light Classification | Drug Name                             | Brand Name                       | Indication (assume licenced unless stated)                                        | Instructions for Prescriber                                                                                    | NICE Guidance                           |
|------------------------------|---------------------------------------|----------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <b>BLACK</b>                 | Fulvestrant                           | (Faslodex®)                      | Treatment of locally advanced or metastatic breast cancer - as per NICE TA 503    | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA503 - Jan 18</a>          |
| <b>RED</b>                   | Fumaric acid ester                    | (Fumaderm (unlicensed product))  | Severe psoriasis - specialist use only                                            | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.       |
| <b>RED</b>                   | Futibatinib                           | Lytgobi®                         | previously treated advanced cholangiocarcinoma with FGFR2 fusion or rearrangement | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA1005 – September 2024</a> |
| <b>SCA</b>                   | <a href="#">Galantamine</a>           | (Reminyl®)                       | Mild to moderate Alzheimer's dementia as per NICE TA 217                          | Prescribe the drug and perform a basic level of monitoring, e.g. a standard annual review                      | <a href="#">TA217 - Mar 11</a>          |
| <b>BLACK</b>                 | Galaxy UNYCO                          | (Galaxy UNYCO)                   | for temporary stabilisation of lower limb fractures                               | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">MIB166 - Dec 18</a>         |
| <b>RED</b>                   | Galcanezumab                          | Emgality®                        | preventing migraine                                                               | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA659 – November 2020</a>   |
| <b>RED</b>                   | Galsufase                             | ()                               | Mucopolysaccharidosis VI - specialist centre only                                 | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.       |
| <b>RED</b>                   | Galunisertib                          |                                  | Cancer                                                                            | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.       |
| <b>BLACK</b>                 | Gamolenic Acid (Evening Primrose Oil) | (Various - Epogam (Blacklisted)) | All - not for NHS prescribing (Various indications).                              | Not commissioned. No NHS prescribing in primary or secondary care                                              | NICE has not issued any guidance.       |
| <b>RED</b>                   | Ganciclovir sodium                    | (Cymevene)                       | Cytomegalovirus infection                                                         | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.       |

| Traffic Light Classification | Drug Name             | Brand Name  | Indication (assume licenced unless stated)                                                              | Instructions for Prescriber                                                                                           | NICE Guidance                      |
|------------------------------|-----------------------|-------------|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|------------------------------------|
| <b>RED</b>                   | Ganetespib            | ()          | Cancer                                                                                                  | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance.  |
| <b>BLACK</b>                 | Gefapixant            | Lyfnua®     | refractory or unexplained chronic cough (terminated appraisal)                                          | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | <a href="#">TA969 – April 2024</a> |
| <b>RED</b>                   | Gefitinib             | (Iressa®)   | First-line treatment of locally advanced or metastatic non-small-cell lung cancer                       | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA192 - Jul 10</a>     |
| <b>BLACK</b>                 | Gefitinib             | (Iressa®)   | Treating NSCLC that has progressed after chemotherapy (as per NICE TA 374) (Not a licensed indication). | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | <a href="#">TA374 - Dec 15</a>     |
| <b>BLACK</b>                 | Geko wound therapy    |             | treatment of venous insufficiency and ischemia                                                          | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | NICE has not issued any guidance.  |
| <b>RED</b>                   | Gemcitabine           | (Gemzar®)   | Pancreatic cancer                                                                                       | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA25 - May 01</a>      |
| <b>BLACK</b>                 | Gemcitabine           | (Gemzar®)   | Treatment of the first recurrence of platinum sensitive ovarian cancer                                  | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | <a href="#">TA389 - Apr 16</a>     |
| <b>RED</b>                   | Gemcitabine           | (Gemzar®)   | Non-small cell lung carcinoma                                                                           | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance.  |
| <b>Double Red</b>            | Gemfibrozil           | (Lopid®)    | Prevention CVD - as per NICE CG 181 "Do Not Do"                                                         | <b>Not recommended for routine use</b>                                                                                | <a href="#">CG181 - Jul 14</a>     |
| <b>RED</b>                   | Gemtuzumab ozogamicin | (Mylotarg®) | Untreated de novo CD33-positive acute myeloid leukaemia in people aged ≥15 years - as per NICE TA 545   | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA545 - Nov 18</a>     |

| Traffic Light Classification | Drug Name                   | Brand Name      | Indication (assume licenced unless stated)                                                                                       | Instructions for Prescriber                                                                                    | NICE Guidance                        |
|------------------------------|-----------------------------|-----------------|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------|
| RED                          | Gentamicin (nebulised)      | ()              | Ps. aeruginosa infection in non-Cystic Fibrosis bronchiectasis (Not a licensed indication).                                      | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.    |
| RED                          | Gevokizumab                 | ()              | Uveitis                                                                                                                          | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.    |
| RED                          | Gilteritinib                | Xospata®        | relapsed or refractory acute myeloid leukaemia                                                                                   | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | TA642 – August 2020                  |
| RED                          | Givosiran                   | Givlaari        | Hepatic porphyria                                                                                                                | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">HST16 - Nov 2021</a>     |
| BLACK                        | Glasdegib                   | ()              | with chemotherapy for untreated acute myeloid leukaemia (terminated appraisal)                                                   | Not commissioned. No NHS prescribing in primary or secondary care                                              | TA646 – September 2020               |
| RED                          | Glatiramer                  | (Copaxone®)     | Multiple Sclerosis - as per NICE TA 527                                                                                          | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA527 - Jun 18</a>       |
| RED                          | Glecaprevir-pibrentasvir ▼  | (Maviret® ▼)    | Chronic hepatitis C                                                                                                              | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA499 - Jan 18</a>       |
| BLACK                        | Gliclazide modified release | (Diamicron® MR) | Type 2 diabetes mellitus                                                                                                         | Not commissioned. No NHS prescribing in primary or secondary care                                              | NICE has not issued any guidance.    |
| RED                          | Glofitamab                  | Columvi®        | relapsed or refractory diffuse large B-cell lymphoma after 2 or more systemic treatments                                         | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA927 – October 2023</a> |
| RED                          | Glucarpidase                | (Voraxase)      | Urgent treatment of methotrexate-induced renal dysfunction in patients receiving high-dose MTX chemotherapy - as per NHSE policy | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.    |

| Traffic Light Classification | Drug Name                                          | Brand Name                                                                                                                       | Indication (assume licenced unless stated)                                                             | Instructions for Prescriber                                                                                                                     | NICE Guidance                     |
|------------------------------|----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>BLACK</b>                 | Glucocorticoids (inc hydrocortisone, prednisolone) | <i>(Generics are available)</i>                                                                                                  | Chronic fatigue syndrome/myalgic encephalomyelitis (or encephalopathy) - as per NICE CG 53 - Do Not Do | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                        | <a href="#">CG53 - Aug 07</a>     |
| <b>BLACK</b>                 | Glucosamine                                        | <i>(Various)</i>                                                                                                                 | Osteoarthritis - as per NICE CG 177 - Do Not Do                                                        | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                        | <a href="#">CG177 - Feb 14</a>    |
| <b>BLACK</b>                 | Glucosamine, Glucosamine & Chondroitin             | <i>(Alateris and various)</i>                                                                                                    | Osteoarthritis                                                                                         | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                        | NICE has not issued any guidance. |
| <b>BLACK</b>                 | Gluten-free foods                                  | <i>(Various)</i>                                                                                                                 | Gluten sensitive enteropathies in all patients across N+W                                              | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                        | NICE has not issued any guidance. |
| <b>RED</b>                   | Glycerol phenylbutyrate                            | <i>(Ravicti® 1.1 g/ml oral liquid)</i>                                                                                           | Urea cycle disorders (specialist use only)                                                             | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | NICE has not issued any guidance. |
| <b>RED</b>                   | GlycoPEGylated Factor IX                           | <i>(Rebiny®)</i>                                                                                                                 | Haemophilia B                                                                                          | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | NICE has not issued any guidance. |
| <b>ADVICE</b>                | Glycopyrronium bromide                             | Glycobromag                                                                                                                      | Hyperhidrosis                                                                                          | <b>Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation</b> | NICE has not issued any guidance. |
| <b>ADVICE</b>                | Glycopyrronium bromide                             | <b>Adults -</b><br>Glycobromag first line, Assicco second line.<br><b>Children -</b><br>Assicco first line, sialanar second line | Hypersalivation                                                                                        | <b>Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation</b> | NICE has not issued any guidance. |



| Traffic Light Classification | Drug Name                                       | Brand Name          | Indication (assume licenced unless stated)                                                                                                                                               | Instructions for Prescriber                                                                                                                                                                                                                                                | NICE Guidance                     |
|------------------------------|-------------------------------------------------|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>RED</b>                   | Glycopyrronium bromide 2% in cetomacrogol cream | N/A                 | craniofacial hyperhidrosis                                                                                                                                                               | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                                                                                                      | NICE has not issued any guidance. |
| <b>RED</b>                   | Golimumab                                       | ( <i>Simponi®</i> ) | Treatment of psoriatic arthritis (including switching between treatments) - as per NICE TA 220 and local treatment pathway                                                               | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                                                                                                      | <a href="#">TA220 - Apr 11</a>    |
| <b>BLACK</b>                 | Golimumab                                       | ( <i>Simponi®</i> ) | Treatment of methotrexate-naïve rheumatoid arthritis - as per NICE TA 224 (Not a licensed indication).                                                                                   | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                                                                                                                                                   | <a href="#">TA224 - Jun 11</a>    |
| <b>RED</b>                   | Golimumab                                       | ( <i>Simponi®</i> ) | Treatment of rheumatoid arthritis after the failure of previous disease-modifying anti-rheumatic drugs                                                                                   | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                                                                                                      | <a href="#">TA225 - Jun 11</a>    |
| <b>RED</b>                   | Golimumab                                       | ( <i>Simponi®</i> ) | 2nd line (Biologic) treatment option for moderately to severely active ulcerative colitis after the failure of conventional therapy - as per NICE TA 329 and the local treatment pathway | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                                                                                                      | <a href="#">TA329 - Feb 15</a>    |
| <b>RED</b>                   | Golimumab                                       | ( <i>Simponi®</i> ) | For rheumatoid arthritis not previously treated with DMARDs or after conventional DMARDs only have failed                                                                                | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                                                                                                      | <a href="#">TA375 - Jan 16</a>    |
| <b>RED</b>                   | Golimumab                                       | ( <i>Simponi®</i> ) | Ankylosing spondilitis                                                                                                                                                                   | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                                                                                                      | <a href="#">TA383 - Feb 16</a>    |
| <b>BLUE</b>                  | Golimumab                                       | ( <i>Simponi®</i> ) | Severe non-radiographic axial spondyloarthritis in adults whose disease has responded inadequately to, or who cannot tolerate, nonsteroidal anti-inflammatory drugs                      | <b>NWICB are committed to fund positive NICE TA treatments. Awaiting clarification of place in pathway and commissioning arrangements. Further guidance will be issued when available. For all other treatments, formulary application and discussion will be required</b> | <a href="#">TA497 - Jan 18</a>    |

| Traffic Light Classification | Drug Name                                                            | Brand Name | Indication (assume licenced unless stated)                                                                                                                                                                                                    | Instructions for Prescriber                                                                                                                     | NICE Guidance                     |
|------------------------------|----------------------------------------------------------------------|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>BLACK</b>                 | Golimumab                                                            | (Simponi®) | For induction of remission, with or without steroids, in patients with Crohn's disease colitis with moderate-severe disease as a third-line anti-TNF after failure of or adverse reaction to two previous agents (Not a licensed indication). | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                        | NICE has not issued any guidance. |
| <b>SCA</b>                   | <a href="#">Goserelin</a>                                            | (Zoladex®) | Management of endometriosis; pre-operative management of uterine fibroids                                                                                                                                                                     | <b>Shared Care Agreement Level 2 - Prescribe the drug and perform a more intense level of monitoring, e.g. quarterly</b>                        | <a href="#">NG73 - Sep 17</a>     |
| <b>ADVICE</b>                | Goserelin                                                            | (Zoladex®) | Prostate cancer                                                                                                                                                                                                                               | <b>Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation</b> | NICE has not issued any guidance. |
| <b>RED</b>                   | Gosuranemab                                                          |            | Supranuclear palsy                                                                                                                                                                                                                            | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | NICE has not issued any guidance. |
| <b>RED</b>                   | Granulocyte-macrophage colony-stimulating factor (leukine® - import) |            | Antibody-positive pulmonary alveolar proteinosis                                                                                                                                                                                              | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | NICE has not issued any guidance. |
| <b>BLACK</b>                 | Grass pollen allergen extract                                        | (Grazax®)  | Seasonal allergic hay fever due to grass pollen                                                                                                                                                                                               | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                        | NICE has not issued any guidance. |
| <b>RED</b>                   | Grazoprevir                                                          |            | Hepatitis C                                                                                                                                                                                                                                   | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | NICE has not issued any guidance. |
| <b>BLACK</b>                 | GTN patches                                                          |            | Achilles Tendinopathy                                                                                                                                                                                                                         | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                        | NICE has not issued any guidance  |

| Traffic Light Classification | Drug Name                                      | Brand Name                       | Indication (assume licenced unless stated)                                                                                                                           | Instructions for Prescriber                                                                                    | NICE Guidance                       |
|------------------------------|------------------------------------------------|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------|
| SCA                          | <a href="#">Guanfacine Prolonged-Release ▼</a> | (Intuniv® ▼)                     | For children aged 6-17yr with ADHD for whom stimulants are not suitable, not tolerated or have been shown to be ineffective                                          | Prescribe the drug and perform a higher level of monitoring, e.g. 6-monthly                                    | NICE has not issued any guidance.   |
| RED                          | Guselkumab                                     | (Tremfya®)                       | Moderate to severe plaque psoriasis in adults                                                                                                                        | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA521 - Jun 18</a>      |
| RED                          | Guselkumab                                     | Tremfya®                         | active psoriatic arthritis after inadequate response to DMARDs                                                                                                       | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA711 – June 2021</a>   |
| RED                          | Guselkumab                                     | Tremfya®                         | treating active psoriatic arthritis after inadequate response to DMARDs                                                                                              | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA815 – August 2022</a> |
| RED                          | Haem Arginate                                  | (Normosang®)                     | Hepatic porphyria                                                                                                                                                    | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.   |
| BLACK                        | Haem iron tablets (GlobiFer)                   | (GlobiFer®, also Forte and Plus) | Anaemia                                                                                                                                                              | Not commissioned. No NHS prescribing in primary or secondary care                                              | NICE has not issued any guidance.   |
| BLACK                        | Heparin - Low molecular weight (LMWH)          | (Various)                        | Prevention of DVT during flights (Not a licensed indication).                                                                                                        | Not commissioned. No NHS prescribing in primary or secondary care                                              | NICE has not issued any guidance.   |
| RED                          | Heparin - Low Molecular Weight (LMWH)          | (Various)                        | Use in obstetrics for management of VTE in high risk patients (e.g. overweight, multiparous, or who smoke) and require LMWH post partum (Not a licensed indication). | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.   |
| RED                          | Heparin - Low Molecular Weight (LMWH)          | (Various)                        | Unstable angina/coronary artery disease/NSTEMI                                                                                                                       | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.   |

| Traffic Light Classification | Drug Name                                                      | Brand Name                                    | Indication (assume licenced unless stated)                                                            | Instructions for Prescriber                                                                                       | NICE Guidance                      |
|------------------------------|----------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|------------------------------------|
| SCA                          | Heparin - Low Molecular Weight (LMWH) (currently under review) | (Various)                                     | For patients requiring long term anticoagulation in whom warfarin is contraindicated or inappropriate | Shared Care Agreement Level 2 - Prescribe the drug and perform a more intense level of monitoring, e.g. quarterly | NICE has not issued any guidance.  |
| Double Red                   | Heparinised saline                                             | (Saline (heparinised))                        | Central venous catheter lock in adults - as per RMOC guidance (Feb 2019)                              | Not recommended for routine use                                                                                   | NICE has not issued any guidance.  |
| BLACK                        | Heparinoid Cream / Gel                                         | Hirudoid 0.3%, Bruiseze 0.8%, Lasonil         | Improving circulation in bruising, superficial thrombophlebitis, chilblains, varicose veins           | Not commissioned. No NHS prescribing in primary or secondary care                                                 | NICE has not issued any guidance.  |
| BLACK                        | HGH - Saizen®, Zomacton®, Nordiflex®, Nutropin® Aq             | (Saizen®, Zomacton®, Nordiflex®, Nutropin Aq) | Growth hormone deficiency (GHD) - as per East of England PAC policy                                   | Not commissioned. No NHS prescribing in primary or secondary care                                                 | NICE has not issued any guidance.  |
| BLACK                        | HidraWear dressings                                            | n/a                                           | Hidradenitis Suppurativa (HS)                                                                         | Not commissioned. No NHS prescribing in primary or secondary care                                                 | NICE has not issued any guidance.  |
| BLACK                        | HidraWear underwear                                            | n/a                                           | Hidradenitis Suppurativa (HS)                                                                         | Not commissioned. No NHS prescribing in primary or secondary care                                                 | NICE has not issued any guidance.  |
| RED                          | HIV vaccine                                                    | (HIV vaccine)                                 | HIV infection prophylaxis                                                                             | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care    | NICE has not issued any guidance.  |
| RED                          | HIV/AIDS treatments                                            | (Various)                                     | HIV infection / post exposure prophylaxis (PEP)                                                       | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care    | NICE has not issued any guidance.  |
| BLACK                        | Hormone Replacement Therapy (HRT) - systemic                   | (Various)                                     | Treatment of urinary incontinence - as per NICE CG 171 - NICE Do Not Do (Not a licensed indication).  | Not commissioned. No NHS prescribing in primary or secondary care                                                 | <a href="#">CG171 - Nov 15</a>     |
| BLACK                        | Human alpha1-proteinase inhibitor                              |                                               | emphysema                                                                                             | Not commissioned. No NHS prescribing in primary or secondary care                                                 | <a href="#">TA965 – March 2024</a> |

| Traffic Light Classification | Drug Name                                 | Brand Name    | Indication (assume licenced unless stated)                                 | Instructions for Prescriber                                                                                           | NICE Guidance                     |
|------------------------------|-------------------------------------------|---------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>RED</b>                   | Human heterologous liver cells (HHLivC)   | (Heparesc®)   | Urea cycle disorders                                                       | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance. |
| <b>RED</b>                   | Human Normal Immunoglobulin (Aragam®)     | (Aragam®)     | As per National Demand Management Plan - NHSE policy                       | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance. |
| <b>RED</b>                   | Human Normal Immunoglobulin (Flebogamma®) | (Flebogamma®) | As per National Demand Management Plan                                     | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance. |
| <b>RED</b>                   | Human normal immunoglobulin (Gammagard®)  | (Gammagard®)  | As per National Demand Management Plan - NHSE policy                       | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance. |
| <b>RED</b>                   | Human normal immunoglobulin (Gammanorm®)  | (Gammanorm®)  | As per National Demand Management Plan - NHSE policy                       | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance. |
| <b>RED</b>                   | Human normal immunoglobulin (Gammaplex®)  | (Gammaplex®)  | As per National Demand Management Plan - NHSE policy                       | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance. |
| <b>RED</b>                   | Human normal immunoglobulin (Gamunex®)    | (Gamunex®)    | As per National Demand Management Plan - NHSE policy                       | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance. |
| <b>RED</b>                   | Human Normal Immunoglobulin (Hizentra)    | (Hizentra®)   | As per National Demand Management Plan - NHSE policy<br>Plan - NHSE policy | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance. |
| <b>RED</b>                   | Human normal immunoglobulin (Intratect®)  | (Intratect®)  | As per National Demand Management Plan - NHSE policy                       | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance. |

| Traffic Light Classification | Drug Name                                          | Brand Name                                           | Indication (assume licenced unless stated)                               | Instructions for Prescriber                                                                                    | NICE Guidance                     |
|------------------------------|----------------------------------------------------|------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------------------|
| RED                          | Human normal immunoglobulin (IVIg)                 | (Privigen®)                                          | As per National Demand Management Plan                                   | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance. |
| RED                          | Human Normal Immunoglobulin (Kiovig)               | (Kiovig®)                                            | As per National Demand Management Plan - NHSE policy                     | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance. |
| RED                          | Human Normal Immunoglobulin (Octagam)              | (Octagam®)                                           | As per National Demand Management Plan - NHSE policy                     | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance. |
| RED                          | Human Normal Immunoglobulin (Subcuvia®)            | (Subcuvia®)                                          | As per National Demand Management Plan - NHSE Policy                     | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance. |
| RED                          | Human Normal Immunoglobulin (Subgam®)              | (Subgam®)                                            | As per National Demand Management Plan - NHSE policy                     | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance. |
| RED                          | Human Normal Immunoglobulin (Vigam®)               | (Vigam®)                                             | As per National Demand Management Plan - NHSE policy                     | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance. |
| RED                          | Human Normal Immunoglobulin (Vivaglobin®)          | (Vivaglobin® (for s-c infusion) (discontinued 2011)) | As per National Demand Management Plan - NHSE policy                     | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance. |
| RED                          | Human parathyroid hormone-related protein analogue | Natpar® s/c injection                                | Male and juvenile osteoporosis                                           | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance. |
| BLACK                        | Hyaluronate                                        | various                                              | Intra-articular injection in osteoarthritis (Not a licensed indication). | Not commissioned. No NHS prescribing in primary or secondary care                                              | NICE has not issued any guidance. |

| Traffic Light Classification | Drug Name                                                     | Brand Name                                     | Indication (assume licenced unless stated)                                          | Instructions for Prescriber                                                                                                              | NICE Guidance                         |
|------------------------------|---------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| RED                          | Hybrid closed loop systems                                    | N/A                                            | managing blood glucose levels in type 1 diabetes                                    | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA943 – December 2023</a> |
| RED                          | Hydrocortisone                                                | various                                        | To prevent prescribing in primary care as a <b>treatment for covid-19</b>           | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance.     |
| ADVICE                       | Hydrocortisone granules in capsules                           | (Alkindi®)                                     | Cortisol replacement therapy for children (0-6 years) with adrenal insufficiency    | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation | NICE has not issued any guidance.     |
| BLACK                        | Hydrocortisone MR                                             | (Plenadren® MR tablets)                        | Treatment of adrenal insufficiency in adults                                        | Not commissioned. No NHS prescribing in primary or secondary care                                                                        | NICE has not issued any guidance.     |
| BLACK                        | Hydrocortisone MR caps                                        | Efmody                                         | congenital adrenal hyperplasia (CAH) in patients 12 years old and above.            | Not commissioned. No NHS prescribing in primary or secondary care                                                                        | NICE has not issued any guidance.     |
| RED                          | Hydroxycarbamide (hydroxyurea) - generic                      | (Generic)                                      | Sickle Cell disease (Not a licensed indication).                                    | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance.     |
| SCA                          | <a href="#">Hydroxycarbamide (Hydroxyurea) 500mg capsules</a> | (Generics are available - 500mg capsules only) | CML / Myeloproliferative disorders requiring cytoreduction (A licensed indication). | Shared Care Agreement Level 1 - Prescribe the drug and perform a higher level of monitoring, e.g. 6-monthly                              | NICE has not issued any guidance.     |
| BLACK                        | Hydroxycarbamide (hydroxyurea) as Siklos® ▼                   | (Siklos® (not funded by NHS Norfolk))          | Sickle-cell disease                                                                 | Not commissioned. No NHS prescribing in primary or secondary care                                                                        | NICE has not issued any guidance.     |
| RED                          | HyQvia (HN Immunoglobulin & Hyaluronidase)                    | (HyQvia®)                                      | As per national Demand Management Plan                                              | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance.     |
| Double Red                   | Ibalizumab                                                    | (Trogarzo®)                                    | HIV in combination with other anti-retroviral drugs                                 | Not recommended for routine use                                                                                                          | NICE has not issued any guidance.     |



| Traffic Light Classification | Drug Name                     | Brand Name                                  | Indication (assume licenced unless stated)                                                                                                                       | Instructions for Prescriber                                                                                                              | NICE Guidance                     |
|------------------------------|-------------------------------|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| ADVICE                       | Ibandronate / Ibandronic acid | (Oral 50mg tablets - various manufacturers) | Daily use for two years to improve survival in post-menopausal women with breast cancer receiving chemotherapy (Not a licensed indication).                      | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation | NICE has not issued any guidance. |
| RED                          | Ibandronic acid               | (Bonviva® Injection)                        | Treatment of osteoporosis in postmenopausal women                                                                                                                | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA464 - Aug 17</a>    |
| ADVICE                       | Ibandronic Acid, Ibandronate  | (Oral product - Bondronat®)                 | Reduction of bone damage in bone metastases in breast cancer                                                                                                     | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation | NICE has not issued any guidance. |
| BLACK                        | Ibrutinib                     | Imbruvica®                                  | Waldenstrom's macroglobulinaemia                                                                                                                                 | Not commissioned. No NHS prescribing in primary or secondary care                                                                        | <a href="#">TA795 – June 2022</a> |
| RED                          | Ibrutinib                     | Imbruvica®                                  | with venetoclax for untreated chronic lymphocytic leukaemia                                                                                                      | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA891 – May 2023</a>  |
| RED                          | Ibrutinib ▼                   | (Imbruvica® ▼)                              | Previously treated adults with chronic lymphocytic leukaemia and untreated chronic lymphocytic leukaemia with 17p deletion or TP53 mutation - as per NICE TA 429 | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA429 - Jan 17</a>    |
| BLACK                        | Ibrutinib ▼                   | (Imbruvica® ▼)                              | Untreated chronic lymphocytic leukaemia without a 17p deletion or TP53 mutation - as per NICE TA 452 (terminated appraisal)                                      | Not commissioned. No NHS prescribing in primary or secondary care                                                                        | <a href="#">TA452 - Jul 17</a>    |
| RED                          | Ibrutinib ▼                   | (Imbruvica® ▼)                              | Waldenstrom's macroglobulinaemia                                                                                                                                 | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA491 - Nov 17</a>    |
| RED                          | Ibrutinib ▼                   | (Imbruvica® ▼)                              | Relapsed or refractory mantle cell lymphoma                                                                                                                      | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA502 - Jan 18</a>    |

| Traffic Light Classification | Drug Name                                     | Brand Name     | Indication (assume licenced unless stated)                                                             | Instructions for Prescriber                                                                                                              | NICE Guidance                         |
|------------------------------|-----------------------------------------------|----------------|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| <b>BLACK</b>                 | Ibrutinib ▼ (with bendamustine and rituximab) | (Imbruvica® ▼) | Relapsed or refractory chronic lymphocytic leukaemia after systemic therapy (terminated appraisal)     | Not commissioned. No NHS prescribing in primary or secondary care                                                                        | <a href="#">TA437 - Mar 17</a>        |
| <b>BLACK</b>                 | Ibrutinib with obinutuzumab                   |                | untreated chronic lymphocytic leukaemia and small lymphocytic lymphoma (terminated appraisal)          | Not commissioned. No NHS prescribing in primary or secondary care                                                                        | <a href="#">TA702 – May 2021</a>      |
| <b>BLACK</b>                 | Ibrutinib with rituximab                      | (Imbruvica®)   | Waldenstrom's macroglobulinaemia (terminated appraisal)                                                | Not commissioned. No NHS prescribing in primary or secondary care                                                                        | <a href="#">TA608 - Oct 19</a>        |
| <b>BLACK</b>                 | Ibrutinib with rituximab                      | (Imbruvica®)   | untreated chronic lymphocytic leukaemia (terminated appraisal)                                         | Not commissioned. No NHS prescribing in primary or secondary care                                                                        | <a href="#">TA703 – May 2021</a>      |
| <b>RED</b>                   | Icatibant                                     | (Firazyr®)     | Hereditary angioedema - acute treatment                                                                | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance.     |
| <b>RED</b>                   | Icatibant                                     | (Firazyr®)     | Hereditary angiodema - prophylactic treatment - as per NHSE policy                                     | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance.     |
| <b>ADVICE</b>                | Icosapent ethyl                               | Vazkepa®       | with statin therapy for reducing the risk of cardiovascular events in people with raised triglycerides | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation | <a href="#">TA805 – July 2022</a>     |
| <b>RED</b>                   | Idarubicin HCl                                | (Zavedos®)     | All indications                                                                                        | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance.     |
| <b>RED</b>                   | Idebenone                                     | (Raxone®)      | Duchenne muscular dystrophy (Not a licensed indication).                                               | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance.     |
| <b>BLACK</b>                 | Idecabtagene vicleucel                        | N/A            | relapsed and refractory multiple myeloma after 3 or more treatments                                    | Not commissioned. No NHS prescribing in primary or secondary care                                                                        | <a href="#">TA936 – November 2023</a> |

| Traffic Light Classification | Drug Name                       | Brand Name   | Indication (assume licenced unless stated)                                                             | Instructions for Prescriber                                                                                           | NICE Guidance                     |
|------------------------------|---------------------------------|--------------|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>BLACK</b>                 | Idelalisib                      | (Zydelig®)   | Refractory follicular lymphoma that has not responded to 2 prior lines of treatment in adults          | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | <a href="#">TA604 - Oct 19</a>    |
| <b>BLACK</b>                 | Idelalisib ▼                    | (Zydelig® ▼) | Treatment of follicular lymphoma that is refractory to two prior treatments<br>(terminated appraisal)  | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | <a href="#">TA328 - Dec 14</a>    |
| <b>RED</b>                   | Idelalisib ▼                    | (Zydelig® ▼) | Chronic lymphocytic leukaemia for adults (in combination with rituximab)                               | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA359 - Oct 15</a>    |
| <b>BLACK</b>                 | Idelalisib ▼                    | (Zydelig® ▼) | Chronic lymphocytic leukaemia (with ofatumumab (Arzerra®)) - as per NICE TA 469 (terminated appraisal) | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | <a href="#">TA469 - Aug 17</a>    |
| <b>RED</b>                   | Idursulfase                     | (Elaprase®)  | Mucopolysaccharidosis - highly specialised criteria                                                    | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance. |
| <b>RED</b>                   | Iloprost                        | (Ventavis®)  | Pulmonary arterial hypertension                                                                        | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance. |
| <b>RED</b>                   | Imatinib ▼                      | (Glivec® ▼)  | Kit-positive unresectable and /or metastatic GIST                                                      | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA209 - Nov 10</a>    |
| <b>RED</b>                   | Imatinib ▼                      | (Glivec® ▼)  | Adjuvant treatment of gastrointestinal stromal tumours (GIST) after surgery                            | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA326 - Nov 14</a>    |
| <b>RED</b>                   | Imatinib mesylate (high dose) ▼ | (Glivec® ▼)  | Imatinib-resistant or intolerant chronic myeloid leukaemia                                             | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA425 - Dec 16</a>    |
| <b>RED</b>                   | Imatinib mesylate ▼             | (Glivec® ▼)  | Untreated chronic-phase Philadelphia-chromosome-positive chronic myeloid leukaemia in adults           | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA426 - Dec 16</a>    |

| Traffic Light Classification | Drug Name                           | Brand Name                            | Indication (assume licenced unless stated)                                                                              | Instructions for Prescriber                                                                                                              | NICE Guidance                     |
|------------------------------|-------------------------------------|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| RED                          | Imatinib mesylate ▼                 | ( <i>Glivec</i> ® ▼)                  | Chronic graft versus host disease                                                                                       | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance. |
| BLACK                        | Imatinib mesylate ▼ (high dose)     | ( <i>Glivec</i> ® ▼)                  | Imatinib-resistant Chronic Myeloid Leukaemia                                                                            | Not commissioned. No NHS prescribing in primary or secondary care                                                                        | <a href="#">TA425 - Dec 16</a>    |
| RED                          | Imatinib mesylate ▼ (standard dose) | ( <i>Glivec</i> ® ▼)                  | Chronic myeloid leukaemia (CML)                                                                                         | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA425 - Dec 16</a>    |
| RED                          | Imetelstat                          |                                       | Cancer                                                                                                                  | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance. |
| RED                          | Imiglucerase                        | ( <i>Cerezyme</i> ®)                  | Gaucher's disease                                                                                                       | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance. |
| BLACK                        | Imipramine                          | (Generics available)                  | Overactive bladder and urinary incontinence in women - as per NICE CG 171 - NICE Do Not Do (Not a licensed indication). | Not commissioned. No NHS prescribing in primary or secondary care                                                                        | <a href="#">CG171 - Nov 15</a>    |
| ADVICE                       | Imiquimod Cream                     | ( <i>Aldara</i> ® & <i>Zyclara</i> ®) | Non-hypertrophic actinic keratosis                                                                                      | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation | NICE has not issued any guidance. |
| RED                          | Imlifidase                          | Idefirix®                             | desensitisation treatment before kidney transplant in people with chronic kidney disease                                | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA809 – July 2022</a> |
| ADVICE                       | Inclisiran                          | Leqvio®                               | hypercholesterolaemia or mixed dyslipidaemia                                                                            | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation | <a href="#">TA733 - Oct 2021</a>  |

| Traffic Light Classification | Drug Name                                                | Brand Name                 | Indication (assume licenced unless stated)                                                                                              | Instructions for Prescriber                                                                                           | NICE Guidance                     |
|------------------------------|----------------------------------------------------------|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>BLACK</b>                 | Independence wound protection pouch and related products | (Rapidcare)                | Haemodialysis patients - protection of line when washing                                                                                | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | NICE has not issued any guidance. |
| <b>RED</b>                   | Inebilizumab                                             |                            | Multiple Sclerosis                                                                                                                      | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance. |
| <b>RED</b>                   | Infertility drugs                                        | (Various)                  | Infertility treatment                                                                                                                   | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance. |
| <b>RED</b>                   | Infliximab                                               | (Various brands available) | Psoriasis - use in children, aligning with NICE TA 134 (Not a licensed indication).                                                     | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA134 - Jan 08</a>    |
| <b>RED</b>                   | Infliximab                                               | (Various brands available) | Ankylosing spondylitis - use in children, aligning with NICE TA 143 (Not a licensed indication).                                        | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA143 - May 2008</a>  |
| <b>RED</b>                   | Infliximab                                               | (Various brands available) | Acute exacerbations of ulcerative colitis - use in children, aligning with NICE TA 163.                                                 | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA163 - Dec 2008</a>  |
| <b>RED</b>                   | Infliximab                                               | (Various brands available) | Crohn's disease - use in children, aligning with NICE TA 187                                                                            | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA187 - May 10</a>    |
| <b>RED</b>                   | Infliximab                                               | (Various brands available) | Treatment of psoriatic arthritis - use in children, aligning with NICE TA 199 (Not a licensed indication).                              | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA199 - Aug 10</a>    |
| <b>RED</b>                   | Infliximab                                               | (Various brands available) | Moderately to severely active ulcerative colitis after the failure of conventional therapy - use in children, aligning with NICE TA 329 | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA329 - Feb 15</a>    |

| Traffic Light Classification | Drug Name  | Brand Name                              | Indication (assume licenced unless stated)                                                     | Instructions for Prescriber                                                                                           | NICE Guidance                     |
|------------------------------|------------|-----------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>RED</b>                   | Infliximab | (Various brands available)              | Rheumatoid arthritis - use in children, aligning with NICE TA 130 (Not a licensed indication). | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA375 - Jan 16</a>    |
| <b>RED</b>                   | Infliximab | various, plus biosimilars               | moderate rheumatoid arthritis after conventional DMARDs have failed                            | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA715 – July 2021</a> |
| <b>RED</b>                   | Infliximab | (Various brands available)              | Graft versus host disease (Not a licensed indication).                                         | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance. |
| <b>RED</b>                   | Infliximab | (Various brands available)              | Sarcoidosis (Not a licensed indication).                                                       | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance. |
| <b>RED</b>                   | Infliximab | (Various brands available)              | Hidradenitis Suppurativa (Not a licensed indication).                                          | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance. |
| <b>RED</b>                   | Infliximab | (Various)                               | Connective tissue disease - interstitial lung disease (Not a licensed indication).             | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance. |
| <b>RED</b>                   | Infliximab | (Various brands available)              | Renal indications (Not a licensed indication).                                                 | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance. |
| <b>RED</b>                   | Infliximab | (Remicade®; Biosimilars also available) | Behcet's Disease (Not a licensed indication).                                                  | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance. |
| <b>RED</b>                   | Infliximab | (Remicade®, Inflectra® ▼, Remsima® ▼)   | Anti-TNF Alpha treatment option for paediatric patients with severe refractory uveitis         | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance. |



| Traffic Light Classification | Drug Name                                   | Brand Name                                     | Indication (assume licenced unless stated)                                                                                                                                   | Instructions for Prescriber                                                                                    | NICE Guidance                     |
|------------------------------|---------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------------------|
| RED                          | Infliximab                                  | (Remicade® (until end Mar16 only); Remsima® ▼) | Treatment of Juvenile Idiopathic Arthritis (JIA) - in patients with uveitis only if etanercept or adalimumab not appropriate or are ineffective (Not a licensed indication). | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance. |
| RED                          | Infliximab                                  | (Cost effective biosimilars available)         | Anti-TNF treatment option for adult patients with severe refractory uveitis - as per NHSE policy                                                                             | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance. |
| RED                          | Infliximab (Biosimilar to be used 1st line) | Cost effective biosimilar to be used           | Rheumatoid arthritis - after other DMARDs including a TNF inhibitor - as per NICE TA 195                                                                                     | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA195 - Aug 10</a>    |
| RED                          | Infliximab (biosimilar)                     | (Remicade® (until end Mar16 only); Remsima® ▼) | Treatment of psoriasis in adults - as per NICE TA 134 and local treatment pathway                                                                                            | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA134 - Jan 08</a>    |
| RED                          | Infliximab (biosimilar)                     | (As cost-effective biosimilar of choice)       | Crohn's disease which has not responded to conventional therapy - as per NICE TA 187                                                                                         | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA187 - May 10</a>    |
| RED                          | Infliximab (biosimilar)                     | (Remicade® (until end Mar16 only); Remsima® ▼) | Active and progressive psoriatic arthritis - as per NICE TA 199                                                                                                              | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA199 - Aug 10</a>    |
| RED                          | Infliximab (biosimilar)                     | (Remicade® (until end Mar16 only); Remsima® ▼) | Subacute manifestations of moderately to severely active ulcerative colitis - as per NICE TA 329 and the local treatment pathway                                             | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA329 - Feb 15</a>    |
| RED                          | Infliximab (biosimilar)                     | (Cost effective biosimilar to be used)         | Rheumatoid arthritis not previously treated with DMARDs or after conventional DMARDs only have failed - as per NICE TA 375 and local treatment pathway                       | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA375 - Jan 16</a>    |



| Traffic Light Classification | Drug Name                       | Brand Name                                     | Indication (assume licenced unless stated)                                                                   | Instructions for Prescriber                                                                                    | NICE Guidance                     |
|------------------------------|---------------------------------|------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------------------|
| RED                          | Infliximab (biosimilar)         | (Lowest acquisition cost product to be used)   | Ankylosing spondilitis - severe active, where NSAIDs are not effective or not tolerated - as per NICE TA 383 | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA383 - Feb 16</a>    |
| RED                          | Infliximab (biosimilar)         | (Cost effective biosimilars available))        | Axial spondyloarthritis (non-radiographic) - as per NICE TA 383 and NNUH application                         | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA383 - Feb 16</a>    |
| RED                          | Infliximab (biosimilar)         | (Cost -effective biosimilar to be used)        | Immunotherapy toxicity (causing colitis)                                                                     | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance. |
| RED                          | Infliximab (biosimilar)         | (Remicade® (until end Mar16 only); Remsima® ▼) | Acute exacerbations of ulcerative colitis - as per the local treatment pathway                               | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | Dec-08                            |
| RED                          | Infliximab (biosimilar)         | (Cost effective product to be used)            | Psoriatic arthritis (switching between treatments)                                                           | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance. |
| RED                          | Infliximab (Remicade®)          | (Remicade®)                                    | Anti-TNF Alpha treatment option for paediatric patients with severe refractory uveitis                       | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance. |
| BLACK                        | Influenza vaccination           | (Various)                                      | Vaccination of non-target patients on the NHS                                                                | Not commissioned. No NHS prescribing in primary or secondary care                                              | NICE has not issued any guidance. |
| BLACK                        | Influenza vaccine - intradermal | (Intanza®)                                     | Influenza vaccination                                                                                        | Not commissioned. No NHS prescribing in primary or secondary care                                              | NICE has not issued any guidance. |
| BLACK                        | Ingenol mebutate topical gel    | (Picato®)                                      | Non-hypertrophic actinic keratosis                                                                           | Not commissioned. No NHS prescribing in primary or secondary care                                              | NICE has not issued any guidance. |
| BLACK                        | Inhaled corticosteroids         | (Various)                                      | Children who wheeze with a cold (viral wheeze / bronchiolitis) (Not a licensed indication).                  | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">NG9 - May 15</a>      |

| Traffic Light Classification | Drug Name                                         | Brand Name                                           | Indication (assume licenced unless stated)                                                                      | Instructions for Prescriber                                                                                                                     | NICE Guidance                     |
|------------------------------|---------------------------------------------------|------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>BLACK</b>                 | Inositol nicotinate                               | (Hexopal®)                                           | Treatment of intermittent claudication in people with peripheral arterial disease                               | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                        | <a href="#">TA223 - May 11</a>    |
| <b>RED</b>                   | Inotersen                                         | Tegsedi®                                             | Amyloidosis                                                                                                     | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | <a href="#">HST9 - May 2019</a>   |
| <b>RED</b>                   | Inotuzumab ozogamicin                             | (Besponsa®)                                          | Relapsed or refractory B-cell acute lymphoblastic leukaemia - as per NICE TA 541                                | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | <a href="#">TA541 - Sep 18</a>    |
| <b>BLACK</b>                 | Insert for female stress incontinence (Contiform) | (Contiform®)                                         | Female stress urinary incontinence - as per NICE CG 171 - Do Not Do                                             | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                        | <a href="#">CG171 - Nov 15</a>    |
| <b>RED</b>                   | Inspiratory muscle training devices               | (POWERbreathe® Medic, Threshold IMT®, Ultrabreathe®) | Inspiratory muscle training in COPD, non-CF bronchiectasis, upper spinal cord injuries, Cystic fibrosis, asthma | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | <a href="#">NG115 - Dec 18</a>    |
| <b>BLACK</b>                 | Inspiratory muscle training devices               | (POWERbreathe® Medic, Threshold IMT®, Ultrabreathe®) | Fitness / Sports use                                                                                            | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                        | <a href="#">NG115 - Dec 18</a>    |
| <b>BLACK</b>                 | Insulin - Non-basal-bolus regimens                | (Various)                                            | Newly diagnosed Type 1 diabetes - NICE Do Not Do                                                                | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                        | <a href="#">NG17 - May 17</a>     |
| <b>BLACK</b>                 | Insulin analogues (rapid acting)                  | (Various)                                            | Routine use after meals in T1 Diabetes - NICE Do Not Do                                                         | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                        | <a href="#">NG17 - May 17</a>     |
| <b>ADVICE</b>                | Insulin Aspart (Fiasp®) ▼                         | (Fiasp® ▼)                                           | Diabetes mellitus                                                                                               | <b>Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation</b> | NICE has not issued any guidance. |

| Traffic Light Classification | Drug Name                                         | Brand Name   | Indication (assume licenced unless stated)                                                                  | Instructions for Prescriber                                                                                                                     | NICE Guidance                     |
|------------------------------|---------------------------------------------------|--------------|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>Double Red</b>            | Insulin degludec                                  | (Tresiba®)   | ROUTINE use in Type 1 and Type 2 diabetes mellitus - see separate entry regarding RESTRICTED USE            | <b>Not recommended for routine use</b>                                                                                                          | NICE has not issued any guidance. |
| <b>ADVICE</b>                | Insulin degludec                                  | (Tresiba®)   | RESTRICTED use in Type 1 and Type 2 Diabetes mellitus - consultant initiation only                          | <b>Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation</b> | <a href="#">NG17 - Aug 15</a>     |
| <b>BLACK</b>                 | Insulin degludec / liraglutide combi (Xultophy®)  | (Xultophy®)  | Diabetes mellitus                                                                                           | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                        | NICE has not issued any guidance. |
| <b>ADVICE</b>                | Insulin detemir                                   | (Levemir®)   | Diabetes in adults & children >1 yrs                                                                        | <b>Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation</b> | <a href="#">NG18 - Nov 16</a>     |
| <b>ADVICE</b>                | Insulin glargine                                  | (Lantus®)    | Diabetes mellitus                                                                                           | <b>Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation</b> | <a href="#">NG18 - Nov 16</a>     |
| <b>ADVICE</b>                | Insulin glargine 300 units/ml (Toujeo®)           | (Toujeo®)    | Restricted use in adults aged ≥18 years with diabetes mellitus under specified criteria - see full guidance | <b>Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation</b> | NICE has not issued any guidance. |
| <b>BLACK</b>                 | Insulin Glargine and Lixisenatide solution        | (Suliqua®)   | Diabetes mellitus                                                                                           | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                        | NICE has not issued any guidance. |
| <b>ADVICE</b>                | Insulin glargine biosimilar 100iu/ml (Abasaglar®) | (Abasaglar®) | Diabetes mellitus                                                                                           | <b>Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation</b> | NICE has not issued any guidance. |

| Traffic Light Classification | Drug Name                                             | Brand Name                                        | Indication (assume licenced unless stated)                                                                       | Instructions for Prescriber                                                                                                              | NICE Guidance                     |
|------------------------------|-------------------------------------------------------|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| ADVICE                       | Insulin glulisine                                     | (Apidra®)                                         | Diabetes mellitus                                                                                                | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation | NICE has not issued any guidance. |
| ADVICE                       | Insulin Lispro                                        | Lyumjev®                                          | adults with type 1 and type 2 diabetes                                                                           | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation | NICE has not issued any guidance. |
| ADVICE                       | Insulin Lispro ▼<br>200units/ml<br>(Humalog KwikPen®) | (Humalog KwikPen®)                                | A specific group of adults with diabetes mellitus who require more than 20 units of quick-acting insulin per day | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation | NICE has not issued any guidance. |
| RED                          | Insulin pump therapy                                  | (Continuous Subcutaneous Insulin Infusion (CSII)) | Type 1 Diabetes under specified circumstances                                                                    | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance. |
| RED                          | Interferon alfa                                       | (Roferon-A®, Viraferon®)                          | In combination with ribavirin for Hepatitis C, and for Hepatitis B - as per NICE 75 and CG 165                   | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA75 - Sep 10</a>     |
| RED                          | Interferon alfa                                       | (Roferon-A®, Viraferon®)                          | Adjunct to surgery in malignant melanoma                                                                         | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance. |
| RED                          | Interferon alfa                                       | (Roferon-A®, Viraferon®)                          | Metastatic renal cell carcinoma                                                                                  | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance. |
| RED                          | Interferon alfa                                       | (Roferon-A®, Viraferon®)                          | Chronic myelogenous leukaemia                                                                                    | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance. |

| Traffic Light Classification | Drug Name                       | Brand Name          | Indication (assume licenced unless stated)                                                                       | Instructions for Prescriber                                                                                    | NICE Guidance                           |
|------------------------------|---------------------------------|---------------------|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <b>RED</b>                   | Interferon beta 1a              | (Avonex®, Rebif®)   | Multiple Sclerosis - as per NICE TA 527                                                                          | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA527 - Jun 18</a>          |
| <b>BLACK</b>                 | Interferon beta 1b (Betaferon®) | (Betaferon®)        | Multiple sclerosis - as per NICE TA 527                                                                          | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA527 - Jun 18</a>          |
| <b>RED</b>                   | Interferon beta 1b (Extavia®)   | (Extavia®)          | Multiple Sclerosis - as per NICE TA 527                                                                          | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA527 - Jun 18</a>          |
| <b>RED</b>                   | Intrathecal drug delivery       | (Procedure)         | Treatment of severe cancer pain                                                                                  | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.       |
| <b>RED</b>                   | Intrathecal pumps               | (Intrathecal pumps) | Treatment of severe chronic (non-cancer) pain                                                                    | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.       |
| <b>RED</b>                   | Intravenous nutrition           | (SMOFlipid®)        | Total Parenteral Nutrition in premature infants with intestinal failure                                          | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.       |
| <b>RED</b>                   | Ipilimumab                      | (Yervoy®)           | Previously treated advanced (unresectable or metastatic) melanoma (stage III or IV) in previously treated people | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA268 - Dec 12</a>          |
| <b>RED</b>                   | Ipilimumab                      | (Yervoy®)           | Previously untreated advanced (unresectable or metastatic) melanoma                                              | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA319 - Jul 14</a>          |
| <b>BLACK</b>                 | i-Port advance                  | n/a                 | Blood glucose monitoring as per PAC policy March 2020                                                            | Not commissioned. No NHS prescribing in primary or secondary care                                              | NICE has not issued any guidance.       |
| <b>RED</b>                   | Iptacopan                       | Fabhalta®           | paroxysmal nocturnal haemoglobinuria                                                                             | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA1000 – September 2024</a> |

| Traffic Light Classification | Drug Name                                     | Brand Name    | Indication (assume licenced unless stated)                                                | Instructions for Prescriber                                                                                                                                                              | NICE Guidance                          |
|------------------------------|-----------------------------------------------|---------------|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <b>BLACK</b>                 | IQoro neuromuscular training device           | ()            | Hiatus hernia - improving symptoms                                                        | Not commissioned. No NHS prescribing in primary or secondary care                                                                                                                        | <a href="#">MIB 176 - March 2019</a>   |
| <b>BLACK</b>                 | IQoro neuromuscular training device           | ()            | Stroke-related dysphagia                                                                  | Not commissioned. No NHS prescribing in primary or secondary care                                                                                                                        | <a href="#">MIB175 - Mar 19</a>        |
| <b>RED</b>                   | Irinotecan                                    | (Campto®)     | Colorectal cancer 2nd line                                                                | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                           | <a href="#">TA93 - Aug 05</a>          |
| <b>RED</b>                   | Isatuximab                                    | Sarclisa®     | with pomalidomide and dexamethasone for treating relapsed and refractory multiple myeloma | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                           | <a href="#">TA658 – November 2020</a>  |
| <b>BLACK</b>                 | Isatuximab with carfilzomib and dexamethasone | N/A           | relapsed or refractory multiple myeloma (terminated)                                      | Not commissioned. No NHS prescribing in primary or secondary care                                                                                                                        | <a href="#">TA727 – September 2021</a> |
| <b>RED</b>                   | Isavuconazole                                 | (Cresemba®)   | Systemic fungal infections                                                                | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                           | NICE has not issued any guidance.      |
| <b>ADVICE</b>                | Isoniazid                                     | various       | Non-TB related mycobacterium infections                                                   | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation<br>Consultant responsible for the first script. | NICE has not issued any guidance.      |
| <b>RED</b>                   | Isotretinoin                                  | (Roaccutane®) | All indications                                                                           | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                           | NICE has not issued any guidance.      |



| Traffic Light Classification | Drug Name                                                                       | Brand Name                                                                                    | Indication (assume licenced unless stated)                                                              | Instructions for Prescriber                                                                                                                                                                                                              | NICE Guidance                        |
|------------------------------|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| ADVICE                       | Ivabradine ▼                                                                    | (Procoralan® ▼)                                                                               | Treatment of chronic heart failure                                                                      | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation<br>Consultant/Specialist should prescribe for an initial period until the patient is stabilise. | <a href="#">TA267 - Nov 12</a>       |
| RED                          | Ivacaftor ▼                                                                     | (Kalydeco® ▼)                                                                                 | Cystic Fibrosis                                                                                         | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                                                           | NICE has not issued any guidance.    |
| RED                          | Ivacaftor–tezacaftor–elexacaftor, tezacaftor–ivacaftor and lumacaftor–ivacaftor | (IVA–TEZ–ELX ; Kaftrio, Vertex®), (TEZ–IVA; Symkevi, Vertex®) and (LUM–IVA; Orkambi, Vertex®) | cystic fibrosis                                                                                         | Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                                                                            | <a href="#">TA988 – July 2024</a>    |
| ADVICE                       | Ivermectin (oral)                                                               |                                                                                               | Scabies                                                                                                 | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation                                                                                                 | NICE has not issued any guidance.    |
| RED                          | Ivosidenib                                                                      | Tibsovo®                                                                                      | for treating advanced cholangiocarcinoma with an IDH1 R132 mutation after 1 or more systemic treatments | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                                                           | <a href="#">TA948 – January 2024</a> |
| RED                          | Ivosidenib                                                                      | Tibsovo®                                                                                      | with azacitidine for untreated acute myeloid leukaemia with an IDH1 R132 mutation                       | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                                                           | <a href="#">TA979 – June 2024</a>    |
| RED                          | Ixazomib                                                                        | (Ninlaro®)                                                                                    | Amyloidosis                                                                                             | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                                                           | NICE has not issued any guidance.    |



| Traffic Light Classification | Drug Name                  | Brand Name                                | Indication (assume licenced unless stated)                                                                                                               | Instructions for Prescriber                                                                                                              | NICE Guidance                         |
|------------------------------|----------------------------|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| RED                          | Ixazomib                   | Ninlaro®                                  | with lenalidomide and dexamethasone for treating relapsed or refractory multiple myeloma                                                                 | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA870 – February 2023</a> |
| RED                          | Ixekizumab                 | (Taltz®)                                  | Active psoriatic arthritis after inadequate response to DMARDs, used alone or with methotrexate - as per NICE TA 537                                     | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA537 - Aug 18</a>        |
| RED                          | Ixekizumab                 | Taltz®                                    | axial spondyloarthritis                                                                                                                                  | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA718 – July 2021</a>     |
| RED                          | Ixekizumab ▼               | (Taltz® ▼)                                | 3rd line biologic option in moderate to severe plaque psoriasis under certain conditions - as per NICE TA 442 and local treatment pathway                | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA442 - Apr 17</a>        |
| RED                          | Jaw rehabilitation devices | (Therabite®)                              | Following head and neck radiotherapy or head and neck surgery when recommended by an appropriate Secondary Care Specialist                               | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance.     |
| ADVICE                       | Ketogenic Diet Therapy     | various                                   | ketogenic diets, epilepsy & neurometabolic disorders as part of tertiary service provided by Addenbrookes                                                | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation | NICE has not issued any guidance      |
| BLACK                        | Ketoprofen/omeprazole      | (Axorid®)                                 | Patients requiring ketoprofen for OA, RA and ankylosing spondylitis who are at risk of NSAID-associated DU or GU                                         | Not commissioned. No NHS prescribing in primary or secondary care                                                                        | NICE has not issued any guidance.     |
| ADVICE                       | Lacosamide                 | (Vimpat®)                                 | Adjunctive therapy in the treatment of partial-onset seizures with or without secondary generalisation in patients with epilepsy aged 16 years and older | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation | NICE has not issued any guidance.     |
| RED                          | Lamivudine                 | (Epivir, Zeffix (generic also available)) | Chronic hepatitis B                                                                                                                                      | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">CG165 - Jun 13</a>        |

| Traffic Light Classification | Drug Name                   | Brand Name                                  | Indication (assume licenced unless stated)                                                     | Instructions for Prescriber                                                                                                                                                                                                             | NICE Guidance                     |
|------------------------------|-----------------------------|---------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>RED</b>                   | Lamivudine                  | (Epivir, Zeffix (generic also available))   | HIV                                                                                            | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                                                                   | NICE has not issued any guidance. |
| <b>Double Red</b>            | Lamotrigine                 | (Lamictal®; Generics are available)         | Augmentation of an antidepressant - as per NICE CG 90 - Do Not Do (Not a licensed indication). | <b>Not recommended for routine use</b>                                                                                                                                                                                                  | <a href="#">CG90 - Oct 09</a>     |
| <b>ADVICE</b>                | Lamotrigine                 | (Lamictal®)                                 | (Relapse of) Bipolar Depression (as alternative to, or in addition to lithium)                 | <b>Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation</b><br>Consultant should recommend, but GP can take responsibility for all scripts 4 weeks. | NICE has not issued any guidance. |
| <b>RED</b>                   | Lanadelumab                 | (Takhzyro®)                                 | Prevention of recurrent attacks of hereditary angioedema                                       | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                                                                   | <a href="#">TA606 - Oct 19</a>    |
| <b>BLACK</b>                 | Lancet (single use, safety) | All brands except neon-verifine (see above) | Single use safety lancet                                                                       | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                                                                                                                | NICE has not issued any guidance. |
| <b>ADVICE</b>                | Lanreotide                  | (Somatuline LA®)                            | Reducing vomiting in terminal bowel obstruction                                                | <b>Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation</b>                                                                                         | NICE has not issued any guidance. |
| <b>RED</b>                   | Lanreotide                  | (Somatuline®)                               | Congenital hyperinsulinism (Not a licensed indication).                                        | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                                                                   | NICE has not issued any guidance. |
| <b>RED</b>                   | Lanreotide                  | (Somatuline® LA)                            | Acromegaly                                                                                     | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                                                                   | NICE has not issued any guidance. |

| Traffic Light Classification | Drug Name              | Brand Name                               | Indication (assume licenced unless stated)                                                       | Instructions for Prescriber                                                                                                                     | NICE Guidance                         |
|------------------------------|------------------------|------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| <b>RED</b>                   | Lanreotide             | (Somatuline LA®)                         | Carcinoid and other neuroendocrine tumours - for new patients                                    | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | NICE has not issued any guidance.     |
| <b>ADVICE</b>                | Lanthanum carbonate    | (Fosrenol®)                              | Hyperphosphataemia in end-stage chronic renal failure - if on treatment before 1st April 2013    | <b>Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation</b> | NICE has not issued any guidance.     |
| <b>BLACK</b>                 | Lapatinib              | (Tyverb®)                                | 1st-line treatment of metastatic hormone-receptor-positive breast cancer that overexpresses HER2 | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                        | <a href="#">TA257 - Jun 12</a>        |
| <b>RED</b>                   | Laquinimod             | (Nerventra®<br>(not licensed in the UK)) | Multiple sclerosis                                                                               | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | NICE has not issued any guidance.     |
| <b>RED</b>                   | Laronidase             | (Aldurazyme®)                            | Treatment of non-neurological manifestations of mucopolysaccharidosis I - as per NHSE policy     | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | NICE has not issued any guidance.     |
| <b>RED</b>                   | Larotrectinib          | (Vitrakvi®)                              | treating NTRK fusion-positive solid tumours                                                      | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | <a href="#">TA630 – May 2020</a>      |
| <b>RED</b>                   | Latanoprost–netarsudil | Roclanda®                                | previously treated primary open-angle glaucoma or ocular hypertension                            | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | <a href="#">TA1009 – October 2024</a> |
| <b>RED</b>                   | Lebrikizumab           |                                          | Asthma                                                                                           | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | NICE has not issued any guidance.     |
| <b>RED</b>                   | Lebrikizumab           | Ebglyss®                                 | moderate to severe atopic dermatitis in people 12 years and over                                 | <b>Red/Hospital - Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                             | <a href="#">TA986 – July 2024</a>     |

| Traffic Light Classification | Drug Name                       | Brand Name    | Indication (assume licenced unless stated)                                                                                  | Instructions for Prescriber                                                                                       | NICE Guidance                      |
|------------------------------|---------------------------------|---------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|------------------------------------|
| RED                          | Ledipasvir-sofosbuvir ▼         | (Harvoni® ▼)  | For treating chronic hepatitis C as per NICE TA 363                                                                         | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care    | <a href="#">TA363 - Nov 15</a>     |
| SCA                          | <a href="#">Leflunomide</a>     | (Arava®)      | Rheumatoid arthritis and psoriatic arthritis                                                                                | Shared Care Agreement Level 2 - Prescribe the drug and perform a more intense level of monitoring, e.g. quarterly | <a href="#">CG79 - Feb 09</a>      |
| BLACK                        | Lenalidomide                    | (Revlimid®)   | With bortezomib and dexamethasone for untreated multiple myeloma (terminated appraisal)                                     | Not commissioned. No NHS prescribing in primary or secondary care                                                 | <a href="#">TA603 - Sep 19</a>     |
| RED                          | Lenalidomide                    | Revlimid®     | After an autologous stem cell transplant for newly diagnosed multiple myeloma                                               | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care    | <a href="#">TA680 – March 2021</a> |
| BLACK                        | Lenalidomide                    | n/a           | relapsed or refractory mantle cell lymphoma (terminated appraisal)                                                          | Not commissioned. No NHS prescribing in primary or secondary care                                                 | <a href="#">TA774 – March 2022</a> |
| RED                          | Lenalidomide                    | (Revlimid®)   | POEMS syndrome - as per NHSE policy (Not a licensed indication).                                                            | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care    | NICE has not issued any guidance.  |
| RED                          | Lenalidomide                    | (Revlimid®)   | Cancer - as per NHSE policy / Cancer Drugs Fund (Various indications).                                                      | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care    | NICE has not issued any guidance.  |
| RED                          | Lenalidomide ▼                  | (Revlimid® ▼) | Treatment of multiple myeloma in people who have received at least two prior therapies - as per NICE TA 171                 | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care    | <a href="#">TA171 - Jun 09</a>     |
| RED                          | Lenalidomide ▼                  | (Revlimid® ▼) | Treatment of myelodysplastic syndromes associated with an isolated deletion 5q cytogenetic abnormality - as per NICE TA 322 | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care    | <a href="#">TA322 - Sep 14</a>     |
| RED                          | Lenalidomide plus dexamethasone | (Revlimid®)   | Multiple myeloma after 1 treatment with bortezomib                                                                          | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care    | <a href="#">TA586 - Jun 19</a>     |

| Traffic Light Classification | Drug Name                       | Brand Name                               | Indication (assume licenced unless stated)                                                                                                                         | Instructions for Prescriber                                                                                    | NICE Guidance                     |
|------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------------------|
| RED                          | Lenalidomide plus dexamethasone | ( <i>Revlimid®</i> )                     | Previously untreated multiple myeloma                                                                                                                              | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA587 - Jun 19</a>    |
| RED                          | Lenalidomide with rituximab     | <i>REVLIMID®</i>                         | With rituximab for previously treated follicular lymphoma as per TA627                                                                                             | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA627 - April 20</a>  |
| RED                          | Lenograstim                     | ( <i>Granocyte®</i> )                    | Barth Syndrome - Highly specialised criteria by Specialist centres only (Not a licensed indication).                                                               | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance. |
| RED                          | Lenograstim                     | ( <i>Granocyte®</i> )                    | Reduction in the duration of neutropenia and the incidence of febrile neutropenia in patients treated with established cytotoxic chemotherapy for malignancy       | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance. |
| RED                          | Lenvatinib                      | ( <i>Lenvima®</i> )                      | Untreated advanced, unresectable hepatocellular carcinoma in adults - as per NICE TA 551                                                                           | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA551 - Dec 18</a>    |
| RED                          | Lenvatinib                      | Kispplx®                                 | with pembrolizumab (Keytruda®) for untreated advanced renal cell carcinoma                                                                                         | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA858 – Jan 2023</a>  |
| RED                          | Lenvatinib (with sorafenib)     | ( <i>Lenvima® (used with Nexavar®)</i> ) | Progressive, locally advanced or metastatic differentiated thyroid cancer - as per NICE TA 535                                                                     | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA535 - Aug 18</a>    |
| RED                          | Lenvatinib ▼ (with everolimus)  | ( <i>Kispplx® ▼</i> )                    | Previously treated advanced renal cell carcinoma in adults who have had 1 previous vascular endothelial growth factor (VEGF)-targeted therapy - as per NICE TA 498 | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA498 - Jan 18</a>    |
| RED                          | Leronlimab                      |                                          | HIV                                                                                                                                                                | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance. |

| Traffic Light Classification | Drug Name                                          | Brand Name           | Indication (assume licenced unless stated)                                                                                                                                           | Instructions for Prescriber                                                                                                                     | NICE Guidance                     |
|------------------------------|----------------------------------------------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>BLACK</b>                 | Lesinurad ▼<br>(with a xanthine oxidase inhibitor) | (Zurampic® ▼)        | Chronic hyperuricaemia in people with gout whose serum uric acid is above the target level despite an adequate dose of a xanthine oxidase inhibitor alone                            | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                        | <a href="#">TA506 - Feb 18</a>    |
| <b>RED</b>                   | Letermovir                                         | (Prevymis®)          | Prophylaxis of cytomegalovirus (CMV) reactivation and disease in adult CMV-seropositive recipients of an allogeneic haematopoietic stem cell transplant (HSCT) - NHSE responsibility | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | <a href="#">TA591 - Jul 19</a>    |
| <b>ADVICE</b>                | Letrozole                                          | (Femara®)            | Adjuvant treatment of early oestrogen-receptor-positive breast cancer in postmenopausal women                                                                                        | <b>Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation</b> | <a href="#">CG81 - Nov 06</a>     |
| <b>ADVICE</b>                | Leuprorelin acetate                                | (Prostap®; Lutrate®) | Prostate cancer                                                                                                                                                                      | <b>Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation</b> | NICE has not issued any guidance. |
| <b>SCA</b>                   | <a href="#">Leuprorelin acetate</a>                | (Prostap® SR)        | Management of endometriosis; pre-operative management of uterine fibroids                                                                                                            | <b>Shared Care Agreement Level 2 - Prescribe the drug and perform a more intense level of monitoring, e.g. quarterly</b>                        | <a href="#">NG73 - Sep 17</a>     |
| <b>Double Red</b>            | Levocetirizine                                     | (Xyzal®)             | Symptomatic relief of allergy such as hay fever, urticaria                                                                                                                           | <b>Not recommended for routine use</b>                                                                                                          | NICE has not issued any guidance. |
| <b>Double Red</b>            | Levodopa                                           | (Generic / various)  | Management of dystonia in adults with cerebral palsy - as per NG 119 - NICE Do Not Do (Not a licensed indication).                                                                   | <b>Not recommended for routine use</b>                                                                                                          | <a href="#">NG119 - Jan 19</a>    |
| <b>RED</b>                   | Levofloxacin (inhaled)                             | Quinsair®            | Cystic fibrosis                                                                                                                                                                      | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | NICE has not issued any guidance. |
| <b>RED</b>                   | Levoketoconazole                                   |                      | Cushing's disease                                                                                                                                                                    | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | NICE has not issued any guidance. |



| Traffic Light Classification | Drug Name                                         | Brand Name                 | Indication (assume licenced unless stated)                                                                                               | Instructions for Prescriber                                                                                                                                                                   | NICE Guidance                             |
|------------------------------|---------------------------------------------------|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| <b>BLACK</b>                 | Lidocaine / Prilocaine Spray                      | (Fortacin®)                | Primary premature ejaculation in adult men                                                                                               | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                                                                      | NICE has not issued any guidance.         |
| <b>ADVICE</b>                | Lidocaine 5% medicated plasters                   | (Versatis®)                | Localised neuropathic pain when first line systemic therapies are ineffective or not tolerated as per the local Neuropathic Pain Pathway | <b>Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation</b><br>Specialist to prescribe first month supply | <a href="#">CG173 - Nov 13</a>            |
| <b>RED</b>                   | Lidocaine/Hydro cortisone mouthwash               | n/a                        | restricted specialist prescribing only for mouth pain and inflammation in autoimmune diseases and oncology                               | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                         | NICE has not issued any guidance.         |
| <b>BLACK</b>                 | Lift products including juice shots and chew tabs | (previously Glucojuice)    | hypoglycaemia                                                                                                                            | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                                                                      | NICE has not issued any guidance.         |
| <b>RED</b>                   | Linezolid                                         | (Zyvox®)                   | Pneumonia, complicated skin and soft tissue infections caused by G+ve bacteria (Not a licensed indication).                              | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                         | NICE has not issued any guidance.         |
| <b>BLUE</b>                  | Linzagolix                                        | Yselty®                    | moderate to severe symptoms of uterine                                                                                                   | <b>NWICB are committed to fund positive NICE TA treatments. Awaiting clarification of place in pathway and commissioning arrangements. Further guidance will be issued when available</b>     | <a href="#">TA996 – August 2024</a>       |
| <b>BLACK</b>                 | Liothyronine                                      | (Generics)                 | Augmentation of an antidepressant - as per NICE CG 90 - Do Not Do (Not a licensed indication).                                           | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                                                                      | <a href="#">NG90 - Oct 09</a>             |
| <b>BLACK</b>                 | Liothyronine / L-tri-iodothyronine sodium (T3)    | (Cytomel, Triostat (U.S.)) | ROUTINE use of liothyronine as monotherapy or in combination with levvothroxine to treat hypothyroidism                                  | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                                                                      | <a href="#">RMOC guidance - June 2019</a> |



| Traffic Light Classification | Drug Name                                      | Brand Name                  | Indication (assume licenced unless stated)                                                                                                                                                       | Instructions for Prescriber                                                                                                                                                                                                                   | NICE Guidance                             |
|------------------------------|------------------------------------------------|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| <b>RED</b>                   | Liothyronine / L-tri-iodothyronine sodium (T3) | (Cytomel, Triostat (U.S.))  | Niche, short-term use for up to three months in patients awaiting surgery pre-cancer therapy                                                                                                     | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                                                                         | <a href="#">RMOC guidance - June 2019</a> |
| <b>ADVICE</b>                | Liothyronine / L-tri-iodothyronine sodium (T3) | (Cytomel / Triostat (U.S.)) | RESTRICTED use for long term treatment in rare cases of levothyroxine-induced liver injury, and are assessed by an NHS consultant as requiring treatment - as per RMOC guidance                  | <b>Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation</b><br>Consultant/Specialist should prescribe for an initial period of 3 months for new patients. | <a href="#">RMOC guidance - June 2019</a> |
| <b>ADVICE</b>                | Liothyronine / L-tri-iodothyronine sodium (T3) | (Cytomel, Triostat (U.S.))  | RESTRICTED use for patients in place of levothyroxine who continue to suffer with symptoms despite adequate biochemical correction, and are assessed by an NHS consultant as requiring treatment | <b>Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation</b><br>Consultant/Specialist should prescribe for an initial period of 3 months for new patients. | <a href="#">RMOC guidance - June 2019</a> |
| <b>BLACK</b>                 | Liothyronine/L-tri-iodothyronine sodium (T3)   | (Cytomel, Triostat (US))    | Resistant depression - as per RMOC guidance                                                                                                                                                      | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                                                                                                                      | <a href="#">RMOC guidance - June 2019</a> |
| <b>RED</b>                   | Liothyronine/L-tri-iodothyronine sodium (T3)   | (Cytomel, Triostat (US))    | Patients with thyroid cancer following thyroid surgery, pre- and post radio iodine ablation                                                                                                      | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                                                                         | <a href="#">RMOC guidance - June 2019</a> |
| <b>RED</b>                   | Liposomal cytarabine-daunorubicin              | (Vyxeos®)                   | Untreated therapy-related acute myeloid leukaemia or acute myeloid leukaemia with myelodysplasia-related changes in adults - as per NICE TA 552                                                  | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                                                                         | <a href="#">TA552 - Dec 18</a>            |
| <b>ADVICE</b>                | Liraglutide                                    | (Victoza®)                  | Adjunctive use in Type 2 diabetes                                                                                                                                                                | <b>Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation</b>                                                                                               | <a href="#">TA203 - Oct 10</a>            |

| Traffic Light Classification | Drug Name                                            | Brand Name                         | Indication (assume licenced unless stated)                                                                                                     | Instructions for Prescriber                                                                                                                                                              | NICE Guidance                         |
|------------------------------|------------------------------------------------------|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| <b>BLACK</b>                 | Liraglutide                                          | (Saxenda® ▼)                       | managing obesity in people aged 12 to 17 years (terminated appraisal)                                                                          | Not commissioned. No NHS prescribing in primary or secondary care                                                                                                                        | <a href="#">TA749 – December 2021</a> |
| <b>BLACK</b>                 | Liraglutide                                          | (Victoza®)                         | 1.8 mg dose for Type 2 diabetes mellitus                                                                                                       | Not commissioned. No NHS prescribing in primary or secondary care                                                                                                                        | <a href="#">NG28 - Dec 15</a>         |
| <b>RED</b>                   | Liraglutide (marketed as Saxenda®)▼                  | (Saxenda® ▼)                       | Treatment of obesity                                                                                                                           | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                           | <a href="#">TA664 - Dec 2020</a>      |
| <b>SCA</b>                   | <a href="#">Lisdexamfetamine Mesilate ▼</a>          | (Elvanse®)                         | Attention Deficit Hyperactivity Disorder in adults (if continued from childhood)                                                               | Shared Care Agreement Level 1 - Prescribe the drug and perform a higher level of monitoring, e.g. 6-monthly                                                                              | <a href="#">NG87 - Mar 18</a>         |
| <b>SCA</b>                   | Lisdexamfetamine Mesilate ▼ (currently under review) | (Elvanse® ▼)                       | ADHD in children aged 6 years and over, up to 17 years when response to previous methylphenidate treatment is considered clinically inadequate | Shared Care Agreement Level 3 - Prescribe the drug and perform significant monitoring including measurements such as height, weight, blood pressure and ECG                              | <a href="#">NG87 - Mar 18</a>         |
| <b>BLACK</b>                 | Lisocabtagene maraleucel                             |                                    | relapsed or refractory aggressive B-cell non-Hodgkin lymphoma                                                                                  | Not for prescribing in primary or secondary care                                                                                                                                         | <a href="#">TA987 – July 2024</a>     |
| <b>ADVICE</b>                | Lithium                                              | (Various - prescribe branded only) | Treatment and prophylaxis of mania, bipolar disorder, and recurrent depression; aggressive or self-mutilating behaviour                        | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation<br>Consultant responsible for the first script. | NICE has not issued any guidance.     |
| <b>ADVICE</b>                | Lixisenatide                                         | (Lyxumia®)                         | Treatment of Type 2 diabetes, HbA1c ≥ 58mmol/mol (7.5%), BMI ≥35 kg/m2                                                                         | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation                                                 | NICE has not issued any guidance.     |
| <b>RED</b>                   | Lixivaptan (Unlicensed drug)                         | ((unlicensed drug))                | Hyponatraemia and other endocrine uses - NHSE responsibility                                                                                   | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                           | NICE has not issued any guidance.     |

| Traffic Light Classification | Drug Name                  | Brand Name   | Indication (assume licenced unless stated)                                                                                                                                   | Instructions for Prescriber                                                                                    | NICE Guidance                        |
|------------------------------|----------------------------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------|
| <b>RED</b>                   | Lomitapide                 | (Lojuxta®)   | Homozygous familial hypercholesterolemia                                                                                                                                     | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.    |
| <b>RED</b>                   | Lomustine                  | (CCNU®)      | All indications                                                                                                                                                              | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.    |
| <b>Double Red</b>            | Lonafarnib                 | (Sarasar®)   | Hepatitis D infection (with ritonavir)                                                                                                                                       | Not recommended for routine use                                                                                | NICE has not issued any guidance.    |
| <b>RED</b>                   | Loncastuximab tesirine     | Zynlonta®    | for treating relapsed or refractory diffuse large B-cell lymphoma and high-grade B-cell lymphoma after 2 or more systemic treatments                                         | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA947 – January 2024</a> |
| <b>RED</b>                   | Lopinavir (with ritonavir) | (Kaletra®)   | HIV infection in combination with other antiretroviral drugs                                                                                                                 | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.    |
| <b>RED</b>                   | Lorlatinib                 | (Lorviqua®)  | previously treated ALK-positive advanced non-small-cell lung cancer                                                                                                          | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA628 – May 2020</a>     |
| <b>BLACK</b>                 | Lorlatinib                 | Lorviqua®    | untreated ALK-positive advanced non-small-cell lung cancer                                                                                                                   | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA909 – July 2023</a>    |
| <b>BLACK</b>                 | Loxapine inhalation        | (Adasuve®)   | Acute agitation and disturbed behaviours associated with schizophrenia and bipolar disorder (terminated appraisal)                                                           | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA286 - May 14</a>       |
| <b>BLACK</b>                 | Lumacaftor-ivacaftor ▼     | (Orkambi® ▼) | For treating cystic fibrosis in people 12 years and older who are homozygous for the F508del mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA398 - Jul 16</a>       |
| <b>RED</b>                   | Lumasiran                  | Oxlumo®      | hyperoxaluria type 1                                                                                                                                                         | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">HST25 – April 2023</a>   |

| Traffic Light Classification | Drug Name                     | Brand Name   | Indication (assume licenced unless stated)                                                                                                                                                     | Instructions for Prescriber                                                                                                                                                                                          | NICE Guidance                         |
|------------------------------|-------------------------------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| ADVICE                       | Lurasidone ▼                  | Latuda®      | Third antipsychotic option for schizophrenia in adults aged 18 years and over                                                                                                                  | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation                                                                             | NICE has not issued any guidance.     |
| ADVICE                       | Lurasidone ▼                  | Latuda®      | Treatment of schizophrenia in adults aged 18 years and over - third-line option under the Early Intervention Treatment Pathway                                                                 | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation<br>Consultant/Specialist should prescribe for an initial period of 4 weeks. | NICE has not issued any guidance.     |
| BLACK                        | Lurasidone ▼                  | Latuda®      | Off-label use to manage hallucinations/aggression relating to dementia                                                                                                                         | Not commissioned. No NHS prescribing in primary or secondary care                                                                                                                                                    | NICE has not issued any guidance.     |
| RED                          | Luspatercept                  |              | Cancer                                                                                                                                                                                         | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                                       | NICE has not issued any guidance.     |
| BLACK                        | Luspatercept                  | n/a          | anaemia caused by beta-thalassaemia (terminated appraisal)                                                                                                                                     | Not commissioned. No NHS prescribing in primary or secondary care                                                                                                                                                    | <a href="#">TA843 – November 2022</a> |
| BLACK                        | Luspatercept                  | n/a          | anaemia caused by myelodysplastic syndromes (terminated appraisal)                                                                                                                             | Not commissioned. No NHS prescribing in primary or secondary care                                                                                                                                                    | <a href="#">TA844 – November 2022</a> |
| RED                          | Lusutrombopag                 | MULPLEO®     | Treating thrombocytopenia in people with chronic liver disease needing a planned invasive procedure as per TA617                                                                               | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                                       | <a href="#">TA617 - Jan 20</a>        |
| RED                          | Lutetium(177Lu) oxodotreotide | (Lutathera®) | Unresectable or metastatic, progressive, well-differentiated (grade 1 or grade 2), somatostatin receptor-positive gastroenteropancreatic neuroendocrine tumours in adults - as per NICE TA 539 | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                                       | <a href="#">TA539 - Aug 18</a>        |

| Traffic Light Classification | Drug Name                                                 | Brand Name                                                    | Indication (assume licenced unless stated)                                           | Instructions for Prescriber                                                                                                              | NICE Guidance                         |
|------------------------------|-----------------------------------------------------------|---------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| <b>BLACK</b>                 | Lutetium-177 vipivotide tetraxetan                        | Pluvicto®                                                     | PSMA-positive hormone-relapsed metastatic prostate cancer after 2 or more treatments | Not commissioned. No NHS prescribing in primary or secondary care                                                                        | <a href="#">TA930 – November 2023</a> |
| <b>RED</b>                   | Macimorelin                                               | (Macrilen®)                                                   | Growth hormone deficiency in adults (diagnostic test)                                | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance.     |
| <b>RED</b>                   | Macitentan                                                | (Opsumit®)                                                    | Pulmonary Arterial Hypertension                                                      | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance.     |
| <b>ADVICE</b>                | Magnesium lactate MR (prescribe as Magnalac SR 84mg tabs) | Magnalac SR 84mg tabs                                         | Gitelman's syndrome                                                                  | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation | NICE has not issued any guidance      |
| <b>BLACK</b>                 | Malaria prophylaxis                                       | (Choroquine Malarone®<br>Mefloquine<br>Primaquine<br>Proguan) | Malaria chemoprophylaxis                                                             | Not commissioned. No NHS prescribing in primary or secondary care                                                                        | NICE has not issued any guidance.     |
| <b>RED</b>                   | Mannitol (dry powder for inhalation)                      | (Bronchitol®)                                                 | (Adjunctive) treatment of cystic fibrosis (CF)                                       | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA266 - Nov 12</a>        |
| <b>RED</b>                   | Maralixibat                                               |                                                               | Alagille syndrome                                                                    | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance.     |
| <b>RED</b>                   | Maraviroc                                                 | (Celsentri®)                                                  | HIV infection in combination with other antiretroviral drugs                         | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance.     |
| <b>RED</b>                   | Maribavir                                                 | Livtency®                                                     | refractory cytomegalovirus infection after transplant                                | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA860 – Jan 2023</a>      |

| Traffic Light Classification | Drug Name                     | Brand Name                                                                                                                                              | Indication (assume licenced unless stated)                                                                                                                                                | Instructions for Prescriber                                                                                    | NICE Guidance                          |
|------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------|
| RED                          | Masitinib                     | (Masipro®)                                                                                                                                              | Pancreatic cancer / GIST                                                                                                                                                                  | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.      |
| RED                          | Mavacamten                    | Camzyos®                                                                                                                                                | symptomatic obstructive hypertrophic cardiomyopathy                                                                                                                                       | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA913 – September 2023</a> |
| RED                          | Mecasermin                    |                                                                                                                                                         | Growth failure                                                                                                                                                                            | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.      |
| BLACK                        | Melanorm-HC®                  | (Melanorm-HC®)                                                                                                                                          | Melasma / Chloasma                                                                                                                                                                        | Not commissioned. No NHS prescribing in primary or secondary care                                              | NICE has not issued any guidance.      |
| BLACK                        | Melatonin                     | SLENYTO®                                                                                                                                                | Various indications                                                                                                                                                                       | Not commissioned. No NHS prescribing in primary or secondary care                                              | NICE has not issued any guidance.      |
| BLACK                        | Melatonin                     | (Colonis®, Ceyesto®, Syncrodin®)                                                                                                                        | Jet lag (Not a licensed indication).                                                                                                                                                      | Not commissioned. No NHS prescribing in primary or secondary care                                              | NICE has not issued any guidance.      |
| SCA                          | <a href="#">Melatonin</a>     | Standard release - Adaflex®, Ceyesto®<br>Prolonged release - Circadin®,<br>Film coated - Syncrodin®<br>Melatonin 2mg modified release tablets (generic) | Management of sleep disorders in children                                                                                                                                                 | Prescribe the drug and perform a basic level of monitoring, e.g. a standard annual review                      | NICE has not issued any guidance.      |
| RED                          | Melatonin liquid preparations | Various                                                                                                                                                 | Only for use in patients with fine bore enteral feeding tubes or where there is risk of tube occlusion. Only to be prescribed in secondary care. Not commissioned for use in primary care | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.      |



| Traffic Light Classification | Drug Name                                          | Brand Name                         | Indication (assume licenced unless stated)                                                                                                                               | Instructions for Prescriber                                                                                           | NICE Guidance                          |
|------------------------------|----------------------------------------------------|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <b>RED</b>                   | Melatonin Prolonged Release (Circadin)             | (Circadin®)                        | Monotherapy in short term management of primary insomnia characterised by poor quality of sleep in patients aged 55 years or over whilst at the Julian Hospital, Norwich | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance.      |
| <b>BLACK</b>                 | Melatonin prolonged-release tablets ▼ (Circadin) ▼ | (Circadin® ▼)                      | Management of sleep disorders in adults aged 18-55                                                                                                                       | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | NICE has not issued any guidance.      |
| <b>BLACK</b>                 | Melatonin prolonged-release tablets ▼ (Circadin) ▼ | (Circadin® ▼)                      | Short term treatment of primary insomnia in adults aged 55 years and over                                                                                                | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | NICE has not issued any guidance.      |
| <b>BLACK</b>                 | Melphalan                                          | (Alkeran®)                         | haematological diseases before allogeneic haematopoietic stem cell transplant (terminated appraisal)                                                                     | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | <a href="#">TA822 – September 2022</a> |
| <b>BLACK</b>                 | Melphalan flufenamide                              | Alkeran®                           | with dexamethasone for treating relapsed or refractory multiple myeloma (terminated appraisal)                                                                           | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | <a href="#">TA968 – April 2024</a>     |
| <b>SCA</b>                   | <a href="#">Memantine</a>                          | (Ebixa® (generics also available)) | Moderate to severe dementia in Alzheimer's Disease - as per NICE TA 217                                                                                                  | <b>Prescribe the drug and perform a basic level of monitoring, e.g. a standard annual review</b>                      | <a href="#">TA217 - Mar 11</a>         |
| <b>RED</b>                   | Mepolizumab                                        | Nucala®                            | Severe eosinophilic asthma                                                                                                                                               | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA671 – February 2021</a>  |
| <b>BLACK</b>                 | Mepolizumab                                        | Nucala                             | eosinophilic granulomatosis with polyangiitis (terminated appraisal)                                                                                                     | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | <a href="#">TA845 – November 2022</a>  |
| <b>BLACK</b>                 | Mepolizumab                                        | Nucala                             | severe hypereosinophilic syndrome (terminated appraisal)                                                                                                                 | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | <a href="#">TA846 – November 2022</a>  |
| <b>BLACK</b>                 | Mepolizumab                                        | Nucala                             | severe chronic rhinosinusitis with nasal polyps (terminated appraisal)                                                                                                   | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | <a href="#">TA847 – November 2022</a>  |



| Traffic Light Classification | Drug Name                                   | Brand Name              | Indication (assume licenced unless stated)                                                                                                | Instructions for Prescriber                                                                                                                     | NICE Guidance                     |
|------------------------------|---------------------------------------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>RED</b>                   | Mepolizumab ▼                               | ( <i>Nucala</i> ® ▼)    | Severe refractory eosinophilic asthma in adults - as per NICE TA 431                                                                      | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | <a href="#">TA431 - Jan 17</a>    |
| <b>BLACK</b>                 | Meptazinol                                  | Meptid                  | pain relief                                                                                                                               | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                        | NICE has not issued any guidance. |
| <b>RED</b>                   | Mercaptopurine                              | ( <i>Puri-Nethol</i> ®) | Acute leukaemias and chronic myeloid leukaemia                                                                                            | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | NICE has not issued any guidance. |
| <b>SCA</b>                   | <a href="#">Mercaptopurine 50mg tablets</a> | ( <i>Puri-Nethol</i> ®) | Steroid-sparing effect in ulcerative colitis and Crohn's disease (Not a licensed indication).                                             | <b>Shared Care Agreement Level 2 - Prescribe the drug and perform a more intense level of monitoring, e.g. quarterly</b>                        | NICE has not issued any guidance. |
| <b>RED</b>                   | Mesenchymal stem cells (Prochymal®)         | ( <i>Prochymal</i> ®)   | Acute Graft vs Host Disease (GVHD) & other indications                                                                                    | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | NICE has not issued any guidance. |
| <b>ADVICE</b>                | Methadone                                   | various                 | pain relief in palliative care                                                                                                            | <b>Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation</b> | NICE has not issued any guidance. |
| <b>ADVICE</b>                | Methadone                                   | various                 | refractory neuropathic pain, severe, iatrogenic opioid dependence patients, patients with chronic pain response to doses of strong opioid | <b>Formulary - suitable for prescribing in primary care following specialist advice from a Pain Management Service</b>                          | NICE has not issued any guidance. |
| <b>ADVICE</b>                | Methenamine                                 | Hiprex®                 | prophylaxis of uncomplicated lower urinary tract infections                                                                               | <b>Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation</b> | NICE has not issued any guidance. |
| <b>RED</b>                   | Methotrexate (Oral and injectable))         | ()                      | High doses used in malignant disease                                                                                                      | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | NICE has not issued any guidance. |

| Traffic Light Classification | Drug Name                                    | Brand Name                                 | Indication (assume licenced unless stated)                                                                                          | Instructions for Prescriber                                                                                                                                 | NICE Guidance                     |
|------------------------------|----------------------------------------------|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| SCA                          | <a href="#">Methotrexate (oral)</a>          | (Matrex® - generics are available)         | Rheumatoid Arthritis, Juvenile Arthritis, Connective Tissue Disease, Felty's Syndrome, Psoriasis, Crohn's Disease and Sarcoidosis   | Shared Care Agreement Level 3 - Prescribe the drug and perform significant monitoring including measurements such as height, weight, blood pressure and ECG | <a href="#">NG100 - Jul 18</a>    |
| SCA                          | <a href="#">Methotrexate (Parenteral)</a>    | (Metoject/Nordi met pens; Zlatal syringes) | Rheumatoid Arthritis, Juvenile Arthritis, Connective Tissue Disease, Felty's Syndrome, Psoriasis, Crohn's Disease and Sarcoidosis   | Shared Care Agreement Level 3 - Prescribe the drug and perform significant monitoring including measurements such as height, weight, blood pressure and ECG | <a href="#">NG100 - Jul 18</a>    |
| RED                          | Methoxy polyethylene glycol-epoetin beta ▼   | (Mircera® ▼)                               | Symptomatic anaemia associated with Chronic Kidney Disease (dialysis patients only)                                                 | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                              | <a href="#">CG114 - Nov 11</a>    |
| BLACK                        | Methylnaltrexone bromide ▼                   | (Relistor® ▼)                              | Opioid-induced bowel dysfunction in palliative care - as per NICE TA 468 (terminated appraisal)                                     | Not commissioned. No NHS prescribing in primary or secondary care                                                                                           | <a href="#">TA468 - Aug 17</a>    |
| SCA                          | <a href="#">Methylphenidate HCl</a>          | (see Shared Care Agreement)                | Narcolepsy in adults - All patients will be initiated by specialist centre in Cambridge. No new initiations in Norfolk and Waveney  | Shared Care Agreement Level 1 - Prescribe the drug and perform a higher level of monitoring, e.g. 6-monthly                                                 | NICE has not issued any guidance. |
| SCA                          | <a href="#">Methylphenidate HCl</a>          | (Various - see Shared Care Agreement)      | ADHD in adults                                                                                                                      | Shared Care Agreement Level 1 - Prescribe the drug and perform a higher level of monitoring, e.g. 6-monthly                                                 | <a href="#">NG87 - Mar 18</a>     |
| SCA                          | Methylphenidate HCl (currently under review) | (Various - see Shared Care Agreement)      | Attention Deficit Hyperactivity Disorder in Children and Adolescents                                                                | Shared Care Agreement Level 3 - Prescribe the drug and perform significant monitoring including measurements such as height, weight, blood pressure and ECG | <a href="#">NG87 - Mar 18</a>     |
| Double Red                   | Methylphenidate Hydrochloride                | (Various)                                  | Chronic fatigue syndrome/myalgic encephalomyelitis (or encephalopathy) - as per NICE CG 53 - Do Not Do (Not a licensed indication). | Not recommended for routine use                                                                                                                             | <a href="#">CG53 - Aug 07</a>     |

| Traffic Light Classification | Drug Name                                          | Brand Name                             | Indication (assume licenced unless stated)                                                                                                                                | Instructions for Prescriber                                                                                                              | NICE Guidance                         |
|------------------------------|----------------------------------------------------|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| RED                          | Metreleptin                                        | (Myalepta®)                            | Dyslipidaemia - Generalised lipodystrophy and partial lipodystrophy                                                                                                       | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">HST14 - Feb 2021</a>      |
| RED                          | Metyrapone                                         | Metopirone®)                           | Cushing's syndrome                                                                                                                                                        | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance.     |
| RED                          | Mexiletine (imported generic) unlicensed in the UK | (Unlicensed generic product in the UK) | Ventricular tachycardia only (Not a licensed indication).                                                                                                                 | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance.     |
| BLACK                        | Mexiletine (imported generic) unlicensed in the UK | (Unlicensed in the UK)                 | NOT recommended for any indication (EXCEPT ventricular tachycardia - Hospital / Specialist use only) (Not a licensed indication).                                         | Not commissioned. No NHS prescribing in primary or secondary care                                                                        | NICE has not issued any guidance.     |
| BLACK                        | Mexiletine (Namuscla®)                             | (Namuscla®)                            | NOT recommended for any indication (EXCEPT myotonia in adults with non-dystrophic myotonic disorders - as per NHSE commissioning policy - Hospital / Specialist use only) | Not commissioned. No NHS prescribing in primary or secondary care                                                                        | NICE has not issued any guidance.     |
| RED                          | Mexiletine (Namuscla®)                             | (Namuscla® (licensed High Cost Drug))  | Treatment of myotonia in adults with non-dystrophic myotonic disorders (NDMD) - as per NHSE policy - specialist use only                                                  | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA748 – December 2021</a> |
| Double Red                   | Micafungin                                         | (Mycamine®)                            | Systemic fungal infections                                                                                                                                                | Not recommended for routine use                                                                                                          | NICE has not issued any guidance.     |
| ADVICE                       | Midodrine                                          | (Bramox®, Midotense®)                  | Treatment of severe orthostatic hypotension due to autonomic dysfunction - second line use after fludrocortisone                                                          | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation | NICE has not issued any guidance.     |
| RED                          | Midostaurin                                        | (Rydapt®)                              | Untreated FLT3-mutation-positive acute myeloid leukaemia in adults - as per NICE TA 523                                                                                   | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA523 - July 2018</a>     |

| Traffic Light Classification | Drug Name                                    | Brand Name                      | Indication (assume licenced unless stated)                                                                                                                                                                   | Instructions for Prescriber                                                                                           | NICE Guidance                          |
|------------------------------|----------------------------------------------|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <b>RED</b>                   | Midostaurin                                  | Rydapt®                         | advanced systemic mastocytosis                                                                                                                                                                               | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA728 – September 2021</a> |
| <b>RED</b>                   | Mifamurtide                                  | (Mepact®)                       | Treatment of osteosarcoma                                                                                                                                                                                    | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA235 - Oct 11</a>         |
| <b>RED</b>                   | Migalastat ▼                                 | (Galafold® ▼)                   | Fabry disease in people over 16 years of age with an amenable mutation, and only if enzyme replacement therapy (ERT) (with agalsidase alfa or agalsidase beta) would otherwise be offered - as per NICE HST4 | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">HST4 - Feb 17</a>          |
| <b>RED</b>                   | Miglustat ▼                                  | (Zavesca® ▼)                    | Mild to moderate type I Gaucher's disease for whom enzyme replacement therapy is unsuitable / Niemann-Pick                                                                                                   | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance.      |
| <b>BLACK</b>                 | Mineralocorticoids (such as fludrocortisone) | (Generic s are available)       | Chronic fatigue syndrome/myalgic encephalomyelitis (or encephalopathy) - as per NICE CG 53 - Do Not Do (x).                                                                                                  | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | <a href="#">CG53 - Aug 07</a>          |
| <b>Double Red</b>            | Minocycline                                  | (Acnamino®, Minocin®, Sebomin®) | Acne vulgaris                                                                                                                                                                                                | <b>Not recommended for routine use</b>                                                                                | NICE has not issued any guidance.      |
| <b>BLACK</b>                 | Minoxidil                                    | (Regaine®)                      | Androgenetic alopecia                                                                                                                                                                                        | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | NICE has not issued any guidance.      |
| <b>RED</b>                   | Mirikizumab                                  | Omvoh®                          | moderately to severely active ulcerative colitis                                                                                                                                                             | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA925 – October 2023</a>   |
| <b>BLACK</b>                 | Mitapivat                                    | Pyrukynd®                       | pyruvate kinase deficiency (terminated appraisal)                                                                                                                                                            | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | <a href="#">TA867 – February 2023</a>  |

| Traffic Light Classification | Drug Name                            | Brand Name                  | Indication (assume licenced unless stated)                                                                                                                                       | Instructions for Prescriber                                                                                           | NICE Guidance                         |
|------------------------------|--------------------------------------|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| <b>RED</b>                   | Mitotane                             | (Lysodren®)                 | Adrenocortical carcinoma                                                                                                                                                         | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance.     |
| <b>RED</b>                   | Mobocertinib                         | EXKIVITY®                   | EGFR exon 20 insertion mutation-positive advanced non-small-cell lung cancer after platinum-based chemotherapy                                                                   | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA855 – Jan 2023</a>      |
| <b>BLACK</b>                 | Modafinil                            | (Provigil®)                 | All unlicensed indications, including excess sleepiness in MS, Parkinson's Disease, obstructive sleep apnoea, or chronic shift work sleep disorder. (Not a licensed indication). | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | <a href="#">CG186 - Oct 14</a>        |
| <b>SCA</b>                   | <a href="#">Modafinil</a>            | (see Shared Care Agreement) | Narcolepsy in adults - All patients will be initiated by specialist centre in Cambridge. No new initiations in Norfolk and Waveney                                               | <b>Shared Care Agreement Level 1 - Prescribe the drug and perform a higher level of monitoring, e.g. 6-monthly</b>    | NICE has not issued any guidance.     |
| <b>RED</b>                   | Mogamulizumab                        | Poteligeo®                  | previously treated mycosis fungoides and Sézary syndrome                                                                                                                         | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA754 – December 2021</a> |
| <b>RED</b>                   | Molgramostim (rhGM-CSF)              | (Molgradex®)                | Autoimmune (acquired) pulmonary alveolar proteinosis                                                                                                                             | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance.     |
| <b>RED</b>                   | Momelotinib                          | ()                          | Cancer                                                                                                                                                                           | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance.     |
| <b>RED</b>                   | Momelotinib                          | Omijara®)                   | myelofibrosis-related splenomegaly or symptoms                                                                                                                                   | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA957 – March 2024</a>    |
| <b>BLACK</b>                 | Monoamine oxidase inhibitors (MAOIs) | (Various)                   | Chronic fatigue syndrome/myalgic encephalomyelitis (or encephalopathy) - as per NICE CG 53 - Do Not Do (Not a licensed indication).                                              | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | <a href="#">CG53 - Aug 07</a>         |

| Traffic Light Classification | Drug Name                                                 | Brand Name                      | Indication (assume licenced unless stated)                                                                                                                                                                                        | Instructions for Prescriber                                                                                              | NICE Guidance                     |
|------------------------------|-----------------------------------------------------------|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>BLACK</b>                 | Mosunetuzumab                                             | Lunsumio®                       | relapsed or refractory follicular lymphoma                                                                                                                                                                                        | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                 | <a href="#">TA892 – May 2023</a>  |
| <b>RED</b>                   | Motavizumab                                               | (Numax®)                        | Respiratory syncytial virus (RSV) prophylaxis                                                                                                                                                                                     | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>    | NICE has not issued any guidance. |
| <b>RED</b>                   | Moxifloxacin                                              | (Avelox®)                       | Respiratory infection, including resistant TB                                                                                                                                                                                     | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>    | NICE has not issued any guidance. |
| <b>SCA</b>                   | <a href="#">Mycophenolate Mofetil</a>                     | (Generic)                       | For use as an immunosuppressive agent in the treatment of connective tissue disease and other autoimmune conditions managed by Rheumatology, Gastroenterology, Dermatology, Neurology and Nephrology (Not a licensed indication). | <b>Shared Care Agreement Level 2 - Prescribe the drug and perform a more intense level of monitoring, e.g. quarterly</b> | <a href="#">NG100 - Jul 18</a>    |
| <b>SCA</b>                   | <a href="#">Mycophenolate mofetil / Mycophenolic acid</a> | (Arzip®, CellCept® / Myfortic®) | Immunosuppression in adult solid organ transplant patients - as per NICE TA 481                                                                                                                                                   | <b>Shared Care Agreement Level 1 - Prescribe the drug and perform a higher level of monitoring, e.g. 6-monthly</b>       | <a href="#">TA481 - Oct 17</a>    |
| <b>BLACK</b>                 | Mycophenolate sodium                                      | (Ceptava®, Myfortic®)           | Initial treatment to prevent organ rejection in adults, children and young people having a kidney transplant - as per NICE TAs 481 & 482                                                                                          | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                 | <a href="#">TA481 - Oct 17</a>    |
| <b>BLACK</b>                 | Mycophenolate sodium                                      | (Ceptava®, Myfortic®)           | Initial treatment to prevent organ rejection in adults, children and young people having a kidney transplant - as per NICE TAs 481 & 482                                                                                          | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                 | <a href="#">TA482 - Oct 17</a>    |
| <b>RED</b>                   | Nabilone                                                  | (Nabilone®)                     | Pain and spasticity in Multiple Sclerosis (Not a licensed indication).                                                                                                                                                            | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>    | NICE has not issued any guidance. |
| <b>Double Red</b>            | N-acetylcysteine                                          | ()                              | Idiopathic pulmonary fibrosis (Not a licensed indication).                                                                                                                                                                        | <b>Not recommended for routine use</b>                                                                                   | <a href="#">NG115 - Dec 18</a>    |



| Traffic Light Classification | Drug Name                             | Brand Name                       | Indication (assume licenced unless stated)                                                                                                                                                                                                                                                                                                                                                                                                | Instructions for Prescriber                                                                                                                                                                                                                                         | NICE Guidance                     |
|------------------------------|---------------------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>ADVICE</b>                | Naftidrofuryl oxalate                 | (Praxilene® (generic available)) | Treatment of intermittent claudication in people with peripheral arterial disease                                                                                                                                                                                                                                                                                                                                                         | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation                                                                                                                            | <a href="#">TA223 - May 11</a>    |
| <b>BLACK</b>                 | Nail lacquer- Amorolfine & Ticonazole | (Loceryl® & Trosyl®)             | Fungal nail infections                                                                                                                                                                                                                                                                                                                                                                                                                    | Not commissioned. No NHS prescribing in primary or secondary care                                                                                                                                                                                                   | NICE has not issued any guidance. |
| <b>BLUE</b>                  | Naldemedine                           | Rizmoic®                         | Opioid-induced constipation                                                                                                                                                                                                                                                                                                                                                                                                               | NWICB are committed to fund positive NICE TA treatments. Awaiting clarification of place in pathway and commissioning arrangements. Further guidance will be issued when available. For all other treatments, formulary application and discussion will be required | <a href="#">TA651 - Sept 2020</a> |
| <b>RED</b>                   | Nalmefene                             | (Selincro®)                      | Reduction of alcohol consumption in those aged ≥18 years with alcohol dependence that have a high drinking risk level, without physical withdrawal symptoms and who do not require immediate detoxification. Prescribing of treatments for alcohol misuse, including acamprosate and disulfiram (and also nalmefene) are the responsibility of the specialist since local alcohol misuse services are not commissioned from GPs practices | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                                                                                      | <a href="#">TA325 - Nov 14</a>    |
| <b>RED</b>                   | Naltrexone                            | (Nalorex® / Opizone®)            | Alcohol misuse disorder - <b>controlled drinking (continued use)</b> (Not a licensed indication).                                                                                                                                                                                                                                                                                                                                         | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                                                                                      | NICE has not issued any guidance. |
| <b>SCA</b>                   | <a href="#">Naltrexone</a>            | (Nalorex® / Opizone®)            | Alcohol Use Disorder - maintenance of <b>abstinence only</b> (under an approved shared care agreement) (Not a licensed indication).                                                                                                                                                                                                                                                                                                       | Prescribe the drug and perform a basic level of monitoring, e.g. a standard annual review                                                                                                                                                                           | <a href="#">CG115 - Feb 11</a>    |



| Traffic Light Classification | Drug Name                             | Brand Name                               | Indication (assume licenced unless stated)                                                                                                                                                         | Instructions for Prescriber                                                                                           | NICE Guidance                                         |
|------------------------------|---------------------------------------|------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| <b>RED</b>                   | Naltrexone                            | (Nalorex® / Opizone®)                    | Management of opioid dependence. Commissioned by Public Health England/other health and social care departments eg Norfolk County Council - Specialist Prescribing Only. Not for GP prescribing    | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA115 - Jan 07</a>                        |
| <b>BLACK</b>                 | Naltrexone - low dose                 | (Several low strength options available) | Use of a Low Dose in Multiple Sclerosis (Not a licensed indication).                                                                                                                               | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | NICE has not issued any guidance.                     |
| <b>BLACK</b>                 | Naltrexone and Bupropion (Mysimba®) ▼ | (Mysimba® ▼)                             | Treatment of obesity                                                                                                                                                                               | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | <a href="#">TA494 - Dec 17</a>                        |
| <b>RED</b>                   | Natalizumab ▼                         | (Tysabri® ▼)                             | Highly active relapsing-remitting multiple sclerosis in adults - as per NHS England policy and NICE TA 127                                                                                         | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA127 – August 2007, updated May 2024</a> |
| <b>BLACK</b>                 | NBTXR-3                               | n/a                                      | treating advanced soft tissue sarcoma                                                                                                                                                              | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | <a href="#">TA745 – November 2021</a>                 |
| <b>BLACK</b>                 | Necitumumab ▼                         | (Portrazza® ▼)                           | Adults with locally advanced or metastatic epidermal growth factor receptor (EGFR)-expressing squamous non-small-cell lung cancer that has not been treated with chemotherapy - as per NICE TA 411 | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | <a href="#">TA411 - Sep 16</a>                        |
| <b>BLACK</b>                 | Needle free injection devices         | (Insujet® and Injex®)                    | Insulin needle free injection device                                                                                                                                                               | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | NICE has not issued any guidance.                     |
| <b>Double Red</b>            | Nefopam                               | Acupan                                   | pain relief                                                                                                                                                                                        | <b>Not recommended for routine use.</b>                                                                               | NICE has not issued any guidance.                     |
| <b>RED</b>                   | Nelarabine                            | (Atriance®)                              | Cancer - lymphoblastic leukaemia - as per Cancer Drug Fund policy                                                                                                                                  | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance.                     |

| Traffic Light Classification | Drug Name                               | Brand Name    | Indication (assume licenced unless stated)                                                                                            | Instructions for Prescriber                                                                                           | NICE Guidance                         |
|------------------------------|-----------------------------------------|---------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| <b>RED</b>                   | Neratinib                               | (Nerlynx®)    | Extended adjuvant treatment of hormone receptor-positive, HER2-positive early stage breast cancer after adjuvant trastuzumab          | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA612 - Nov 19</a>        |
| <b>RED</b>                   | Nevirapine                              | (Viramune®)   | HIV infection in combination with other antiretroviral drugs                                                                          | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance.     |
| <b>BLACK</b>                 | Nicotinic acid (niacin) and derivatives | (Various)     | All indications including prevention in CVD, alone or added to a statin - as per NICE CG 181 - Do Not Do (Not a licensed indication). | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | <a href="#">CG181 - Jul 14</a>        |
| <b>RED</b>                   | Nilotinib                               | (Tasigna®)    | Untreated chronic-phase Philadelphia-chromosome-positive chronic myeloid leukaemia in adults - as per NICE TA 426                     | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA426 - Dec 16</a>        |
| <b>RED</b>                   | Nilotinib ▼                             | (Tasigna® ▼)  | Chronic myeloid leukaemia in adults resistant or intolerant to imatinib as per NICE TA 425                                            | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA425 - Dec 16</a>        |
| <b>RED</b>                   | Nintedanib                              | Ofev®         | progressive fibrosing interstitial lung diseases                                                                                      | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA747 – November 2021</a> |
| <b>RED</b>                   | Nintedanib                              | (Vargatef®)   | Ovarian cancer (Not a licensed indication).                                                                                           | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance.     |
| <b>RED</b>                   | Nintedanib                              | Ofev®         | idiopathic pulmonary fibrosis when forced vital capacity is above 80% predicted                                                       | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA864 – February 2023</a> |
| <b>RED</b>                   | Nintedanib ▼                            | (Vargatef® ▼) | Previously treated locally advanced, metastatic, or locally recurrent non small cell lung cancer - as per NICE TA 347                 | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA347 - Jul 15</a>        |

| Traffic Light Classification | Drug Name    | Brand Name                       | Indication (assume licenced unless stated)                                                                                        | Instructions for Prescriber                                                                                    | NICE Guidance                         |
|------------------------------|--------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------------------------------|
| RED                          | Nintedanib ▼ | (Ofev® ▼)                        | Idiopathic pulmonary fibrosis - as per NICE TA 379                                                                                | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA379 - Jan 16</a>        |
| RED                          | Niraparib    | Zejula®                          | Maintenance treatment of advanced ovarian, fallopian tube and peritoneal cancer after response to first-line platinum-based chemo | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA673 – February 2021</a> |
| RED                          | Niraparib    | (Zejula®)                        | Maintenance treatment of relapsed, platinum-sensitive ovarian, fallopian tube and peritoneal cancer - as per NICE TA784           | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA784 – April 2022</a>    |
| BLACK                        | Niraparib    | Zejula®                          | with abiraterone acetate and prednisone for untreated hormone-relapsed metastatic prostate cancer (terminated appraisal)          | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA1032 – January 2025</a> |
| RED                          | Nitazoxanide | (Alinia®)                        | Viral Hepatitis C (Not a licensed indication).                                                                                    | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.     |
| RED                          | Nitisinone   | (Nitisinone Dipharma®, Orfadin®) | Hereditary tyrosinemia type 1 (HT-1) in combination with dietary restriction of tyrosine and phenylalanine                        | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.     |
| RED                          | Nitisinone   | (Nitisinone Dipharma®, Orfadin®) | Alkaptonuria                                                                                                                      | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.     |
| RED                          | Nitric oxide | ()                               | Pulmonary Arterial Hypertension                                                                                                   | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.     |
| BLACK                        | Nivolumab    | (Opdivo®)                        | Locally advanced unresectable or metastatic urothelial cancer after platinum-containing chemotherapy - as per NICE TA 530         | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA530 - Jul 18</a>        |

| Traffic Light Classification | Drug Name | Brand Name | Indication (assume licenced unless stated)                                                                                          | Instructions for Prescriber                                                                                           | NICE Guidance                        |
|------------------------------|-----------|------------|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| <b>RED</b>                   | Nivolumab | (Opdivo®)  | Adjuvant treatment of completely resected melanoma in adults with lymph node involvement or metastatic disease - as per NICE TA 558 | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA558 - Jan 19</a>       |
| <b>RED</b>                   | Nivolumab | (Opdivo®)  | advanced squamous non-small-cell lung cancer after chemotherapy as per TA655                                                        | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA655 – October 2020</a> |
| <b>RED</b>                   | Nivolumab | Opdivo®    | adjuvant treatment of completely resected melanoma with lymph node involvement or metastatic disease                                | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA684 – March 2021</a>   |
| <b>RED</b>                   | Nivolumab | Opdivo®    | previously treated unresectable advanced or recurrent oesophageal cancer                                                            | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA707 – June 2021</a>    |
| <b>RED</b>                   | Nivolumab | Opdivo®    | advanced non-squamous non-small-cell lung cancer after chemotherapy                                                                 | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA713 – July 2021</a>    |
| <b>RED</b>                   | Nivolumab | Opdivo®    | recurrent or metastatic squamous cell carcinoma of the head and neck after platinum-based chemotherapy                              | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA736 – October 2021</a> |
| <b>RED</b>                   | Nivolumab | Opdivo®    | with ipilimumab for untreated advanced renal cell carcinoma                                                                         | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA780 – March 2022</a>   |
| <b>RED</b>                   | Nivolumab | Opdivo®    | adjuvant treatment of invasive urothelial cancer at high risk of recurrence                                                         | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA817 – August 2022</a>  |
| <b>RED</b>                   | Nivolumab | Opdivo®    | with ipilimumab for untreated unresectable malignant pleural mesothelioma                                                           | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA818 – August 2022</a>  |

| Traffic Light Classification | Drug Name   | Brand Name  | Indication (assume licenced unless stated)                                                                                                                     | Instructions for Prescriber                                                                                    | NICE Guidance                         |
|------------------------------|-------------|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------------------------------|
| RED                          | Nivolumab   | Opdivo®     | with platinum- and fluoropyrimidine-based chemotherapy for untreated HER2-negative advanced gastric, gastro-oesophageal junction or oesophageal adenocarcinoma | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA857 – Jan 2023</a>      |
| RED                          | Nivolumab   | Opdivo®     | with fluoropyrimidine- and platinum-based chemotherapy for untreated unresectable advanced, recurrent, or metastatic oesophageal squamous cell carcinoma       | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA865 – February 2023</a> |
| BLACK                        | Nivolumab   | Opdivo®     | adjuvant treatment of completely resected melanoma at high risk of recurrence in people 12 years and over                                                      | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA980 – June 2024</a>     |
| RED                          | Nivolumab   | Opdivo®     | adjuvant treatment of resected oesophageal or gastro-oesophageal junction cancer                                                                               | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA746 – November 2021</a> |
| BLACK                        | Nivolumab   | Opdivo      | with cabozantinib for untreated advanced renal cell carcinoma (terminated appraisal) as per TA785                                                              | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA785 – April 2022</a>    |
| RED                          | Nivolumab   | Opdivo®     | chemotherapy for neoadjuvant treatment of resectable non-small-cell lung cancer                                                                                | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA876 – March 2023</a>    |
| RED                          | Nivolumab ▼ | (Opdivo® ▼) | Advanced (unresectable or metastatic) melanoma - as per NICE TA 384                                                                                            | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA384 - Feb 16</a>        |
| RED                          | Nivolumab ▼ | (Opdivo® ▼) | Previously treated advanced renal cell carcinoma in adults - as per NICE TA 417                                                                                | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA417 - Nov 16</a>        |
| RED                          | Nivolumab ▼ | (Opdivo® ▼) | Relapsed or refractory classical Hodgkin lymphoma in adults after autologous stem cell transplant and treatment with brentuximab vedotin - as per NICE TA 462  | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA462 - Jul 17</a>        |

| Traffic Light Classification | Drug Name                                  | Brand Name                              | Indication (assume licenced unless stated)                                                                                                                                                                                                                              | Instructions for Prescriber                                                                                    | NICE Guidance                          |
|------------------------------|--------------------------------------------|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------|
| RED                          | Nivolumab ▼                                | (Opdivo® ▼)                             | For previously treated local advanced or metastatic squamous non-small-cell lung cancer in adults after chemotherapy only if nivolumab is stopped at 2 years of uninterrupted treatment, or earlier in the event of disease progression - as per NICE TA 483            | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA483 - Nov 17</a>         |
| RED                          | Nivolumab ▼                                | (Opdivo® ▼)                             | For previously treated locally advanced or metastatic non-squamous non-small-cell lung cancer in adults after chemotherapy, only if their tumours are PD L1 positive and nivolumab is stopped at 2 years of uninterrupted treatment, or earlier in the event of disease | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA484 - Nov 17</a>         |
| RED                          | Nivolumab ▼                                | (Opdivo® ▼)                             | Squamous cell carcinoma of the head and neck after platinum-based chemotherapy                                                                                                                                                                                          | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA490 - Nov 17</a>         |
| RED                          | Nivolumab ▼ in combination with Ipilimumab | (Opdivo® ▼ in combination with Yervoy®) | Advanced (unresectable or metastatic) melanoma in adults, only when the company provides ipilimumab with discount agreed under PAS - as per NICE TA 400                                                                                                                 | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA400 - Jul 16</a>         |
| RED                          | Nivolumab relatlimab                       | Opdualag®                               | untreated unresectable or metastatic melanoma in people 12 years and over                                                                                                                                                                                               | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA950 – February 2024</a>  |
| RED                          | Nivolumab with ipilimumab                  | Opdivo and Yervoy®                      | previously treated metastatic colorectal cancer with high microsatellite instability or mismatch repair deficiency                                                                                                                                                      | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA716 – July 2021</a>      |
| BLACK                        | Nivolumab with ipilimumab                  | Opdivo® with Yervoy®                    | and chemo for untreated metastatic non-small-cell lung cancer                                                                                                                                                                                                           | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA724 – September 2021</a> |

| Traffic Light Classification | Drug Name                            | Brand Name    | Indication (assume licenced unless stated)                                                                                                                                                                                                                | Instructions for Prescriber                                                                                    | NICE Guidance                     |
|------------------------------|--------------------------------------|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------------------|
| RED                          | Nonacog alpha                        | ()            | Haemophilia - as per BCSH Guidelines                                                                                                                                                                                                                      | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance. |
| RED                          | Nonacog beta pegol                   | (Refixia®)    | Haemophilia B (congenital factor IX deficiency).                                                                                                                                                                                                          | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance. |
| RED                          | Nusinersen                           | (Spinraza®)   |                                                                                                                                                                                                                                                           | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA588 - Jul 19</a>    |
| RED                          | Obeticholic acid ▼                   | (Ocaliva® ▼)  | Primary biliary cholangitis - as per NICE TA 443                                                                                                                                                                                                          | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA443 - Apr 17</a>    |
| RED                          | Obinutuzumab                         | (Gazyvaro®)   | Untreated advanced follicular lymphoma - as per NICE TA 513                                                                                                                                                                                               | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA513 - Mar 18</a>    |
| RED                          | Obinutuzumab ▼                       | (Gazyvaro® ▼) | For untreated chronic lymphocytic leukaemia for adults who have comorbidities that make full-dose fludarabine based therapy unsuitable for them - as per NICE TA 343                                                                                      | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA343 - Jun 15</a>    |
| RED                          | Obinutuzumab ▼                       | (Gazyvaro® ▼) | (with bendamustine, then as maintenance) for follicular lymphoma in adults that did not respond or progressed during or up to 6 months after treatment with rituximab or a rituximab-containing regimen - as per NICE TA 472 Updated to TA629 in May 2020 | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA629 – May 2020</a>  |
| BLACK                        | Occlusive dressings and dry bandages | (Various)     | Treatment of infected atopic eczema in children - as per NICE CG 57 - Do Not Do                                                                                                                                                                           | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">CG57 - Dec 07</a>     |



| Traffic Light Classification | Drug Name                            | Brand Name                              | Indication (assume licenced unless stated)                                            | Instructions for Prescriber                                                                                                              | NICE Guidance                     |
|------------------------------|--------------------------------------|-----------------------------------------|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| RED                          | Ocrelizumab ▼                        | (Ocrevus® ▼)                            | Relapsing-remitting multiple sclerosis in adults in line with NICE TA 533             | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA533 - Jul 18</a>    |
| RED                          | Ocrelizumab ▼                        | (Ocrevus® ▼)                            | Multiple sclerosis in adults - as per NHS England policy (under review post NICE 533) | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance. |
| RED                          | Ocriplasmin intravitreal injection ▼ | (Jetrexa® ▼)                            | Treatment of vitreomacular traction in adults - as per NICE TA 297                    | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA297 - Oct 13</a>    |
| RED                          | Octocog alfa                         | (Advate®, Kogenate Bayer®)              | Haemophilia A (congenital factor VIII deficiency)                                     | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance. |
| RED                          | Octreotide                           | (Sandostatin® - Generics are available) | Congenital hyperinsulinism (Not a licensed indication).                               | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance. |
| ADVICE                       | Octreotide                           | (Sandostatin®)                          | Reducing vomiting in terminal bowel obstruction (Not a licensed indication).          | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation | NICE has not issued any guidance. |
| RED                          | Octreotide                           | (Sandostatin®)                          | Carcinoid and other neuroendocrine tumours                                            | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance. |
| RED                          | Octreotide                           | (Sandostatin®)                          | Acromegaly                                                                            | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance. |
| Double Red                   | Octreotide (Oral) Octreolin®         | (Octreolin®)                            | Acromegaly                                                                            | Not recommended for routine use                                                                                                          | NICE has not issued any guidance. |

| Traffic Light Classification | Drug Name    | Brand Name                          | Indication (assume licenced unless stated)                                                                          | Instructions for Prescriber                                                                                                                                                                                    | NICE Guidance                     |
|------------------------------|--------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| RED                          | Odevixibat   | Bylvay                              | progressive familial intrahepatic cholestasis                                                                       | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                                 | <a href="#">HST17 - Feb 2022</a>  |
| RED                          | Ofatumumab   | (Arzerra®)                          | For untreated chronic lymphocytic leukaemia in combination with chlorambucil or bendamustine - as per NICE TA 344   | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                                 | <a href="#">TA344 - Jun 15</a>    |
| BLACK                        | Ofatumumab   | (Arzerra®)                          | Chronic lymphocytic leukaemia (with chemotherapy) - as per NICE TA 470 (terminated appraisal)                       | Not commissioned. No NHS prescribing in primary or secondary care                                                                                                                                              | <a href="#">TA470 - Aug 17</a>    |
| RED                          | Ofatumumab   | Kesimpta®                           | treating relapsing multiple sclerosis                                                                               | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                                 | <a href="#">TA699 – May 2021</a>  |
| RED                          | Ofatumumab ▼ | (Arzerra® ▼)                        | Treatment of chronic lymphocytic leukaemia refractory to fludarabine and alemtuzumab                                | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                                 | <a href="#">TA202 - Oct 10</a>    |
| ADVICE                       | Olanzapine   | (Zalasta®, Zyprexa®, ZypAdhera® IM) | Schizophrenia - 1st line                                                                                            | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation<br>Consultant should prescribe for an initial period of three months. | <a href="#">TA43 - Jun 02</a>     |
| ADVICE                       | Olanzapine   | (Zalasta®, Zyprexa®, ZypAdhera® IM) | Maintenance in Bipolar Mania                                                                                        | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation<br>Consultant should prescribe for an initial period of three month.  | NICE has not issued any guidance. |
| BLACK                        | Olanzapine   | (Zalasta®, Zyprexa®, ZypAdhera® IM) | For hallucinations and delusions in Parkinson's disease, where no cognitive impairment (Not a licensed indication). | Not commissioned. No NHS prescribing in primary or secondary care                                                                                                                                              | <a href="#">NG71 -Sep 17</a>      |

| Traffic Light Classification | Drug Name | Brand Name | Indication (assume licenced unless stated)                                                                                                                | Instructions for Prescriber                                                                                           | NICE Guidance                         |
|------------------------------|-----------|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| <b>RED</b>                   | Olaparib  | LYNPARZA®  | for maintenance treatment of relapsed platinum-sensitive ovarian, fallopian tube or peritoneal cancer as per TA620                                        | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA620 - Jan 20</a>        |
| <b>BLACK</b>                 | Olaparib  | N/A        | maintenance treatment of BRCA mutation-positive metastatic pancreatic cancer after platinum-based chemotherapy ( <b>terminated appraisal</b> )            | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | <a href="#">TA750 – December 2021</a> |
| <b>BLACK</b>                 | Olaparib  | N/A        | BRCA mutation-positive HER2-negative metastatic breast cancer after chemo ( <b>terminated appraisal</b> )                                                 | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | <a href="#">TA762 – February 2022</a> |
| <b>BLACK</b>                 | Olaparib  | Lynparza®  | previously treated BRCA mutation-positive hormone-relapsed metastatic prostate cancer                                                                     | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | <a href="#">TA831 – October 2022</a>  |
| <b>RED</b>                   | Olaparib  | Lynparza®  | adjuvant treatment of BRCA mutation-positive HER2-negative high-risk early breast cancer after chemotherapy                                               | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA886 – May 2023</a>      |
| <b>RED</b>                   | Olaparib  | Lynparza®  | maintenance treatment of relapsed, platinum-sensitive ovarian, fallopian tube or peritoneal cancer after 2 or more courses of platinum-based chemotherapy | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA908 – July 2023</a>     |
| <b>RED</b>                   | Olaparib  | Lynparza®  | with bevacizumab for maintenance treatment of advanced high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer                         | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA946 – January 2024</a>  |
| <b>RED</b>                   | Olaparib  | Lynparza®  | with abiraterone for untreated hormone-relapsed metastatic prostate cancer                                                                                | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA951 – February 2024</a> |
| <b>RED</b>                   | Olaparib  | Lynparza®  | previously treated BRCA mutation-positive hormone-relapsed metastatic prostate cancer                                                                     | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA887 – May 2023</a>      |

| Traffic Light Classification | Drug Name                                      | Brand Name    | Indication (assume licenced unless stated)                                                                                                                                                          | Instructions for Prescriber                                                                                    | NICE Guidance                      |
|------------------------------|------------------------------------------------|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------------|
| RED                          | Olaparib (replaced TA598)                      | (Lynparza®)   | Maintenance treatment of BRCA mutation-positive advanced ovarian, fallopian tube or peritoneal cancer after response to first-line platinum-based chemotherapy                                      | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA962 – March 2024</a> |
| RED                          | Olaparib (with bevacizumab)                    | Lynparza®     | maintenance treatment of advanced ovarian, fallopian tube or primary peritoneal cancer                                                                                                              | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA693 – April 2021</a> |
| RED                          | Olaparib ▼                                     | (Lynparza® ▼) | Maintenance treatment of relapsed, platinum-sensitive, BRCA mutation-positive ovarian, fallopian tube and peritoneal cancer after response to second-line or subsequent platinum-based chemotherapy | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA381 - Jan 16</a>     |
| RED                          | Olaratumab ▼                                   | (Lartruvo® ▼) | (in combination with duxorubicin) for treating advanced soft tissue sarcoma in adults - as per NICE TA 465                                                                                          | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA465 - Aug 17</a>     |
| RED                          | Olesoxime                                      | ()            | Spinal muscular atrophy                                                                                                                                                                             | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.  |
| RED                          | Olipudase alfa                                 | (Xenpozyme®)  | Acid Sphingomyelinase deficiency                                                                                                                                                                    | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.  |
| RED                          | Olopatadine and Mometasone furoate nasal spray | Ryaltris®     | moderate to severe seasonal and perennial rhinitis if monotherapy with antihistamine or corticosteroid is inadequate                                                                                | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.  |
| RED                          | Omalizumab                                     | (Xolair®)     | Severe persistent allergic asthma in patients aged 12 years and over                                                                                                                                | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA133 - Nov 07</a>     |

| Traffic Light Classification | Drug Name                            | Brand Name              | Indication (assume licenced unless stated)                                                                    | Instructions for Prescriber                                                                                                              | NICE Guidance                                         |
|------------------------------|--------------------------------------|-------------------------|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| RED                          | Omalizumab                           | (Xolair®)               | Treatment of severe persistent allergic asthma in children aged 6 to under 12 years                           | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA278 - Apr 13</a>                        |
| RED                          | Omalizumab                           | (Xolair®)               | For previously treated severe chronic spontaneous urticaria in adults and young people aged 12 years and over | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA339 - Jun 15</a>                        |
| BLACK                        | Omalizumab                           | N/A                     | Chronic rhinosinusitis with nasal polyps (terminated appraisal)                                               | Not commissioned. No NHS prescribing in primary or secondary care                                                                        | <a href="#">TA678 – February 2021</a>                 |
| RED                          | Ombitasvir-paritaprevir-ritonavir ▼  | (Viekirax® ▼)           | Genotype 1 or 4 chronic hepatitis C in adults (with or without dasabuvir (Exviera®) as per NICE TA 365        | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA365 - Nov 15</a>                        |
| RED                          | Onasemnogene abeparvovec             | Zolgensma®              | spinal muscular atrophy                                                                                       | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">HST15 – July 2021, updated April 2023</a> |
| RED                          | Onasemnogene abeparvovec             | Zolgensma®              | presymptomatic spinal muscular atrophy                                                                        | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">HST24 – April 2023</a>                    |
| ADVICE                       | Ondansetron (generic plain tablets)  | (Generic plain tablets) | Second line option in hyperemesis gravidarum (Not a licensed indication).                                     | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation | NICE has not issued any guidance.                     |
| ADVICE                       | Ondansetron (generic plain tablets)  | (Generic plain tablets) | Drug-induced nausea and vomiting in palliative care (Not a licensed indication).                              | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation | NICE has not issued any guidance.                     |
| RED                          | Ondansetron + other 5HT3 antagonists | (Zofran®, various)      | Nausea & vomiting associated with chemotherapy and other hospital-led treatments                              | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance.                     |

| Traffic Light Classification | Drug Name                                        | Brand Name                                           | Indication (assume licenced unless stated)                                                                                                                                                                             | Instructions for Prescriber                                                                                                                     | NICE Guidance                        |
|------------------------------|--------------------------------------------------|------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| <b>ADVICE</b>                | Opicapone ▼                                      | (Ongentys® ▼)                                        | Adjunctive therapy to preparations of levodopa/ DOPA decarboxylase inhibitors (DDCI) in adult patients with Parkinson's disease (PD) and end-of-dose motor fluctuations who cannot be stabilised on those combinations | <b>Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation</b> | NICE has not issued any guidance.    |
| <b>RED</b>                   | Orlistat                                         | (Xenical®)                                           | Identification, assessment and management of overweight and obesity in children (Not a licensed indication).                                                                                                           | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | <a href="#">CG189 - Nov 14</a>       |
| <b>BLACK</b>                 | Orphenadrine                                     | (Generics available)                                 | NICE Do Not Do - Dyskinesia and/or motor fluctuations in Parkinson's disease - as per NG 71                                                                                                                            | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                        | <a href="#">NG71 -Sep 17</a>         |
| <b>Double Red</b>            | Oscillating Positive Expiratory Pressure devices | (eg Acapella/Flutter/Lung flute/Pari O-PEP/RCCornet) | Mucus clearance in Chronic Bronchitis, Bronchiectasis, Emphysema, Asthma, Cystic Fibrosis                                                                                                                              | <b>Not recommended for routine use</b>                                                                                                          | NICE has not issued any guidance.    |
| <b>RED</b>                   | Osilodrostat                                     | ()                                                   | Cushing's Disease                                                                                                                                                                                                      | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | NICE has not issued any guidance.    |
| <b>RED</b>                   | Osimertinib                                      | TAGRISO®                                             | Untreated EGFR mutation-positive non small-cell lung cancer as per TA654                                                                                                                                               | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | <a href="#">TA654 – October 2020</a> |
| <b>RED</b>                   | Osimertinib                                      | Tagrisso®                                            | adjuvant treatment of EGFR mutation-positive non-small-cell lung cancer after complete tumour resection                                                                                                                | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | <a href="#">TA761 – January 2022</a> |
| <b>RED</b>                   | Osimertinib ▼                                    | (Tagresso® ▼)                                        | Locally advanced or metastatic EGFR T790M mutation-positive non-small-cell lung cancer in adults whose disease has progressed only after first-line treatment with an EGFR tyrosine kinase inhibitor                   | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | <a href="#">TA416 - Oct 16</a>       |



| Traffic Light Classification | Drug Name                           | Brand Name     | Indication (assume licenced unless stated)                                                                                                          | Instructions for Prescriber                                                                                                                     | NICE Guidance                        |
|------------------------------|-------------------------------------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| <b>RED</b>                   | Osimertinib ▼                       | (Tagresso® ▼)  | treating EGFR T790M mutation-positive advanced non-small-cell lung cancer                                                                           | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | <a href="#">TA653 – October 2020</a> |
| <b>Double Red</b>            | Ospemifene                          | (Senshio®)     | Moderate to Severe Symptomatic Vulvar And Vaginal Atrophy (VVA) In Post-Menopausal Women Who Are Not Candidates For Local Vaginal Oestrogen Therapy | <b>Not recommended for routine use</b>                                                                                                          | NICE has not issued any guidance.    |
| <b>BLACK</b>                 | Ostomy underwear                    | (Various)      | Any use other than for parastomal hernia assessed by a specialist                                                                                   | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                        | NICE has not issued any guidance.    |
| <b>ADVICE</b>                | Ostomy underwear                    | (Various)      | Support following stoma surgery for parastomal hernia                                                                                               | <b>Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation</b> | NICE has not issued any guidance.    |
| <b>RED</b>                   | Oxaliplatin                         | (Eloxatin®)    | Colorectal cancer                                                                                                                                   | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | <a href="#">TA93 - Aug 05</a>        |
| <b>ADVICE</b>                | Oxcarbazepine                       | (Trileptal®)   | Epilepsy                                                                                                                                            | <b>Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation</b> | NICE has not issued any guidance.    |
| <b>BLACK</b>                 | Oxycodone / Naloxone (Targinact®) ▼ | (Targinact® ▼) | Pain / opioid-induced constipation                                                                                                                  | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                        | <a href="#">CG140 - July 12</a>      |
| <b>BLACK</b>                 | Ozanimod                            | Zeposia®       | relapsing–remitting multiple sclerosis                                                                                                              | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                        | <a href="#">TA706 – June 2021</a>    |
| <b>RED</b>                   | Ozanimod                            | Zeposia®       | moderately to severely active ulcerative colitis                                                                                                    | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | <a href="#">TA828 – October 2022</a> |



| Traffic Light Classification | Drug Name          | Brand Name  | Indication (assume licenced unless stated)                                                                                                                                 | Instructions for Prescriber                                                                                    | NICE Guidance                        |
|------------------------------|--------------------|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------|
| <b>BLACK</b>                 | Paclitaxel         | (Abraxane®) | For untreated non-small-cell lung cancer (as albumin-bound nanoparticles with carboplatin) (terminated appraisal)                                                          | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA362 - Oct 15</a>       |
| <b>RED</b>                   | Paclitaxel         | (Taxol®)    | In combination with platinum or as monotherapy for treatment of advanced recurrent ovarian cancer                                                                          | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA389 - Apr 16</a>       |
| <b>RED</b>                   | Paclitaxel         | (Abraxane®) | As albumin-bound nanoparticles in combination with gemcitabine (Gemzar®) for previously untreated metastatic adenocarcinoma of the pancreas in adults - as per NICE TA 476 | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA476 - Sep 17</a>       |
| <b>RED</b>                   | Paclitaxel         | (Taxol®)    | Non-small cell lung cancer                                                                                                                                                 | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.    |
| <b>BLACK</b>                 | Paclitaxel         | (Taxol®)    | Lymph node positive breast cancer                                                                                                                                          | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">CG80 - Feb 09</a>        |
| <b>RED</b>                   | Paclitaxel albumin | (Abraxane®) | As monotherapy for metastatic breast cancer in patients who have not or are unlikely to tolerate first-line treatment with standard taxanes                                | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.    |
| <b>RED</b>                   | Pacritinib         | (Enpaxiq®)  | Myelofibrosis                                                                                                                                                              | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.    |
| <b>BLACK</b>                 | Padeliporfin       | (Tookad®)   | Untreated localised (unilateral, low-risk) prostate cancer - as per NICE TA 546                                                                                            | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA546 - Nov 18</a>       |
| <b>RED</b>                   | Palbociclib        | Ibrance®    | with fulvestrant for treating hormone receptor-positive, HER2-negative advanced breast cancer after endocrine therapy                                                      | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA836 – October 2022</a> |

| Traffic Light Classification | Drug Name                                      | Brand Name   | Indication (assume licenced unless stated)                                                                                                                                 | Instructions for Prescriber                                                                                    | NICE Guidance                         |
|------------------------------|------------------------------------------------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------------------------------|
| RED                          | Palbociclib ▼<br>(with an aromatase inhibitor) | (Ibrance® ▼) | Previously untreated, hormone receptor-positive, HER2-negative, locally advanced or metastatic breast cancer                                                               | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA495 - Nov 17</a>        |
| RED                          | Palforzia                                      | n/a          | peanut allergy in children and young people                                                                                                                                | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA769 – February 2022</a> |
| RED                          | Paliperidone                                   | Invega       | mental health conditions - injections and oral formulations                                                                                                                | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.     |
| RED                          | Palivizumab                                    | (Synagis®)   | Prevention of Respiratory Syncytial Virus (RSV) in infants                                                                                                                 | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.     |
| RED                          | Palovarotene                                   |              | Fybrodysplasia ossificans progressiva                                                                                                                                      | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.     |
| BLACK                        | Panitumumab                                    | (Vectibix®)  | Treatment of metastatic colorectal cancer after first-line chemotherapy                                                                                                    | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA242 - Jan 12</a>        |
| RED                          | Panitumumab                                    | (Vectibix®)  | Previously untreated metastatic colorectal cancer (with chemo)                                                                                                             | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA439 - Mar 17</a>        |
| RED                          | Panobinostat ▼                                 | (Farydak® ▼) | Treatment of multiple myeloma (in combination with bortezomib and dexamethasone) after at least 2 previous treatments, including bortezomib and an immunomodulatory agent. | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA380 - Jan 16</a>        |
| RED                          | Para-aminosalicylic acid                       |              | Multi drug resistant TB                                                                                                                                                    | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.     |

| Traffic Light Classification | Drug Name                           | Brand Name           | Indication (assume licenced unless stated)                                                             | Instructions for Prescriber                                                                                                                     | NICE Guidance                     |
|------------------------------|-------------------------------------|----------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>RED</b>                   | Parathyroid hormone                 | (Natpar®)            | Specialist endocrinology conditions                                                                    | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | NICE has not issued any guidance. |
| <b>ADVICE</b>                | Paravit CF                          |                      | for use when recommended by specialists for patients with cystic fibrosis                              | <b>Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation</b> | NICE has not issued any guidance. |
| <b>RED</b>                   | Parenteral nutrition                |                      | Intestinal failure                                                                                     | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | NICE has not issued any guidance. |
| <b>RED</b>                   | Paricalcitol                        |                      | Hyperparathyroidism                                                                                    | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | NICE has not issued any guidance. |
| <b>RED</b>                   | Paritaprevir-ombitasvir-ritonavir ▼ | (Viekirax®)          | Genotype 1 or 4 chronic hepatitis C in adults (with or without dasabuvir (Exviera®) as per NICE TA 365 | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | <a href="#">TA365 - Nov 15</a>    |
| <b>BLACK</b>                 | Paroxetine                          | (Generics available) | Depression in children and young people - as per NICE CG 28 "Do Not Do" (Not a licensed indication).   | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                        | <a href="#">CG28 - Sep 17</a>     |
| <b>RED</b>                   | Pasireotide                         | (Signifor®)          | Acromegaly                                                                                             | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | NICE has not issued any guidance. |
| <b>RED</b>                   | Pasireotide                         | (Signifor®)          | Cushing's Disease - as per NHS England Policy 16052/P                                                  | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | NICE has not issued any guidance. |
| <b>BLACK</b>                 | Path Finder laser shoe attachment   | (Path Finder)        | Walking aid for freezing of gait in Parkinson's disease                                                | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                        | <a href="#">MIB170 - Jan 19</a>   |

| Traffic Light Classification | Drug Name         | Brand Name    | Indication (assume licenced unless stated)                                                                                                                   | Instructions for Prescriber                                                                                                                                                                                                                                         | NICE Guidance                      |
|------------------------------|-------------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| RED                          | Patiiran          |               | Amyloidosis                                                                                                                                                  | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                                                                                      | NICE has not issued any guidance.  |
| BLUE                         | Patiromer         | VELTASSA®     | Hyperkalaemia                                                                                                                                                | NWICB are committed to fund positive NICE TA treatments. Awaiting clarification of place in pathway and commissioning arrangements. Further guidance will be issued when available. For all other treatments, formulary application and discussion will be required | <a href="#">TA623 - Feb 20</a>     |
| RED                          | Patisiran         | Onpattro      | hereditary transthyretin amyloidosis                                                                                                                         | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                                                                                      | <a href="#">HST10 - Aug 2019</a>   |
| RED                          | Pazopanib         | (Votrient®)   | First-line treatment of advanced renal cell carcinoma (A licensed indication).                                                                               | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                                                                                      | <a href="#">TA215 - Feb 11</a>     |
| BLACK                        | Pegaptanib sodium | (Macugen®)    | Neovascular (wet) age-related macular degeneration                                                                                                           | Not commissioned. No NHS prescribing in primary or secondary care                                                                                                                                                                                                   | <a href="#">TA155 - Aug 08</a>     |
| RED                          | Pegaspargase ▼    | (Oncaspar® ▼) | Acute lymphoblastic leukaemia in children, young people and adults only when they have untreated newly diagnosed disease                                     | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                                                                                      | <a href="#">TA408 - Sep 16</a>     |
| RED                          | Pegcetacoplan     | Aspaveli®     | paroxysmal nocturnal haemoglobinuria                                                                                                                         | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                                                                                      | <a href="#">TA778 – March 2022</a> |
| RED                          | Pegfilgrastim     | (Neulasta®)   | Reduction in the duration of neutropenia and the incidence of febrile neutropenia in patients treated with established cytotoxic chemotherapy for malignancy | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                                                                                      | NICE has not issued any guidance.  |

| Traffic Light Classification | Drug Name               | Brand Name                            | Indication (assume licenced unless stated)                                   | Instructions for Prescriber                                                                                    | NICE Guidance                        |
|------------------------------|-------------------------|---------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------|
| RED                          | Peginterferon alfa      | (Pegasys®, PegIntron®, ViraferonPeg®) | Treatment of mild chronic hepatitis C (with ribavirin)                       | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA106 - Aug 06</a>       |
| RED                          | Peginterferon alfa      | (Pegasys®, PegIntron®, ViraferonPeg®) | Treatment of chronic hepatitis C (with ribavirin)                            | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA200 - Sep 10</a>       |
| RED                          | Peginterferon alfa      | (Pegasys®/ViraferonPeg®)              | Treating children and young people with chronic hepatitis C (with ribavirin) | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA300 - Nov 13</a>       |
| RED                          | Peginterferon alfa-2a   | (Pegasys, ViraferonPeg)               | Chronic Hepatitis B                                                          | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">CG165 - Jun 13</a>       |
| RED                          | Peginterferon Beta-1a   | (Plegridy®)                           | Treating relapsing–remitting multiple sclerosis as per TA624                 | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA624 - Feb 20</a>       |
| RED                          | Peginterferon Beta-1a   | (Plegridy®)                           | Multiple sclerosis - as per NHS England policy SSC1534                       | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.    |
| RED                          | Peginterferon Lambda-1a | ()                                    | Hepatitis C .                                                                | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.    |
| BLACK                        | Pegloticase             | (Krystexxa®)                          | Severe debilitating chronic tophaceous gout                                  | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA291 - Jun 13</a>       |
| RED                          | Pegunigalsidase alfa    | Elfabrio®                             | Fabry disease                                                                | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA915 – October 2023</a> |

| Traffic Light Classification | Drug Name                          | Brand Name                               | Indication (assume licenced unless stated)                                                                                                                                                                                 | Instructions for Prescriber                                                                                    | NICE Guidance                     |
|------------------------------|------------------------------------|------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------------------|
| RED                          | Pegvaliase                         |                                          | Phenylketonuria                                                                                                                                                                                                            | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance. |
| RED                          | Pegvisomant                        | (Somavert®)                              | Acromegaly (where other treatments failed / not tolerated) - as per NHS England Policy 16050/P                                                                                                                             | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance. |
| RED                          | Pegylated liposomal doxorubicin    | Caelyx                                   | Cancer - as per NHS England / Cancer Drug Fund policy                                                                                                                                                                      | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance. |
| BLACK                        | Pegylated liposomal irinotecan     | (Onivyde®)                               | For treating metastatic adenocarcinoma of the pancreas in adults whose disease has progressed after gemcitabine-based therapy                                                                                              | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA440 - Apr 17</a>    |
| BLACK                        | Pelvic floor muscle toning devices | (Incl. PelvicToner®, Kegel8®, Aquaflex®) | Pelvic floor muscle training                                                                                                                                                                                               | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">NG123 - Apr 19</a>    |
| RED                          | Pembrolizumab                      | (Keytruda®)                              | Locally advanced or metastatic urothelial carcinoma after platinum-containing chemotherapy - as per NICE TA 519                                                                                                            | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA519 - Apr 18</a>    |
| RED                          | Pembrolizumab                      | (Keytruda®)                              | Untreated locally advanced or metastatic urothelial cancer when cisplatin is unsuitable - as per NICE TA 522                                                                                                               | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA522 - Jul 18</a>    |
| RED                          | Pembrolizumab                      | (Keytruda®)                              | Untreated, metastatic, non-squamous non-small-cell lung cancer (NSCLC) in adults whose tumours have no epidermal growth factor receptor (EGFR) or anaplastic lymphoma kinase (ALK)-positive mutations - as per NICE TA 557 | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA557 - Jan 19</a>    |

| Traffic Light Classification | Drug Name     | Brand Name  | Indication (assume licenced unless stated)                                                                                                                      | Instructions for Prescriber                                                                                    | NICE Guidance                          |
|------------------------------|---------------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <b>BLACK</b>                 | Pembrolizumab | (Keytruda®) | For treating recurrent or metastatic squamous cell carcinoma of the head and neck after platinum-based chemotherapy - as per NICE TA 570 (terminated appraisal) | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA570 - Mar 19</a>         |
| <b>RED</b>                   | Pembrolizumab | Keytruda®   | untreated metastatic colorectal cancer with high microsatellite instability or mismatch repair deficiency                                                       | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA709 – June 2021</a>      |
| <b>RED</b>                   | Pembrolizumab | Keytruda®   | adjuvant treatment of completely resected stage 3 melanoma                                                                                                      | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA766 – February 2022</a>  |
| <b>RED</b>                   | Pembrolizumab | Keytruda®   | adjuvant treatment of resected stage 2B or 2C melanoma                                                                                                          | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA837 – October 2022</a>   |
| <b>RED</b>                   | Pembrolizumab | Keytruda®   | plus chemotherapy with or without bevacizumab for persistent, recurrent or metastatic cervical cancer                                                           | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA885 – May 2023</a>       |
| <b>RED</b>                   | Pembrolizumab | Keytruda®   | with lenvatinib for previously treated advanced or recurrent endometrial cancer                                                                                 | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA904 – June 2023</a>      |
| <b>RED</b>                   | Pembrolizumab | Keytruda®   | previously treated endometrial, biliary, colorectal, gastric or small intestine cancer with high microsatellite instability or mismatch repair deficiency       | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA914 – September 2023</a> |
| <b>RED</b>                   | Pembrolizumab | Keytruda®   | plus chemotherapy with or without bevacizumab for persistent, recurrent or metastatic cervical cancer                                                           | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA939 – December 2023</a>  |
| <b>BLACK</b>                 | Pembrolizumab | (Keytruda®) | with gemcitabine and cisplatin for untreated advanced biliary tract cancer                                                                                      | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA966 – April 2024</a>     |



| Traffic Light Classification | Drug Name     | Brand Name  | Indication (assume licenced unless stated)                                                                                                            | Instructions for Prescriber                                                                                           | NICE Guidance                                          |
|------------------------------|---------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <b>BLACK</b>                 | Pembrolizumab | (Keytruda®) | Relapsed or refractory classical Hodgkin lymphoma in adults who have had autologous stem cell transplant and brentuximab vedotin - as per NICE TA 540 | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | <a href="#">TA540 - Sept 18 - updated May 2024</a>     |
| <b>RED</b>                   | Pembrolizumab | (Keytruda®) | relapsed or refractory classical Hodgkin lymphoma in people 3 years and over                                                                          | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA967 – May 2024</a>                       |
| <b>BLACK</b>                 | Pembrolizumab | (Keytruda®) | with gemcitabine and cisplatin for untreated advanced biliary tract cancer (terminated appraisal)                                                     | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | <a href="#">TA966 – April 2024</a>                     |
| <b>RED</b>                   | Pembrolizumab | Keytruda®   | with platinum- and fluoropyrimidine-based chemotherapy for untreated advanced oesophageal and gastro-oesophageal junction cancer                      | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA737 – October 2021, updated Aug 2024</a> |
| <b>RED</b>                   | Pembrolizumab | Keytruda®   | platinum- and fluoropyrimidine-based chemotherapy for untreated advanced HER2-negative gastric or gastro-oesophageal junction adenocarcinoma          | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA997 - August 2024</a>                    |
| <b>BLACK</b>                 | Pembrolizumab | N/A         | untreated PD-L1-positive, locally advanced or metastatic urothelial cancer when cisplatin is unsuitable (terminated appraisal)                        | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | <a href="#">TA674 – February 2021</a>                  |
| <b>RED</b>                   | Pembrolizumab | Keytruda®   | with pemetrexed and platinum chemotherapy for untreated, metastatic, non-squamous non-small-cell lung cancer                                          | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA683 – March 2021</a>                     |
| <b>BLACK</b>                 | Pembrolizumab | Keytruda®   | locally advanced or metastatic urothelial carcinoma after platinum-containing chemotherapy                                                            | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | <a href="#">TA692 – April 2021</a>                     |
| <b>RED</b>                   | Pembrolizumab | Keytruda®   | with carboplatin and paclitaxel for untreated metastatic squamous non-small-cell lung cancer                                                          | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA770 – February 2022</a>                  |

| Traffic Light Classification | Drug Name       | Brand Name    | Indication (assume licenced unless stated)                                                                                                                      | Instructions for Prescriber                                                                                    | NICE Guidance                          |
|------------------------------|-----------------|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------|
| RED                          | Pembrolizumab   | Keytruda®     | relapsed or refractory classical Hodgkin lymphoma after stem cell transplant or at least 2 previous therapies                                                   | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA772 – February 2022</a>  |
| RED                          | Pembrolizumab   | Keytruda®     | plus chemotherapy for untreated, triple-negative, locally recurrent unresectable or metastatic breast cancer                                                    | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA801 - June 2022</a>      |
| RED                          | Pembrolizumab   | Keytruda®     | adjuvant treatment of renal cell carcinoma                                                                                                                      | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA830 – October 2022</a>   |
| RED                          | Pembrolizumab   | Keytruda®     | neoadjuvant and adjuvant treatment of triple-negative early or locally advanced breast cancer                                                                   | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA851 – December 2022</a>  |
| BLACK                        | Pembrolizumab   | Keytruda®     | with trastuzumab and chemotherapy for untreated locally advanced unresectable or metastatic HER2-positive gastric or gastro-oesophageal junction adenocarcinoma | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA983 – June 2024</a>      |
| RED                          | Pembrolizumab   | Keytruda®     | with chemotherapy before surgery (neoadjuvant) then alone after surgery (adjuvant) for treating resectable non-small-cell lung cancer                           | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA1017 – November 2024</a> |
| RED                          | Pembrolizumab ▼ | (Keytruda® ▼) | Advanced melanoma after disease progression with ipilimumab in adults - as per NICE TA 357                                                                      | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA357 - Oct 15</a>         |
| RED                          | Pembrolizumab ▼ | (Keytruda® ▼) | Advanced (unresectable or metastatic) melanoma in adults not previously treated with ipilimumab as per NICE TA 366                                              | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA366 - Nov 15</a>         |
| RED                          | Pembrolizumab ▼ | (Keytruda® ▼) | Locally advanced or metastatic PD-L1-positive non-small-cell lung cancer after chemotherapy - as per NICE TA 428                                                | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA428 - Jan 17</a>         |

| Traffic Light Classification | Drug Name       | Brand Name    | Indication (assume licenced unless stated)                                                                                                                                                                                                                | Instructions for Prescriber                                                                                    | NICE Guidance                          |
|------------------------------|-----------------|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------|
| RED                          | Pembrolizumab ▼ | (Keytruda® ▼) | Untreated PD-L1-positive metastatic non-small-cell lung cancer - as per NICE TA 447                                                                                                                                                                       | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA447 - Jun 17</a>         |
| RED                          | Pembrolizumab ▼ | (Keytruda®)   | untreated PD-L1-positive metastatic non-small-cell lung cancer (NSCLC) in adults whose tumours express PD L1 (with at least a 50% tumour proportion score) and have no epidermal growth factor receptor- or anaplastic lymphoma kinase-positive mutations | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA531 - Jul 18</a>         |
| RED                          | Pembrolizumab ▼ | (Keytruda® ▼) | with axitinib for untreated advanced renal cell carcinoma                                                                                                                                                                                                 | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA650 – September 2020</a> |
| RED                          | Pembrolizumab ▼ | (Keytruda® ▼) | untreated metastatic or unresectable recurrent head and neck squamous cell carcinoma                                                                                                                                                                      | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA661 – November 2020</a>  |
| RED                          | Pemetrexed      | (Alimta®)     | Treatment of malignant pleural mesothelioma                                                                                                                                                                                                               | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA135 - Jan 08</a>         |
| RED                          | Pemetrexed      | (Alimta®)     | First-line treatment of non-small-cell lung cancer                                                                                                                                                                                                        | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA181 - Aug 07</a>         |
| RED                          | Pemetrexed      | (Alimta®)     | Non-small-cell lung cancer - patients who have had prior chemotherapy                                                                                                                                                                                     | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA181 - Aug 07</a>         |
| RED                          | Pemetrexed      | (Alimta®)     | Maintenance treatment of non-small-cell lung cancer                                                                                                                                                                                                       | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA190 - Aug 17</a>         |

| Traffic Light Classification | Drug Name                                     | Brand Name               | Indication (assume licenced unless stated)                                                                                                                                            | Instructions for Prescriber                                                                                                                                                                                                  | NICE Guidance                       |
|------------------------------|-----------------------------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| RED                          | Pemetrexed                                    | (Alimta®)                | Maintenance treatment of locally advanced or metastatic non-squamous non-small-cell lung cancer (NSCLC) following induction therapy with pemetrexed and cisplatin                     | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                                               | <a href="#">TA402 - Aug 16</a>      |
| RED                          | Pemigatinib                                   | Pemaryze®                | relapsed or refractory advanced cholangiocarcinoma with FGFR2 fusion or rearrangement                                                                                                 | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                                               | <a href="#">TA722 – August 2021</a> |
| BLACK                        | Pen needle and remover (Unifine Pentips Plus) | (Unifine® Pentips® Plus) | Insulin administration                                                                                                                                                                | Not commissioned. No NHS prescribing in primary or secondary care                                                                                                                                                            | NICE has not issued any guidance.   |
| RED                          | Penicillamine                                 | (Distamine®)             | Wilson's disease (as recommended by a specialist centre - Cambs Universty Hospitals /Addenbrooke's Hospital)                                                                          | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                                               | NICE has not issued any guidance.   |
| RED                          | Pentosan polysulfate sodium 100mg capsules    | (Elmiron®)               | Bladder pain syndrome / Interstitial Cystitis characterised by either glomerulations or Hunner's lesions in adults with moderate to severe pain, urgency and frequency of micturition | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                                               | NICE has not issued any guidance.   |
| BLACK                        | Pentoxifylline (Oxpentifylline)               | (Trental®)               | Treatment of intermittent claudication in people with peripheral arterial disease                                                                                                     | Not commissioned. No NHS prescribing in primary or secondary care                                                                                                                                                            | <a href="#">TA223 - May 11</a>      |
| RED                          | Peptide receptor radionucleotide therapy      | ()                       | Cancer                                                                                                                                                                                | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                                               | NICE has not issued any guidance.   |
| ADVICE                       | Perampanel                                    | (Fycompa®)               | Second line adjunctive treatment of patients over the age of 12 years with partial seizures with or without secondary generalisation                                                  | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation<br>Consultant/Specialist responsible for the first script until the dose is stable. | NICE has not issued any guidance.   |

| Traffic Light Classification | Drug Name                                         | Brand Name                   | Indication (assume licenced unless stated)                                                                                                                                                                     | Instructions for Prescriber                                                                                           | NICE Guidance                     |
|------------------------------|---------------------------------------------------|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>BLACK</b>                 | Pergolide                                         | ()                           | First-line use in Parkinson's disease                                                                                                                                                                          | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | <a href="#">NG71 -Sep 17</a>      |
| <b>BLACK</b>                 | Pergolide                                         | ()                           | Pharmacological neuroprotective therapy in Parkinson's disease (Not a licensed indication).                                                                                                                    | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | <a href="#">NG71 -Sep 17</a>      |
| <b>BLACK</b>                 | Perindopril arginine                              | (Coversyl® Arginine tablets) | All indications                                                                                                                                                                                                | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | NICE has not issued any guidance. |
| <b>RED</b>                   | Pertuzumab                                        | (Perjeta®)                   | In combination with trastuzumab and chemotherapy for the neoadjuvant treatment of adults with HER2-positive, locally advanced, inflammatory or early-stage breast cancer at high risk of recurrence            | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA424 - Dec 16</a>    |
| <b>RED</b>                   | Pertuzumab                                        | (Perjeta®)                   | (with trastuzumab and docetaxel) for treating HER2-positive breast cancer - as per NICE TA 509                                                                                                                 | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA509 - Mar 18</a>    |
| <b>RED</b>                   | Pertuzumab                                        | (Perjeta®)                   | For adjuvant treatment of HER2-positive early stage breast cancer in adults, only if they have lymph node-positive disease - as per NICE TA 569 (NHSE commissioning responsibility)                            | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA569 - Mar 19</a>    |
| <b>BLACK</b>                 | Phenothiazines                                    | (Various)                    | NICE Do Not Do - Use in Parkinson's disease - as per NG 71 (Not a licensed indication).                                                                                                                        | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | <a href="#">NG71 -Sep 17</a>      |
| <b>BLACK</b>                 | Pholcodine linctus                                | generic                      | Cough suppressant                                                                                                                                                                                              | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | NICE has not issued any guidance  |
| <b>RED</b>                   | Phytomenadione (Vitamin K Nutritional Supplement) | NeoKay Oral Drops            | Limited to use in preterm-born babies (<37 weeks gestation) who are cared for in NNUH (mainly NICU but will include some preterm babies cared for on postnatal ward) and who are discharged home breastfeeding | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance. |

| Traffic Light Classification | Drug Name                           | Brand Name                                     | Indication (assume licenced unless stated)                                                                                                                                                                                                               | Instructions for Prescriber                                                                                                                     | NICE Guidance                          |
|------------------------------|-------------------------------------|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <b>RED</b>                   | Pibrentasvir                        | (Maviret®<br>(Combi product with glecaprevir)) | Chronic hepatitis C - as per NICE TA 499                                                                                                                                                                                                                 | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | <a href="#">TA499 - Jan 18</a>         |
| <b>ADVICE</b>                | Pimecrolimus 1% Cream               | (Elidel® cream)                                | Option for 2nd line treatment of moderate atopic eczema on the face and neck in children aged 2 to 16 years not controlled by topical steroids or where there is serious risk of important ADRs from further use of topical steroids - as per NICE CG 57 | <b>Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation</b> | <a href="#">CG57 - Aug 04</a>          |
| <b>Double Red</b>            | Pindolol                            | (Visken®)                                      | Augmentation of an antidepressant - as per NICE CG 90 - Do Not Do (Not a licensed indication).                                                                                                                                                           | <b>Not recommended for routine use</b>                                                                                                          | <a href="#">CG90 - Oct 09</a>          |
| <b>RED</b>                   | Pirfenidone                         | (Esbriet®)                                     | Idiopathic Pulmonary Fibrosis                                                                                                                                                                                                                            | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | <a href="#">TA504 - Feb 18</a>         |
| <b>BLACK</b>                 | Pitolisant hydrochloride            | Ozawade®                                       | excessive daytime sleepiness caused by obstructive sleep apnoea                                                                                                                                                                                          | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                        | <a href="#">TA776 – March 2022</a>     |
| <b>RED</b>                   | Pixantrone ▼                        | (Pixuvri® ▼)                                   | Monotherapy treatment of multiply relapsed or refractory aggressive non-Hodgkin's B-cell lymphoma                                                                                                                                                        | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | <a href="#">TA306 - Feb 14</a>         |
| <b>ADVICE</b>                | Plantar pressure offloading devices | (Various)                                      | Prevention and management of diabetic foot problems                                                                                                                                                                                                      | <b>Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation</b> | NICE has not issued any guidance.      |
| <b>RED</b>                   | Plerixafor                          | (Mozobil®)                                     | Mobilisation of stem cells in Bone Marrow Transplant                                                                                                                                                                                                     | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | NICE has not issued any guidance.      |
| <b>RED</b>                   | Polatuzumab vedotin                 | Polivy®                                        | with rituximab and bendamustine - relapsed or refractory diffuse large B-cell lymphoma                                                                                                                                                                   | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | <a href="#">TA649 – September 2020</a> |



| Traffic Light Classification | Drug Name                                     | Brand Name   | Indication (assume licenced unless stated)                                                                                                                       | Instructions for Prescriber                                                                                           | NICE Guidance                         |
|------------------------------|-----------------------------------------------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| <b>RED</b>                   | Polatuzumab vedotin                           | Polivy®      | combination for untreated diffuse large B-cell lymphoma                                                                                                          | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA874 – March 2023</a>    |
| <b>BLACK</b>                 | Pomalidomide                                  | (Imnovid®)   | With bortezomib and dexamethasone for treating relapsed or refractory multiple myeloma                                                                           | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | <a href="#">TA602 - Sep 19</a>        |
| <b>RED</b>                   | Pomalidomide ▼                                | (Imnovid® ▼) | In combination with dexamethasone - treatment of relapsed and refractory multiple myeloma previously treated with lenalidomide and bortezomib as per NICE TA 427 | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA427 - Jan 17</a>        |
| <b>RED</b>                   | Pomalidomide ▼                                | (Imnovid ▼)  | Myelofibrosis (Not a licensed indication).                                                                                                                       | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance.     |
| <b>RED</b>                   | Ponatinib ▼                                   | (Iclusig® ▼) | Chronic myeloid leukaemia and acute lymphoblastic leukaemia in adults - as per NICE TA 451                                                                       | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA451 - Jun 17</a>        |
| <b>RED</b>                   | Ponesimod                                     | Ponvory®     | relapsing–remitting multiple sclerosis                                                                                                                           | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA767 – February 2022</a> |
| <b>RED</b>                   | Poractant alfa                                | (Curosurf®)  | Respiratory distress syndrome                                                                                                                                    | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance.     |
| <b>RED</b>                   | Posaconazole                                  | (Noxafil®)   | Systemic fungal infections - as per Trust Guidelines & NHSE policy                                                                                               | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance.     |
| <b>BLACK</b>                 | Potassium aminobenzoate (capsules and powder) | (Potaba®)    | Peyronie's disease, Scleroderma                                                                                                                                  | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | NICE has not issued any guidance.     |



| Traffic Light Classification | Drug Name                                            | Brand Name                     | Indication (assume licenced unless stated)                                                                                                                                                   | Instructions for Prescriber                                                                                                                                                                         | NICE Guidance                         |
|------------------------------|------------------------------------------------------|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| <b>BLACK</b>                 | Potassium bicarbonate slow release–potassium citrate | n/a                            | distal renal tubular acidosis (terminated appraisal)                                                                                                                                         | Not commissioned. No NHS prescribing in primary or secondary care                                                                                                                                   | <a href="#">TA838 – November 2022</a> |
| <b>BLACK</b>                 | Potassium hydroxide solution 5%                      | Molludab / Molutrex            | Molluscum contagiosum (Not a licensed indication).                                                                                                                                           | Not commissioned. No NHS prescribing in primary or secondary care                                                                                                                                   | NICE has not issued any guidance.     |
| <b>BLACK</b>                 | Pralsetinib                                          | Gavreto®                       | RET fusion-positive advanced non-small-cell lung cancer                                                                                                                                      | Not commissioned. No NHS prescribing in primary or secondary care                                                                                                                                   | <a href="#">TA812 – August 2022</a>   |
| <b>BLACK</b>                 | Pramipexole                                          | ()                             | Pharmacological neuroprotective therapy in Parkinson's disease (Not a licensed indication).                                                                                                  | Not commissioned. No NHS prescribing in primary or secondary care                                                                                                                                   | <a href="#">NG71 -Sep 17</a>          |
| <b>ADVICE</b>                | Pramipexole - Immediate Release                      | (Mirapexin®)                   | Idiopathic Parkinson's disease, alone (without levodopa) or in combination with levodopa                                                                                                     | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation<br>Consultant/Specialist responsible for the first script. | NICE has not issued any guidance.     |
| <b>ADVICE</b>                | Pramipexole - Prolonged Release                      | (Mirapexin® Prolonged Release) | Idiopathic Parkinson's disease - alone or with levodopa, for patients initiated on treatment prior to mid March 2011 only - no new patients to be started on Pramipexole PR after this date. | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation<br>Consultant/Specialist responsible for all scripts.      | NICE has not issued any guidance.     |
| <b>BLACK</b>                 | Pramipexole - Prolonged Release                      | (Mirapexin® Prolonged Release) | Idiopathic Parkinson's disease, alone (without levodopa) or in combination with levodopa - Not commissioned from mid March 2011 onwards                                                      | Not commissioned. No NHS prescribing in primary or secondary care                                                                                                                                   | NICE has not issued any guidance.     |
| <b>BLACK</b>                 | Prasterone                                           | INTRAROSA®                     | Vulvar and vaginal atrophy (in post-menopausal women with moderate to severe symptoms)                                                                                                       | Not commissioned. No NHS prescribing in primary or secondary care                                                                                                                                   | NICE has not issued any guidance.     |

| Traffic Light Classification | Drug Name                       | Brand Name                        | Indication (assume licenced unless stated)                                                                                                                                                                                                                | Instructions for Prescriber                                                                                                                     | NICE Guidance                     |
|------------------------------|---------------------------------|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>BLACK</b>                 | Prasugrel                       | (Efient®)                         | Targeted use in diabetics: In combination with aspirin, prevention of atherothrombotic events in patients with acute coronary syndrome (ACS) undergoing primary or delayed percutaneous coronary intervention (PCI)                                       | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                        | <a href="#">TA182 - Oct 09</a>    |
| <b>ADVICE</b>                | Prasugrel                       | (Efient®)                         | In combination with aspirin: Prevention of atherothrombotic events in patients with acute coronary syndrome (ACS) undergoing percutaneous coronary intervention (PCI) with known intolerance to clopidogrel or who have restenosed whilst on clopidogrel. | <b>Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation</b> | <a href="#">TA317 - Jul 14</a>    |
| <b>BLACK</b>                 | PredictSure-IBD prognostic tool | (PredictSure-IBD)                 | Prediction of prognosis in Inflammatory bowel disease                                                                                                                                                                                                     | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                        | <a href="#">MIB178 - Mar 19</a>   |
| <b>ADVICE</b>                | Pregabalin                      | (Lyrica®; generic also available) | Generalised anxiety disorder (GAD) - for use only where all other options have failed.                                                                                                                                                                    | <b>Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation</b> | NICE has not issued any guidance. |
| <b>ADVICE</b>                | Pregabalin                      | (Lyrica®, generic also available) | Control of epilepsy                                                                                                                                                                                                                                       | <b>Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation</b> | NICE has not issued any guidance. |
| <b>Double Red</b>            | Pretomanid                      | ()                                | Multi drug resistant tuberculosis (TB)                                                                                                                                                                                                                    | <b>Not recommended for routine use</b>                                                                                                          | NICE has not issued any guidance. |
| <b>BLACK</b>                 | Pridinol                        | Myopridin                         | central and peripheral muscle spasms, lumbar pain, torticollis and general muscle pain in adults                                                                                                                                                          | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                        | NICE has not issued any guidance. |
| <b>RED</b>                   | Procarbazine                    | ()                                | All indications                                                                                                                                                                                                                                           | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | NICE has not issued any guidance. |

| Traffic Light Classification | Drug Name                                          | Brand Name                                   | Indication (assume licenced unless stated)                                                                                                                           | Instructions for Prescriber                                                                                                                                                 | NICE Guidance                     |
|------------------------------|----------------------------------------------------|----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>BLACK</b>                 | Pro-gest cream                                     | (Pro-gest®)                                  | Hormone replacement therapy (Not a licensed indication).                                                                                                             | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                                                    | NICE has not issued any guidance. |
| <b>ADVICE</b>                | Progesterone (micronised)                          | Cyclogest                                    | threatened miscarriage in those with confirmed intrauterine pregnancy with vaginal bleeding and history of previous miscarriage, or history of recurrent miscarriage | <b>ADVICE - Hospital will stabilise patient, initiate treatment and give 2 weeks supply, then primary care will be asked to provide the remainder of the 16 week course</b> | <a href="#">NG126 - Aug 2023</a>  |
| <b>BLACK</b>                 | Progestogens (oral)                                | (Various)                                    | (given during the luteal phase only) for treatment of Heavy Menstrual Bleeding as per NICE CG 44 - Do Not Do                                                         | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                                                    | <a href="#">CG144 - Aug 16</a>    |
| <b>BLACK</b>                 | Prolonged release oxycodone (Onexila XL)           | (Onexila® XL)                                | Analgesia                                                                                                                                                            | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                                                    | NICE has not issued any guidance. |
| <b>BLACK</b>                 | Prontoderm bacterial decolonisation foam/nasal gel | (Prontoderm® foam and Prontoderm® nasal gel) | Topical decolonisation of MRSA carriers                                                                                                                              | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                                                    | NICE has not issued any guidance. |
| <b>RED</b>                   | Propafenone                                        | Arythmol                                     | cardiovascular indications                                                                                                                                           | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                       | NICE has not issued any guidance. |
| <b>Double Red</b>            | Prosource Jelly                                    | (Prosource® Jelly)                           | hypoproteinaemia                                                                                                                                                     | <b>Not recommended for routine use.</b>                                                                                                                                     | NICE has not issued any guidance. |
| <b>RED</b>                   | Protein C concentrate                              | (Ceprotrin®)                                 | Congenital protein C deficiency - as per B(C)SH Guidelines                                                                                                           | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                       | NICE has not issued any guidance. |
| <b>RED</b>                   | Protein Kinase Inhibitors                          | (Various)                                    | Endocrinology non-malignant conditions (Not a licensed indication).                                                                                                  | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                       | NICE has not issued any guidance. |

| Traffic Light Classification | Drug Name                                  | Brand Name               | Indication (assume licenced unless stated)                                                                                                                               | Instructions for Prescriber                                                                                                                                                                                          | NICE Guidance                         |
|------------------------------|--------------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| <b>RED</b>                   | Prothrombin Complex                        | (Beriplex®, Octaplex®)   | As per B(C)SH Guidelines                                                                                                                                                 | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                                                | NICE has not issued any guidance.     |
| <b>ADVICE</b>                | Pyridostigmine                             | Mestinon®                | Myasthenia gravis                                                                                                                                                        | <b>Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation</b>                                                                      | NICE has not issued any guidance.     |
| <b>ADVICE</b>                | Quetiapine                                 | (Generics are available) | Schizophrenia - 1st line                                                                                                                                                 | <b>Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation</b><br>Consultant should prescribe for an initial period of three months | <a href="#">CG82 - Mar 09</a>         |
| <b>BLACK</b>                 | Quetiapine                                 | (Seroquel)               | Generalised anxiety disorder (Not a licensed indication).                                                                                                                | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                                                                                             | NICE has not issued any guidance.     |
| <b>RED</b>                   | Quizartinib                                | Vanflyta®                | induction, consolidation and maintenance treatment of newly diagnosed FLT3-ITD-positive acute myeloid leukaemia                                                          | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                                                | <a href="#">TA1013 – October 2024</a> |
| <b>BLACK</b>                 | Rabbit anti-human thymocyte immunoglobulin | (Thymoglobuline®)        | INITIAL treatments to prevent organ rejection in adults, children and young people having a kidney transplant - as per NICE TAs 481 and 482 (Not a licensed indication). | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                                                                                             | <a href="#">TA481 - Oct 17</a>        |
| <b>BLACK</b>                 | Rabbit anti-human thymocyte immunoglobulin | (Thymoglobuline®)        | INITIAL treatments to prevent organ rejection in adults, children and young people having a kidney transplant - as per NICE TAs 481 and 482 (Not a licensed indication). | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                                                                                             | <a href="#">TA482 - Oct 17</a>        |
| <b>RED</b>                   | Radium-223 dichloride ▼                    | (Xofigo® ▼)              | Hormone-relapsed prostate cancer with bone metastases.                                                                                                                   | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                                                | <a href="#">TA412 - Sep 16</a>        |

| Traffic Light Classification | Drug Name                                   | Brand Name   | Indication (assume licenced unless stated)                                                                                                                           | Instructions for Prescriber                                                                                                              | NICE Guidance                     |
|------------------------------|---------------------------------------------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>BLACK</b>                 | Raloxifene                                  | (Evista®)    | Primary prevention of osteoporotic fragility fractures in postmenopausal women                                                                                       | Not commissioned. No NHS prescribing in primary or secondary care                                                                        | <a href="#">TA160 - Oct 08</a>    |
| <b>ADVICE</b>                | Raloxifene                                  | (Evista®)    | Chemoprophylaxis for no more than 5 years for pre- or post-menopausal women at either high or moderate risk of developing breast cancer (Not a licensed indication). | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation | <a href="#">CG164 - Jun 13</a>    |
| <b>RED</b>                   | Raltegravir                                 | (Isentress®) | HIV infection in combination with other antiretroviral drugs - as per BHIVA Guidelines                                                                               | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance. |
| <b>RED</b>                   | Raltitrexed                                 | (Tomudex®)   | Advanced colorectal cancer                                                                                                                                           | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA93 - Aug 05</a>     |
| <b>BLACK</b>                 | Ramucirumab                                 | (Cyramza®)   | Unresectable hepatocellular carcinoma after sorafenib (terminated appraisal)                                                                                         | Not commissioned. No NHS prescribing in primary or secondary care                                                                        | <a href="#">TA609 - Oct 19</a>    |
| <b>BLACK</b>                 | Ramucirumab (with erlotinib)                | (Cyramza® ▼) | untreated EGFR-positive metastatic non-small-cell lung cancer (terminated appraisal)                                                                                 | Not commissioned. No NHS prescribing in primary or secondary care                                                                        | <a href="#">TA635 – June 2020</a> |
| <b>BLACK</b>                 | Ramucirumab ▼                               | (Cyramza® ▼) | Advanced gastric cancer or gastro-oesophageal junction adenocarcinoma previously treated with chemotherapy.                                                          | Not commissioned. No NHS prescribing in primary or secondary care                                                                        | <a href="#">TA378 - Jan 16</a>    |
| <b>BLACK</b>                 | Ramucirumab ▼ in combination with doxetaxel | (Cyramza® ▼) | Locally advanced or metastatic non-small-cell lung cancer in adults whose disease has progressed after platinum-based chemotherapy                                   | Not commissioned. No NHS prescribing in primary or secondary care                                                                        | <a href="#">TA403 - Aug 16</a>    |
| <b>BLACK</b>                 | Ranibizumab                                 | (Lucentis®)  | treating diabetic retinopathy (terminated appraisal)                                                                                                                 | Not commissioned. No NHS prescribing in primary or secondary care                                                                        | <a href="#">TA637 – June 2020</a> |
| <b>RED</b>                   | Ranibizumab                                 | (Lucentis®)  | Treatment of Wet Age-related Macular Degeneration (AMD) as part of a treat and extend regimen in line with the locally commissioned treatment pathway                | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">NG82 - Jan 18</a>     |

| Traffic Light Classification | Drug Name   | Brand Name           | Indication (assume licenced unless stated)                                                                                               | Instructions for Prescriber                                                                                                              | NICE Guidance                                     |
|------------------------------|-------------|----------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| RED                          | Ranibizumab | (Lucentis®)          | Treatment of Diabetic Macular Oedema (DMO) as part of a treat and extend regimen in line with the locally commissioned treatment pathway | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance.                 |
| RED                          | Ranibizumab | (Lucentis®)          | Visual impairment due to diabetic macular oedema                                                                                         | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA274 - Feb 13 updated Oct 2023</a>   |
| RED                          | Ranibizumab | (Lucentis®)          | Neovascular (wet) age-related macular degeneration                                                                                       | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA155 - Aug 08 - updated May 2024</a> |
| RED                          | Ranibizumab | (Lucentis®)          | Treatment of visual impairment caused by macular oedema secondary to retinal vein occlusion (RVO)                                        | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA283 - May 13 - updated May 2024</a> |
| RED                          | Ranibizumab | (Lucentis®)          | Choroidal neovascularisation associated with pathological myopia                                                                         | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA298 - Nov 13 - updated May 2024</a> |
| ADVICE                       | Ranolazine  | (Ranexa®)            | Adjunctive use in stable angina unresponsive to other treatments                                                                         | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation | <a href="#">CG126 - Jul 11</a>                    |
| ADVICE                       | Rasagiline  | (Azilect®)           | Idiopathic Parkinson's Disease                                                                                                           | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation | NICE has not issued any guidance.                 |
| BLACK                        | Rasagiline  | (Generics available) | NICE Do Not Do - Pharmacological neuroprotective therapy in Parkinson's disease - as per NG 71 (Not a licensed indication).              | Not commissioned. No NHS prescribing in primary or secondary care                                                                        | <a href="#">NG71 -Sep 17</a>                      |



| Traffic Light Classification | Drug Name                             | Brand Name            | Indication (assume licenced unless stated)                                                                                                            | Instructions for Prescriber                                                                                    | NICE Guidance                         |
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| RED                          | Rasburicase                           | (Fasturtec®)          | Prophylaxis & treatment of acute hyperuricaemia to prevent renal failure in patients with high tumour burden who are at risk of tumour lysis syndrome | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.     |
| RED                          | Ravulizumab                           | Ultomiris®            | paroxysmal nocturnal haemoglobinuria                                                                                                                  | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA698 – May 2021</a>      |
| RED                          | Ravulizumab                           | Ultomiris®            | Parxysmal nocturnal haemoglobinuria                                                                                                                   | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.     |
| BLACK                        | Ravulizumab                           | N/A                   | generalised myasthenia gravis                                                                                                                         | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA940 – December 2023</a> |
| BLACK                        | Ravulizumab                           | N/A                   | AQP4 antibody-positive neuromyelitis optica spectrum disorder                                                                                         | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA941 – December 2023</a> |
| RED                          | Ravulizumab                           | Ultomiris®            | treating atypical haemolytic uraemic syndrome                                                                                                         | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA710 – June 2021</a>     |
| RED                          | Raxibacumab                           |                       | Inhaled anthrax                                                                                                                                       | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.     |
| BLACK                        | Reagent Pad (Neuropad)                | (Neuropad)            | Diagnostic test for peripheral neuropathy                                                                                                             | Not commissioned. No NHS prescribing in primary or secondary care                                              | NICE has not issued any guidance.     |
| BLACK                        | Recombinant human parathyroid hormone | Natpar® s/c injection | Hypoparathyroidism as per TA625 (terminated appraisal)                                                                                                | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA625 - Mar 20</a>        |
| RED                          | Refenalin                             |                       | Prevention of delayed graft function                                                                                                                  | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.     |



| Traffic Light Classification | Drug Name                                  | Brand Name    | Indication (assume licenced unless stated)                                                           | Instructions for Prescriber                                                                                                                                                                                   | NICE Guidance                         |
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| <b>BLACK</b>                 | Regorafenib                                | (Stivarga®)   | Previously treated advanced hepatocellular carcinoma - as per NICE TA 514                            | Not commissioned. No NHS prescribing in primary or secondary care                                                                                                                                             | <a href="#">TA514 - Mar 18</a>        |
| <b>RED</b>                   | Regorafenib                                | (Stivarga®)   | Advanced unresectable hepatocellular carcinoma in adults who have had sorafenib - as per NICE TA 555 | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                                | <a href="#">TA555 - Jan 19</a>        |
| <b>RED</b>                   | Regorafenib                                | Stivarga®     | previously treated metastatic colorectal cancer                                                      | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                                | <a href="#">TA866 – February 2023</a> |
| <b>BLACK</b>                 | Regorafenib ▼                              | (Stivarga® ▼) | Metastatic colorectal cancer after treatment for metastatic disease                                  | Not commissioned. No NHS prescribing in primary or secondary care                                                                                                                                             | <a href="#">TA334 - Feb 15</a>        |
| <b>RED</b>                   | Regorafenib ▼                              | (Stivarga® ▼) | Previously treated unresectable or metastatic gastrointestinal stromal tumours                       | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                                | <a href="#">TA488 - Nov 17</a>        |
| <b>RED</b>                   | Relugolix                                  | Orgovyx®      | hormone-sensitive prostate cancer                                                                    | Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                                                 | <a href="#">TA995 – August 2024</a>   |
| <b>ADVICE</b>                | Relugolix–estradiol–norethisterone acetate | Ryeqo®        | moderate to severe symptoms of uterine fibroids                                                      | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation<br>Consultant should prescribe for an initial period of three months | <a href="#">TA832 – October 2022</a>  |
| <b>RED</b>                   | Remdesivir                                 | Veklury       | for use in hospitalised patients with covid-19 who meet the criteria defined in the NICE TA          | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                                | <a href="#">TA971 – May 2024</a>      |
| <b>ADVICE</b>                | Repaglinide                                | PRANDIN®      | To treat CF patients who have diabetes, as an alternative to insulin                                 | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation                                                                      | NICE has not issued any guidance.     |

| Traffic Light Classification | Drug Name                                  | Brand Name           | Indication (assume licenced unless stated)                                                                                                                                          | Instructions for Prescriber                                                                                    | NICE Guidance                      |
|------------------------------|--------------------------------------------|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------------|
| RED                          | Reparixin                                  |                      | Prevention of delayed graft function                                                                                                                                                | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.  |
| RED                          | Reslizumab ▼                               | (Cinqaero® ▼)        | Treatment of severe eosinophilic asthma inadequately controlled in adults despite maintenance therapy with high-dose inhaled corticosteroids plus another drug - as per NICE TA 479 | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA479 - Oct 17</a>     |
| BLACK                        | RESPeRATE®                                 | (RESPeRATE®)         | Device used to lower BP by changing breathing rates                                                                                                                                 | Not commissioned. No NHS prescribing in primary or secondary care                                              | NICE has not issued any guidance.  |
| RED                          | Reveglucosidase alfa                       | ()                   | Pompe Disease                                                                                                                                                                       | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.  |
| RED                          | Ribavirin                                  | (Copegus®, Rebetol®) | Chronic hepatitis C                                                                                                                                                                 | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA200 - Sep 10</a>     |
| RED                          | Ribociclib (with fulvestrant)              | Kisqali®             | hormone receptor-positive, HER2-negative advanced breast cancer after endocrine therapy                                                                                             | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA687 – March 2021</a> |
| RED                          | Ribociclib with fulvestrant                | (Kisqali®)           | Hormone receptor-positive, HER2-negative, advanced breast cancer                                                                                                                    | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA593 - Aug 19</a>     |
| RED                          | Ribociclib ▼ (with an aromatase inhibitor) | (Kisqali® ▼)         | Previously untreated, hormone receptor-positive, HER2-negative, locally advanced or metastatic breast cancer                                                                        | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA496 - Dec 17</a>     |

| Traffic Light Classification | Drug Name                | Brand Name                        | Indication (assume licenced unless stated)                                                                                                                                       | Instructions for Prescriber                                                                                                                                                                     | NICE Guidance                     |
|------------------------------|--------------------------|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>ADVICE</b>                | Rifampicin               | <i>various</i>                    | Non-TB related mycobacterium infections                                                                                                                                          | <b>Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation</b><br>Consultant responsible for the first script. | NICE has not issued any guidance. |
| <b>RED</b>                   | Rifaximin                | <i>(Targaxan®)</i>                | Treatment and prophylaxis of secondary hepatic encephalopathy                                                                                                                    | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                           | <a href="#">TA337 - Mar 15</a>    |
| <b>BLACK</b>                 | Rifaximin                | <i>(Xifaxanta®)</i>               | For treatment of traveller's diarrhoea                                                                                                                                           | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                                                                        | NICE has not issued any guidance. |
| <b>BLACK</b>                 | Rifaximin                | <i>((Targaxan® / Xifaxanta®))</i> | Chronic diarrhoea in G-I disorders (including Crohn's disease, Ulcerative Colitis, Diverticular disease, IBS, recurrent C. diff infection, small intestinal bacterial overgrowth | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                                                                        | NICE has not issued any guidance. |
| <b>RED</b>                   | Rifaximin                | <i>((Targaxan® / Xifaxanta®))</i> | UC with pouchitis only when other treatment options have failed                                                                                                                  | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                           | NICE has not issued any guidance. |
| <b>RED</b>                   | Rigosertib               | <i>(Estybon®)</i>                 | Refractory myelodysplastic syndromes (MDS), high-risk / Pancreatic cancer                                                                                                        | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                           | NICE has not issued any guidance. |
| <b>RED</b>                   | Rilpivirine              | <i>(Edurant®)</i>                 | HIV infection in combination with other antiretroviral drugs                                                                                                                     | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                           | NICE has not issued any guidance. |
| <b>SCA</b>                   | <a href="#">Riluzole</a> | <i>(Rilutek®)</i>                 | Amyotrophic Lateral Sclerosis (Motor Neurone Disease)                                                                                                                            | <b>Prescribe the drug and perform a basic level of monitoring, e.g. a standard annual review</b>                                                                                                | NICE has not issued any guidance. |
| <b>ADVICE</b>                | Rimegepant               | Vydura                            | preventing migraine                                                                                                                                                              | <b>Specialist will initiate and provide the first 12 weeks of medication to the patient.</b>                                                                                                    | <a href="#">TA906 - July 2023</a> |

| Traffic Light Classification | Drug Name    | Brand Name             | Indication (assume licenced unless stated)                          | Instructions for Prescriber                                                                                    | NICE Guidance                                          |
|------------------------------|--------------|------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| RED                          | Rimeporide   |                        | Duchenne muscular dystrophy                                         | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.                      |
| RED                          | Riociguat ▼  | (Adempas® ▼)           | Treatment chronic thromboembolic Pulmonary Hypertension in adults   | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.                      |
| BLACK                        | Ripretinib   | Qinlock®               | advanced gastrointestinal stromal tumour after 3 or more treatments | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA881 – May 2023</a>                       |
| RED                          | Risankizumab | (Skyrizi®)             | Psoriasis                                                           | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA596 - Aug 19</a>                         |
| RED                          | Risankizumab | (Skyrizi®)             | active psoriatic arthritis after inadequate response to DMARDs      | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA803 – July 2022</a>                      |
| RED                          | Risankizumab | Skyrizi®               | previously treated moderately to severely active Crohn's disease    | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA888 – May 2023</a>                       |
| RED                          | Risankizumab | Skyrizi®               | moderately to severely active ulcerative                            | Red/Hospital - Prescribing to remain with the hospital or specialist service. No prescribing in primary care   | <a href="#">TA998 – August 2024</a>                    |
| RED                          | Risdiplam    | Evrysdi®               | spinal muscular atrophy                                             | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA755 – December 2021 updated Dec 2023</a> |
| RED                          | Risperidone  | (Risperdal® (tablets)) | Unresponsive conduct disorder in ADHD                               | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">CG158 - Mar 13</a>                         |

| Traffic Light Classification | Drug Name                           | Brand Name                     | Indication (assume licenced unless stated)                                                             | Instructions for Prescriber                                                                                                                                                                                                                                         | NICE Guidance                      |
|------------------------------|-------------------------------------|--------------------------------|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| <b>RED</b>                   | Risperidone (Depot injection) ▼     | ( <i>Risperdal Consta</i> ® ▼) | Schizophrenia and other psychoses in patients tolerant to risperidone by mouth.                        | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                                                                                               | NICE has not issued any guidance.  |
| <b>BLUE</b>                  | Ritlecitinib                        | Litfulo®                       | severe alopecia areata in people 12 years and over                                                     | NWICB are committed to fund positive NICE TA treatments. Awaiting clarification of place in pathway and commissioning arrangements. Further guidance will be issued when available. For all other treatments, formulary application and discussion will be required | <a href="#">TA958 – March 2024</a> |
| <b>RED</b>                   | Ritonavir                           | ( <i>Norvir</i> ®)             | HIV infection in combination with other antiretroviral drugs - as per BHIVA Guidelines                 | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                                                                                               | NICE has not issued any guidance.  |
| <b>RED</b>                   | Ritonavir-paritaprevir-ombitasvir ▼ | ( <i>Viekirax</i> ®)           | Genotype 1 or 4 chronic hepatitis C in adults (with or without dasabuvir (Exviera®) as per NICE TA 365 | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                                                                                               | <a href="#">TA365 - Nov 15</a>     |
| <b>RED</b>                   | Rituximab                           | ( <i>MabThera</i> ®)           | Relapsed or refractory stage III or IV follicular non-Hodgkin's lymphoma                               | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                                                                                               | <a href="#">TA137 - Feb 08</a>     |
| <b>RED</b>                   | Rituximab                           | ( <i>MabThera</i> ®)           | Option for first-line treatment of chronic lymphocytic leukaemia                                       | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                                                                                               | <a href="#">TA174 - Jul 09</a>     |
| <b>RED</b>                   | Rituximab                           | ( <i>MabThera</i> ®)           | Treatment of relapsed or refractory chronic lymphocytic leukaemia                                      | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                                                                                               | <a href="#">TA193 - Jul 10</a>     |
| <b>RED</b>                   | Rituximab                           | ( <i>MabThera</i> ®)           | 1st-line maintenance treatment of follicular non-Hodgkin's lymphoma                                    | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                                                                                               | <a href="#">TA226 - Jun 11</a>     |

| Traffic Light Classification | Drug Name | Brand Name                       | Indication (assume licenced unless stated)                                                                   | Instructions for Prescriber                                                                                           | NICE Guidance                     |
|------------------------------|-----------|----------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>RED</b>                   | Rituximab | (MabThera®)                      | 1st-line treatment of stage III-IV follicular lymphoma                                                       | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA243 - Jan 12</a>    |
| <b>RED</b>                   | Rituximab | (Mabthera®)                      | Splenic B cell non Hodgkin's lymphoma (Not a licensed indication).                                           | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance. |
| <b>RED</b>                   | Rituximab | (MabThera®, Rixathon®, Truxima®) | Option for treatment of Immune (Idiopathic) Thrombocytopenic Purpura (ITP) (Not a licensed indication).      | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance. |
| <b>RED</b>                   | Rituximab | (MabThera)                       | Splenic marginal zone (B cell non Hodgkin) lymphoma                                                          | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance. |
| <b>RED</b>                   | Rituximab | (MabThera®)                      | Aggressive non-Hodgkin's lymphoma                                                                            | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance. |
| <b>RED</b>                   | Rituximab | (MabThera®)                      | Connective tissue disease (Not a licensed indication).                                                       | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance. |
| <b>RED</b>                   | Rituximab | (MabThera®)                      | Treatment for relapsing Steroid Sensitive Nephrotic Syndrome (SSNS) in children (Not a licensed indication). | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance. |
| <b>RED</b>                   | Rituximab | (MabThera®)                      | Treatment of Steroid Resistant Nephrotic Syndrome (SRNS) in paediatric patients (Not a licensed indication). | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance. |
| <b>RED</b>                   | Rituximab | (MabThera®)                      | Membranous nephropathy                                                                                       | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance. |

| Traffic Light Classification | Drug Name                          | Brand Name               | Indication (assume licenced unless stated)                                                                  | Instructions for Prescriber                                                                                    | NICE Guidance                     |
|------------------------------|------------------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------------------|
| RED                          | Rituximab                          | (MabThera®)              | Focal segmental glomerulosclerosis                                                                          | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance. |
| RED                          | Rituximab                          | (MabThera®)              | Myasthenia gravis                                                                                           | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance. |
| RED                          | Rituximab                          | (MabThera®)              | Anti-nmdar autoimmune encaphalitis                                                                          | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance. |
| RED                          | Rituximab                          | (MabThera®)              | Dermatomyositis and polymyositis (adults)                                                                   | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance. |
| RED                          | Rituximab                          | (MabThera & biosimilars) | Steroid sensitive nephrotic syndrome - as per NHS England policy E03/P/c and b (Not a licensed indication). | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance. |
| RED                          | Rituximab - subcutaneous injection | (MabThera®)              | Follicular Lymphoma maintenance - NHS England policy Lymphoma maintenance                                   | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance. |
| RED                          | Rituximab (biosimilar)             | (Truxima®, Rixathon®)    | Rheumatoid arthritis - with MTX after DMARDs including a TNF inhibitor                                      | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA195 - Aug 10</a>    |
| RED                          | Rituximab (biosimilar)             | (Truxima®, Rixathon®)    | Anti-neutrophil cytoplasmic antibody-associated (ANCA) vasculitis (Not a licensed indication).              | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA308 - Mar 14</a>    |
| RED                          | Rituximab (biosimilar)             | (Truxima®, Rithaxon®)    | RhF +ve Poly-Articular Juvenile Idiopathic Arthritis (Not a licensed indication).                           | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance. |



| Traffic Light Classification | Drug Name              | Brand Name             | Indication (assume licenced unless stated)                                                                     | Instructions for Prescriber                                                                                    | NICE Guidance                     |
|------------------------------|------------------------|------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------------------|
| RED                          | Rituximab (biosimilar) | (Truximab®, Rithaxon®) | treatment of autoimmune haemolytic anaemia (AIHA) in adults                                                    | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance. |
| RED                          | Rituximab (biosimilar) | (Truximab®, Rithaxon®) | ANCA associated vasculitis - as per NICE TA 308 and NHS England policy A13/P/a (Not a licensed indication).    | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance. |
| RED                          | Rituximab (biosimilar) | (Truxima®, Rixathon®)  | Eradication of inhibitors in patients with Acquired Haemophilia (2nd line option) (Not a licensed indication). | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance. |
| RED                          | Rituximab (biosimilar) | (Truxima®, Rixathon®)  | Nephritis (Not a licensed indication).                                                                         | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance. |
| RED                          | Rituximab (biosimilar) | (Truxima®, Rixathon®)  | Connective tissue disease - interstitial lung disease (Not a licensed indication).                             | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance. |
| RED                          | Rituximab (biosimilar) | (Truxima®, Rixathon®)  | Primary Sjogren's syndrome (PSS) (Not a licensed indication).                                                  | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance. |
| RED                          | Rituximab (biosimilar) | (Truxima®, Rixathon®)  | Chronic inflammatory demyelinating polyneuropathy (Not a licensed indication).                                 | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance. |
| RED                          | Rituximab (biosimilar) | (Truximab®, Rithaxon®) | Immunoglobulin G4 related disease - as per NHS England policy (Not a licensed indication).                     | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance. |
| RED                          | Rituximab (biosimilar) | (Truximab®, Rithaxon®) | Myositis - as per NHS England Policy 16035/P (Not a licensed indication).                                      | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance. |

| Traffic Light Classification | Drug Name              | Brand Name             | Indication (assume licenced unless stated)                                                                                                       | Instructions for Prescriber                                                                                                              | NICE Guidance                     |
|------------------------------|------------------------|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| RED                          | Rituximab (biosimilar) | (Truximab®, Rithaxon®) | Pemphigus Vulgaris - as per NHS England policy 16035/P (Not a licensed indication).                                                              | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance. |
| RED                          | Rituximab (biosimilar) | (Truxima®, Rixathon®)  | Cytopenia complicating primary immunodeficiency - as per NHS England policy 16044/P (Not a licensed indication).                                 | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance. |
| RED                          | Rituximab (biosimilar) | (Truximab®, Rithaxon®) | Systemic Lupus Erythematosus (SLE) - as per NHS England Policy A13/PS/a (Not a licensed indication).                                             | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance. |
| RED                          | Rituximab (biosimilar) | (Truximab®, Rithaxon®) | Neuromyelitis optica (Not a licensed indication).                                                                                                | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance. |
| RED                          | Rituximab (biosimilar) | (Truximab®, Rithaxon®) | Graft versus host disease -as per Policy NHS England Policy 16069/P (Not a licensed indication).                                                 | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance. |
| RED                          | Rituximab (biosimilar) | (Truximab®, Rithaxon®) | ABO-incompatible kidney transplants - as per specification - Specialist centres only (Not a licensed indication).                                | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance. |
| RED                          | Rivaroxaban            | (Xarelto®)             | Prevention of adverse outcomes after acute management of acute coronary syndrome in people with elevated cardiac biomarkers (as per NICE TA 335) | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA335 - Mar 15</a>    |
| ADVICE                       | Rivaroxaban            | (Xarelto®)             | For preventing atherothrombotic events in people with coronary or peripheral artery disease                                                      | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation | <a href="#">TA607 - Oct 19</a>    |

| Traffic Light Classification | Drug Name                    | Brand Name                                     | Indication (assume licenced unless stated)                                                                                                                                 | Instructions for Prescriber                                                                                                                                                                                                                 | NICE Guidance                     |
|------------------------------|------------------------------|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>Double Red</b>            | Rivaroxaban                  | (Xarelto®)                                     | Combined use with dual antiplatelet therapy in people who otherwise need anticoagulation, who have had an MI - as per NICE CG 172 - Do Not Do (Not a licensed indication). | Not recommended for routine use                                                                                                                                                                                                             | <a href="#">CG172 - Nov 13</a>    |
| <b>RED</b>                   | Rivaroxaban ▼                | (Xarelto® ▼)                                   | Prevention of venous thromboembolism in adults after total hip or total knee replacement (as per NICE TA 170                                                               | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                                                              | <a href="#">TA170 - Apr 09</a>    |
| <b>ADVICE</b>                | Rivaroxaban ▼                | (Xarelto® ▼)                                   | Treatment of deep vein thrombosis (except calf vein DVT) and prevention of recurrent DVT in specified patient groups                                                       | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation<br>Consultant should prescribe for an initial period of 3 weeks.                                   | <a href="#">TA261 - Jul 12</a>    |
| <b>ADVICE</b>                | Rivaroxaban ▼                | (Xarelto® ▼)                                   | Treatment and prevention of pulmonary embolism as per NICE TA 261 (where warfarin is not appropriate - see Full Guidance)                                                  | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation                                                                                                    | <a href="#">TA261 - Jul 12</a>    |
| <b>RED</b>                   | Rivaroxaban ▼                | (Xarelto® ▼)                                   | Treatment of calf vein deep vein thrombosis (as per NICE TA 261)                                                                                                           | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                                                              | <a href="#">TA261 - Jul 12</a>    |
| <b>SCA</b>                   | <a href="#">Rivastigmine</a> | (Exelon®)                                      | Mild to moderate dementia in Alzheimer's Disease - as per NICE TA 217                                                                                                      | Prescribe the drug and perform a basic level of monitoring, e.g. a standard annual review                                                                                                                                                   | <a href="#">TA217 - Mar 11</a>    |
| <b>ADVICE</b>                | Rivastigmine                 | (Use cost-effective generic oral preparations) | Mild to moderate dementia in Parkinson's disease                                                                                                                           | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation<br>Consultant/Specialist should recommend, but GP can take responsibility for all scripts 6 weeks. | NICE has not issued any guidance. |

| Traffic Light Classification | Drug Name               | Brand Name            | Indication (assume licenced unless stated)                                                                                                                                      | Instructions for Prescriber                                                                                                                                                                                            | NICE Guidance                     |
|------------------------------|-------------------------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| RED                          | Rivipansel sodium       |                       | Hepatic veno-occlusive disease                                                                                                                                                  | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                                         | NICE has not issued any guidance. |
| RED                          | Rivipansel sodium       |                       | Sickle Cell Disease                                                                                                                                                             | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                                         | NICE has not issued any guidance. |
| ADVICE                       | Roflumilast ▼           | (Daxas® ▼)            | Adjunct to bronchodilators for maintenance in chronic obstructive pulmonary disease in adults with chronic bronchitis and a history of frequent exacerbations - as per NICE 461 | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation<br>Consultant/Specialist should prescribe for an initial period of one month. | <a href="#">TA461 - Jul 17</a>    |
| RED                          | Romiplostim             | (Nplate®)             | Chronic immune (idiopathic) thrombocytopenic purpura                                                                                                                            | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                                         | <a href="#">TA221 - Apr 11</a>    |
| RED                          | Romosozumab             | EVENITY®              | severe osteoporosis                                                                                                                                                             | Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                                                          | <a href="#">TA791 – May 2022</a>  |
| RED                          | Ropeginterferon alfa 2b | ()                    | Hepatitis C                                                                                                                                                                     | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                                         | NICE has not issued any guidance. |
| ADVICE                       | Ropinirole              | (Adartrel® , Requip®) | Parkinson's Disease                                                                                                                                                             | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation                                                                               | NICE has not issued any guidance. |
| BLACK                        | Ropinirole              | ()                    | Pharmacological neuroprotective therapy in Parkinson's disease (Not a licensed indication).                                                                                     | Not commissioned. No NHS prescribing in primary or secondary care                                                                                                                                                      | <a href="#">NG71 -Sep 17</a>      |

| Traffic Light Classification | Drug Name                                        | Brand Name        | Indication (assume licenced unless stated)                                                  | Instructions for Prescriber                                                                                                              | NICE Guidance                           |
|------------------------------|--------------------------------------------------|-------------------|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <b>ADVICE</b>                | Rotigotine                                       | (Neupro® patches) | Monotherapy for early and adjunct to levodopa in advanced stage Parkinson's disease         | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation | NICE has not issued any guidance.       |
| <b>BLACK</b>                 | Rotigotine                                       | ()                | Pharmacological neuroprotective therapy in Parkinson's disease (Not a licensed indication). | Not commissioned. No NHS prescribing in primary or secondary care                                                                        | <a href="#">NG71 -Sep 17</a>            |
| <b>BLACK</b>                 | Rotigotine                                       | n/a               | restless legs syndrome                                                                      | Not commissioned. No NHS prescribing in primary or secondary care                                                                        | <a href="#">NICE CKS - July 2022</a>    |
| <b>RED</b>                   | Roxadustat                                       | ()                | Dialysis induced anaemia                                                                    | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance.       |
| <b>RED</b>                   | Roxadustat                                       | Evrenzo®          | symptomatic anaemia in chronic kidney disease                                               | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA807 – July 2022</a>       |
| <b>BLACK</b>                 | RT300 (functional electrical stimulation system) | (RT300)           | Spinal cord injury rehabilitation - as per MIB 169                                          | Not commissioned. No NHS prescribing in primary or secondary care                                                                        | <a href="#">MIB169 - Jan 19</a>         |
| <b>BLACK</b>                 | Rubefacients                                     | (Various -)       | Osteoarthritis - as per NICE CG 59 - Do Not Do                                              | Not commissioned. No NHS prescribing in primary or secondary care                                                                        | CG59 - Feb 08                           |
| <b>RED</b>                   | Rucaparib                                        | (Rubraca®)        | Maintenance of relapsed platinum-sensitive ovarian, fallopian tube or peritoneal cancer     | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA1007 – September 2024</a> |
| <b>BLACK</b>                 | Rupatadine                                       | (Generic)         | Symptomatic relief of allergic rhinitis and urticaria                                       | Not commissioned. No NHS prescribing in primary or secondary care                                                                        | NICE has not issued any guidance.       |
| <b>RED</b>                   | Rurioctocog alfa pegol                           |                   | Haemophilia A                                                                               | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance.       |

| Traffic Light Classification | Drug Name                                | Brand Name    | Indication (assume licenced unless stated)                                                                                             | Instructions for Prescriber                                                                                                              | NICE Guidance                         |
|------------------------------|------------------------------------------|---------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| RED                          | Ruxolitinib                              | (Jakavi®)     | Disease-related splenomegaly or symptoms in adults with myelofibrosis - as per NICE TA 386                                             | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA386 - Mar 16</a>        |
| BLACK                        | Ruxolitinib                              | Jakavi        | acute graft versus host disease refractory to corticosteroids (terminated appraisal)                                                   | Not commissioned. No NHS prescribing in primary or secondary care                                                                        | <a href="#">TA839 – November 2022</a> |
| BLACK                        | Ruxolitinib                              | Jakavi        | chronic graft versus host disease refractory to corticosteroids (terminated appraisal)                                                 | Not commissioned. No NHS prescribing in primary or secondary care                                                                        | <a href="#">TA840 – November 2022</a> |
| RED                          | Ruxolitinib                              | (Jakavi®)     | Polycythaemia vera                                                                                                                     | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA921 – October 2023</a>  |
| RED                          | Ruzasvir                                 |               | Hepatitis C                                                                                                                            | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance.     |
| RED                          | Sacituzumab govitecan                    | Trodelvy®     | unresectable triple-negative advanced breast cancer after 2 or more therapies                                                          | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA819 – August 2022</a>   |
| RED                          | Sacrosidase                              |               | Congenital sucrase isomaltase deficiency                                                                                               | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance.     |
| SCA                          | <a href="#">Sacubitril / Valsartan ▼</a> | (Entresto® ▼) | Symptomatic chronic heart failure with reduced ejection fraction in adults                                                             | Shared Care Agreement Level 1 - Prescribe the drug and perform a higher level of monitoring, e.g. 6-monthly                              | <a href="#">TA388 - Apr 16</a>        |
| ADVICE                       | Safinamide                               | (Xadago®)     | Idiopathic Parkinson's disease where existing oral agents are contra-indicated or have failed to improve motor fluctuations/dyskinesia | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation | NICE has not issued any guidance.     |



| Traffic Light Classification | Drug Name                                    | Brand Name          | Indication (assume licenced unless stated)                                                                                  | Instructions for Prescriber                                                                                           | NICE Guidance                          |
|------------------------------|----------------------------------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <b>BLACK</b>                 | Safinamide ▼                                 | (Xadago® ▼)         | NICE Do Not Do - Pharmacological neuroprotective therapy in Parkinson's disease - as per NG 71 (Not a licensed indication). | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | <a href="#">NG71 -Sep 17</a>           |
| <b>RED</b>                   | Sapropterin                                  | Kuvan®              | hyperphenylalaninaemia in phenylketonuria                                                                                   | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA729 – September 2021</a> |
| <b>RED</b>                   | Sapropterin (Tetrahydrobiopterin (BH4, THB)) | (Kuvan® ▼)          | Management of Phenylketonuria (PKU) only during pregnancy                                                                   | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance.      |
| <b>RED</b>                   | Sapropterin (Tetrahydrobiopterin (BH4, THB)) | (Kuvan®)            | Treatment of children with phenylketonuria (PKU)                                                                            | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance.      |
| <b>RED</b>                   | Sargramostim (GM-CSF)                        | (Leukine® (import)) | Antibody-positive pulmonary alveolar proteinosis                                                                            | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance.      |
| <b>RED</b>                   | Sarilumab                                    | Kevzara®            | Critically ill patients with COVID-19 pneumonia (adults))                                                                   | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">ES34 – January 2021</a>    |
| <b>RED</b>                   | Sarilumab ▼                                  | (Kevzara® ▼)        | Treatment of moderate to severe active rheumatoid arthritis in adults (with and without methotrexate) - as per NICE 485     | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA485 - Nov 17</a>         |
| <b>BLACK</b>                 | Satralizumab                                 | Enspryng            | preventing relapses in neuromyelitis optica spectrum disorders                                                              | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | <a href="#">TA960 – March 2024</a>     |
| <b>RED</b>                   | Sebelipase alfa                              | (Kanuma®)           | Lysosomal acid lipase deficiency                                                                                            | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance.      |



| Traffic Light Classification | Drug Name                           | Brand Name    | Indication (assume licenced unless stated)                                                                                                                        | Instructions for Prescriber                                                                                    | NICE Guidance                         |
|------------------------------|-------------------------------------|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------------------------------|
| <b>RED</b>                   | Sebelipase alfa                     | Kanuma®       | Wolman disease                                                                                                                                                    | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">HST30 – January 2024</a>  |
| <b>BLACK</b>                 | Sebelipase alfa                     | Kanuma®       | lysosomal acid lipase deficiency that is not Wolman disease                                                                                                       | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA961 – March 2024</a>    |
| <b>RED</b>                   | Secukinumab                         | Cosentyx®     | non-radiographic axial spondyloarthritis                                                                                                                          | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA719 – July 2021</a>     |
| <b>RED</b>                   | Secukinumab                         | (Cosentyx®)   | Paediatric indications (where adult TA available) (Not a licensed indication).                                                                                    | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.     |
| <b>RED</b>                   | Secukinumab                         | Cosentyx®     | moderate to severe hidradenitis suppurativa                                                                                                                       | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA935 – December 2023</a> |
| <b>RED</b>                   | Secukinumab                         | Cosentyx®     | moderate to severe plaque psoriasis in children and young people                                                                                                  | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA734 – October 2021</a>  |
| <b>RED</b>                   | Secukinumab ▼                       | (Cosentyx® ▼) | Treatment of moderate to severe plaque psoriasis - as per NICE TA 350 and the local treatment pathway                                                             | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA350 - Jul 15</a>        |
| <b>RED</b>                   | Secukinumab ▼                       | (Cosentyx® ▼) | Active ankylosing spondylitis after treatment with non-steroidal anti-inflammatory drugs or TNF-alpha inhibitors - as per NICE TA 407 and local treatment pathway | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA407 - Sep 16</a>        |
| <b>RED</b>                   | Secukinumab ▼ (with or without MTX) | (Cosentyx® ▼) | Active psoriatic arthritis after inadequate response to DMARDs - as per NICE TA 445 and local treatment pathway                                                   | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA445 - May 17</a>        |

| Traffic Light Classification | Drug Name                              | Brand Name            | Indication (assume licenced unless stated)                                                                                  | Instructions for Prescriber                                                                                           | NICE Guidance                                         |
|------------------------------|----------------------------------------|-----------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| <b>RED</b>                   | Selective internal radiation therapies | QuiremSpheres®        | hepatocellular carcinoma                                                                                                    | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA688 – March 2021, updated July 2024</a> |
| <b>RED</b>                   | Selective internal radiation therapies | QuiremSpheres®        | unresectable advanced hepatocellular carcinoma                                                                              | <b>Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                  | <a href="#">TA985 – July 2024</a>                     |
| <b>BLACK</b>                 | Selegiline                             | (Eldepryl®, Zelapar®) | NICE Do Not Do - Pharmacological neuroprotective therapy in Parkinson's disease - as per NG 71 (Not a licensed indication). | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | <a href="#">NG71 -Sep 17</a>                          |
| <b>RED</b>                   | Selexipag                              | (Uptravi®)            | Pulmonary arterial hypertension - as per NHSE policy                                                                        | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance.                     |
| <b>RED</b>                   | Selinexor                              | Nexpovio®             | with dexamethasone for treating relapsed or refractory multiple myeloma after 4 or more treatments                          | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA970 – May 2024</a>                      |
| <b>RED</b>                   | Selinexor                              | Nexpovio®             | with bortezomib and dexamethasone for previously treated multiple myeloma                                                   | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA974 – May 2024</a>                      |
| <b>RED</b>                   | Selpercatinib                          | Retsevmo®             | advanced thyroid cancer with RET alterations                                                                                | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA742 – November 2021</a>                 |
| <b>RED</b>                   | Selpercatinib                          | Retsevmo®             | untreated RET fusion-positive advanced non-small-cell lung cancer                                                           | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA911 – July 2023</a>                     |
| <b>RED</b>                   | Selpercatinib                          | Retsevmo®             | previously treated RET fusion-positive advanced non-small-cell lung cancer                                                  | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA760 – January 2022</a>                  |

| Traffic Light Classification | Drug Name                     | Brand Name | Indication (assume licenced unless stated)                                                                                                                                                                                                               | Instructions for Prescriber                                                                                                                                            | NICE Guidance                      |
|------------------------------|-------------------------------|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| <b>RED</b>                   | Selumetinib                   | Koselugo   | symptomatic and inoperable plexiform neurofibromas associated with type 1 neurofibromatosis in children aged 3 and over                                                                                                                                  | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                  | <a href="#">HST20 - May 2022</a>   |
| <b>ADVICE</b>                | Semaglutide                   | (Ozempic®) | For adults with insufficiently controlled type 2 diabetes mellitus as adjunct to diet and exercise - monotherapy (if metformin inappropriate) or in combination with other antidiabetic drugs as per local Diabetes Formulary guidance - 3rd line option | <b>Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation</b>                        | NICE has not issued any guidance.  |
| <b>RED</b>                   | Semaglutide                   | Wegovy®    | managing overweight and obesity (adults)                                                                                                                                                                                                                 | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b><br><b>Only to be supplied via Tier 3 service</b> | <a href="#">TA875 – March 2023</a> |
| <b>BLACK</b>                 | Semaglutide                   | Wegovy®    | managing overweight and obesity in young people aged 12 to 17 years                                                                                                                                                                                      | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                                               | <a href="#">TA910 – July 2023</a>  |
| <b>ADVICE</b>                | Semaglutide oral preparations | Rybelsus®  | Diabetic patients where GLP1 analogue is indicated but oral preparation is more suitable                                                                                                                                                                 | <b>Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation</b>                        | NICE has not issued any guidance.  |
| <b>RED</b>                   | Setmelanotide                 | Imcivree   | obesity caused by LEPR or POMC deficiency                                                                                                                                                                                                                | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                  | <a href="#">HST21 - July 2022</a>  |
| <b>RED</b>                   | Setmelanotide                 | Imcivree®  | obesity and hyperphagia in Bardet-Biedl syndrome                                                                                                                                                                                                         | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                  | <a href="#">HST31 – May 2024</a>   |
| <b>Double Red</b>            | Setrobuvir                    | ()         | Viral Hepatitis C - as per NHSE policy                                                                                                                                                                                                                   | <b>Not recommended for routine use</b>                                                                                                                                 | NICE has not issued any guidance.  |

| Traffic Light Classification | Drug Name                               | Brand Name              | Indication (assume licenced unless stated)                                                                                  | Instructions for Prescriber                                                                                                                                                                                                 | NICE Guidance                     |
|------------------------------|-----------------------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| RED                          | Setrusumab                              |                         | Osteogenesis imperfecta                                                                                                     | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                                              | NICE has not issued any guidance. |
| ADVICE                       | Sevelamer                               | (Renagel®)              | Hyperphosphataemia in chronic renal failure in patients on haemodialysis                                                    | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation                                                                                    | NICE has not issued any guidance. |
| RED                          | Sialic acid                             | ()                      | Myopathy - as per NHSE policy (Not a licensed indication).                                                                  | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                                              | NICE has not issued any guidance. |
| RED                          | Sildenafil                              | (Generic)               | Connective tissue diseases (Not a licensed indication).                                                                     | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                                              | NICE has not issued any guidance. |
| BLACK                        | Sildenafil                              | (Generic)               | Use of regular, daily doses for penile rehabilitation in prostate cancer/post radical prostatectomy                         | Not commissioned. No NHS prescribing in primary or secondary care                                                                                                                                                           | NICE has not issued any guidance. |
| ADVICE                       | Sildenafil (generic plain tablets only) | (Generic plain tablets) | Digital ulceration in severe secondary Raynaud's phenomenon associated with systemic sclerosis (Not a licensed indication). | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation<br>GP can initiate and take responsibility for all scripts 1 month or stable dose. | NICE has not issued any guidance. |
| RED                          | Sildenafil (Revatio®)                   | (Revatio®)              | Pulmonary Arterial Hypertension                                                                                             | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                                              | NICE has not issued any guidance. |
| RED                          | Silicone gel sheet dressing             | various                 | Reduce and prevent hypertrophic and keloid scarring                                                                         | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                                              | NICE has not issued any guidance. |

| Traffic Light Classification | Drug Name                              | Brand Name          | Indication (assume licenced unless stated)                                                                                                 | Instructions for Prescriber                                                                                    | NICE Guidance                         |
|------------------------------|----------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------------------------------|
| <b>BLACK</b>                 | Silk garments                          | (Various)           | Dermatology                                                                                                                                | Not commissioned. No NHS prescribing in primary or secondary care                                              | NICE has not issued any guidance.     |
| <b>RED</b>                   | Simeprevir                             | (Olysio®)           | Treatment of genotypes 1 and 4 chronic hepatitis C                                                                                         | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA331 - Feb 15</a>        |
| <b>BLACK</b>                 | Simeprevir                             | (Olysio®)           | For treating genotype 1 or 4 chronic hepatitis C in combination with sofosbuvir (Sovaldi®) (terminated appraisal)                          | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA361 - Oct 15</a>        |
| <b>RED</b>                   | Simeprevir / Peginterferon + Ribavirin | (Olysio® / Various) | Hepatitis C - as per NHSE policy                                                                                                           | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.     |
| <b>RED</b>                   | Siponimod                              | Mayzent®            | secondary progressive multiple sclerosis                                                                                                   | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA656 – November 2020</a> |
| <b>BLACK</b>                 | Sipuleucel-T                           | (Provenge®)         | Treatment of adults with asymptomatic or minimally symptomatic metastatic hormone relapsed prostate cancer                                 | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA332 - Mar 15</a>        |
| <b>BLACK</b>                 | Sirolimus                              | (Rapamune®)         | Initial treatment to prevent organ rejection in adults, children and young people having a kidney transplant - as per NICE TAs 481 & 482   | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA481 - Oct 17</a>        |
| <b>BLACK</b>                 | Sirolimus                              | (Rapamune®)         | Initial treatment to prevent organ rejection in adults, children and young people having a kidney transplant - as per NICE TAs 481 & 482 ( | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA482 - Oct 17</a>        |
| <b>SCA</b>                   | <a href="#">Sirolimus</a>              | (Rapamune®)         | Immunosuppression in adult solid organ transplantation - as per NICE TA 481                                                                | Shared Care Agreement Level 1 - Prescribe the drug and perform a higher level of monitoring, e.g. 6-monthly    | <a href="#">TA481 - Oct 17</a>        |
| <b>BLACK</b>                 | Sirolimus                              | Rapamune®           | facial angiofibroma caused by tuberous sclerosis complex in people 6 years and over (terminated appraisal)                                 | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA972 – May 2024</a>      |

| Traffic Light Classification | Drug Name                                        | Brand Name                                   | Indication (assume licenced unless stated)                                                                                                                                   | Instructions for Prescriber                                                                                                                                                                                | NICE Guidance                     |
|------------------------------|--------------------------------------------------|----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>RED</b>                   | Sirukumab                                        | (Plivensia®)                                 | Paediatric indications (where adult TA available) - as per NHSE policy (Not a licensed indication).                                                                          | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                                      | NICE has not issued any guidance. |
| <b>BLACK</b>                 | Smart One (portable spirometer)                  | (Smart One (portable spirometer))            | Measuring lung function                                                                                                                                                      | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                                                                                   | <a href="#">MIB96 - Feb 17</a>    |
| <b>BLACK</b>                 | Smartinhaler                                     | (Smartinhaler)                               | Asthma                                                                                                                                                                       | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                                                                                   | <a href="#">MIB90 - Jan 17</a>    |
| <b>BLACK</b>                 | Sodium Chloride (Hypertonic 3-7%) as a mucolytic | (Various including MucoClear®, Nebusal®)     | Prevent exacerbations in people with stable chronic obstructive pulmonary disease (COPD) - as per NICE CG 101 Do Not Do (x).                                                 | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                                                                                   | <a href="#">CG101 - Jul 10</a>    |
| <b>RED</b>                   | Sodium Chloride (Hypertonic 3-7%) for inhalation | (MucoClear®, Nebusal®)                       | Clearance of mucosal secretions in Cystic Fibrosis and Bronchiectasis                                                                                                        | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                                      | NICE has not issued any guidance. |
| <b>Double Red</b>            | Sodium chloride nasal appliance                  | (Sterimar isotonic & hypertonic, Aqua maris) | Nasal congestion and sinusitis                                                                                                                                               | <b>Not recommended for routine use</b>                                                                                                                                                                     | <a href="#">NG79 - Oct 17</a>     |
| <b>ADVICE</b>                | Sodium Clodronate                                | (Bonefos®/Loron®)                            | Bone pain associated with bony metastases                                                                                                                                    | <b>Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation</b><br>Consultant/Specialist responsible for the first script. | NICE has not issued any guidance. |
| <b>RED</b>                   | Sodium oxybate                                   | (Xyrem®)                                     | Cataplexy associated with narcolepsy in adults aged ≥19 years (under specialist supervision) (A licensed indication). Updated July 2020 following PAC guidance in March 2020 | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                                      | NICE has not issued any guidance. |



| Traffic Light Classification | Drug Name                                                                | Brand Name                      | Indication (assume licenced unless stated)                                                                                                                 | Instructions for Prescriber                                                                                                                                                      | NICE Guidance                     |
|------------------------------|--------------------------------------------------------------------------|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| RED                          | Sodium oxybate                                                           | (Xyrem®)                        | Management of narcolepsy with cataplexy in children aged <19 years (specialist centre use only - commissioned by NHS England) (Not a licensed indication). | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                   | NICE has not issued any guidance. |
| RED                          | Sodium Phenylbutyrate                                                    | (Ammonaps®, Pheburane®)         | Acute hyperammonaemia due to urea cycle disorders (specialist use only)                                                                                    | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                   | NICE has not issued any guidance. |
| Double Red                   | Sodium valproate ▼ / semisodium ▼                                        | (Epilim®, Episenta®, Depakote®) | Augmentation of an antidepressant - as per NICE CG 90 - Do Not Do (Not a licensed indication).                                                             | Not recommended for routine use                                                                                                                                                  | <a href="#">CG90 - Oct 09</a>     |
| RED                          | Sodium zirconium cyclosilicate (now includes moderate as well as severe) | (Lokelma®)                      | moderate (K>6.0) and severe (K>6.5) hyperkalaemia in adults - emergency care                                                                               | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                   | <a href="#">TA599 - Sep 19</a>    |
| ADVICE                       | Sodium zirconium cyclosilicate (updated from black)                      | (Lokelma®)                      | Hyperkalaemia in adults - persistent use                                                                                                                   | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation<br>Consultant should initiate treatment | <a href="#">TA599 - Sep 19</a>    |
| RED                          | Sofosbuvir ▼                                                             | (Sovaldi® ▼)                    | Treatment of chronic hepatitis C in adults - as per NICE TA 330 and NHSE policy                                                                            | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                   | <a href="#">TA330 - Feb 15</a>    |
| RED                          | Sofosbuvir-velpatasvir ▼                                                 | (Epclusa® ▼)                    | Chronic hepatitis C in adults - as per NICE TA 430 and NHSE policy                                                                                         | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                   | <a href="#">TA430 - Jan 17</a>    |
| RED                          | Sofosbuvir-velpatasvir-voxilaprevir ▼                                    | (Vosevi® ▼)                     | Chronic hepatitis C in adults                                                                                                                              | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                   | <a href="#">TA507 - Feb 18</a>    |



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| <b>BLACK</b>                 | Solriamfetol                  | Sunosi®                                           | excessive daytime sleepiness caused by obstructive sleep apnoea                                                                                                                                                    | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA777 – March 2022</a>    |
| <b>RED</b>                   | Solriamfetol                  | Sunosi®                                           | excessive daytime sleepiness caused by narcolepsy as per TA758                                                                                                                                                     | Prescribing to remain with the hospital or specialist service. No prescribing in primary care                  | <a href="#">TA758 – January 2022</a>  |
| <b>RED</b>                   | Somatrogon                    | Ngenla®                                           | growth disturbance in children and young people aged 3 years and over                                                                                                                                              | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA863 – February 2023</a> |
| <b>RED</b>                   | Somatropin (Growth hormone)   | (Various (lowest cost preparation))               | Adults: Profound growth hormone deficiency                                                                                                                                                                         | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA64 - Aug 03</a>         |
| <b>RED</b>                   | Somatropin (Growth hormone)   | (Various - Omnitrope®, Genotropin®, Norditropin®) | Children with growth failure with growth hormone deficiency, Turner syndrome, Prader-Willi syndrome and chronic renal insufficiency - as per NICE TA 188 and East of England PAC policy                            | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA188 - Jul 10</a>        |
| <b>RED</b>                   | Somatropin (Growth Hormone)   | (Various - Omnitrope®, Genotropin®, Norditropin®) | Growth disturbance in children born small for gestational age - as per NICE TA 188 and East of England PAC policy                                                                                                  | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA188 - Jul 10</a>        |
| <b>RED</b>                   | Sorafenib                     | (Nexavar®)                                        | Treatment of advanced hepatocellular carcinoma as per NICE TA 474 / treatment of papillary or follicular thyroid cancer                                                                                            | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA474 - Sep 17</a>        |
| <b>RED</b>                   | Sorafenib (with lenvatinib) ▼ | (Nexavar® (with Lenvima®) ▼)                      | Treatment of progressive, locally advanced or metastatic differentiated thyroid cancer (papillary, follicular or Hürthle cell) in adults whose disease does not respond to radioactive iodine - as per NICE TA 535 | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA535 - Aug 18</a>        |
| <b>BLACK</b>                 | Sotagliflozin                 | (Generics)                                        | Type 1 diabetes as per NICE TA622                                                                                                                                                                                  | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA622 - Feb 20</a>        |

| Traffic Light Classification | Drug Name                       | Brand Name                                           | Indication (assume licenced unless stated)                                                                                     | Instructions for Prescriber                                                                                                                     | NICE Guidance                                         |
|------------------------------|---------------------------------|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| <b>RED</b>                   | Sotorasib                       | Lumykras®                                            | previously treated KRAS G12C mutation-positive advanced non-small-cell lung cancer                                             | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | <a href="#">TA781 – March 2022</a>                    |
| <b>RED</b>                   | Sotrovimab                      | (Xevudy®)                                            | for use in patients with covid-19                                                                                              | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | <a href="#">TA878 – March 2023, updated June 2023</a> |
| <b>BLACK</b>                 | Spatone                         | <i>(Spatone Iron-Plus sachets / products)</i>        | Iron supplement                                                                                                                | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                        | NICE has not issued any guidance.                     |
| <b>BLACK</b>                 | SQ HDM SLIT                     | n/a                                                  | allergic rhinitis and allergic asthma caused by house dust mites (terminated appraisal)                                        | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                        | <a href="#">TA834 – October 2022</a>                  |
| <b>ADVICE</b>                | SSRI antidepressants            | <i>(Various)</i>                                     | Use for depression in children and young people (only with talking therapies) - as per NICE CG 28 (Not a licensed indication). | <b>Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation</b> | <a href="#">CG28 - Mar 15</a>                         |
| <b>BLACK</b>                 | St Mark's solution (ready made) | <i>(Ready made sachets from unlicensed specials)</i> | Oral rehydration solution (ORS) which is used in the management of Short Bowel Syndrome (Not a licensed indication).           | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                        | NICE has not issued any guidance.                     |
| <b>RED</b>                   | Stiripentol                     | <i>(Diacomit®)</i>                                   | For SCN1A related and Severe Myoclonic Epilepsies in Infancy                                                                   | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | NICE has not issued any guidance.                     |
| <b>BLACK</b>                 | Strimvelis                      | <i>(Strimvelis)</i>                                  | Adenosine deaminase deficiency - severe combined immunodeficiency (ADA-SCID) - as per NICE HST 7                               | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                        | <a href="#">HST7 - Feb 18</a>                         |
| <b>RED</b>                   | Sucroferric oxyhydroxide        | <i>(Velphoro®)</i>                                   | Control serum phosphorus in dialysis                                                                                           | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | NICE has not issued any guidance.                     |

| Traffic Light Classification | Drug Name                       | Brand Name               | Indication (assume licenced unless stated)                                                                          | Instructions for Prescriber                                                                                                                                 | NICE Guidance                     |
|------------------------------|---------------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| SCA                          | <a href="#">Sulfasalazine</a>   | (Generics are available) | Inflammatory Arthritis and Inflammatory Bowel Disease                                                               | Shared Care Agreement Level 3 - Prescribe the drug and perform significant monitoring including measurements such as height, weight, blood pressure and ECG | <a href="#">NG100 - Jul 18</a>    |
| SCA                          | <a href="#">Sulfasalazine</a>   | (Generics are available) | Inflammatory Arthritis and Inflammatory Bowel Disease                                                               | Shared Care Agreement Level 2 - Prescribe the drug and perform a more intense level of monitoring, e.g. quarterly                                           | <a href="#">NG100 - Jul 18</a>    |
| BLACK                        | Sumatriptan (as Imigran RADIS®) | (Imigran RADIS®)         | Acute migraine; cluster headaches                                                                                   | Not commissioned. No NHS prescribing in primary or secondary care                                                                                           | NICE has not issued any guidance. |
| RED                          | Sunitinib                       | (Sutent®)                | First-line for advanced and/or metastatic renal cell carcinoma                                                      | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                              | <a href="#">TA169 - Mar 09</a>    |
| BLACK                        | Sunitinib                       | (Sutent®)                | Second-line treatment of advanced and/or metastatic renal cell carcinoma                                            | Not commissioned. No NHS prescribing in primary or secondary care                                                                                           | <a href="#">TA178 - Aug 09</a>    |
| RED                          | Sunitinib                       | (Sutent®)                | Treatment of gastrointestinal stromal tumours                                                                       | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                              | <a href="#">TA179 - Sep 09</a>    |
| RED                          | Sunitinib                       | (Sutent®)                | Unresectable or metastatic neuroendocrine tumours in people with progressive disease in adults - as per NICE TA 449 | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                              | <a href="#">TA449 - Jun 17</a>    |
| RED                          | Susoctocog alfa                 | (Obizur®)                | Antithaemorrhagics, blood coagulation factor VIII                                                                   | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                              | NICE has not issued any guidance. |
| RED                          | Sutimlimab                      |                          | Primary cold agglutinin disease                                                                                     | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                              | NICE has not issued any guidance. |

| Traffic Light Classification | Drug Name                             | Brand Name                  | Indication (assume licenced unless stated)                                                                                                                                                                                             | Instructions for Prescriber                                                                                                                                                                                                                 | NICE Guidance                        |
|------------------------------|---------------------------------------|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| <b>RED</b>                   | Tabalumab                             | ()                          | Systemic Lupus Erythematosus (SLE)                                                                                                                                                                                                     | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                                                                       | NICE has not issued any guidance.    |
| <b>BLACK</b>                 | Tabelecleucel                         | n/a                         | post-transplant lymphoproliferative disorder caused by the Epstein-Barr virus ( <b>terminated appraisal</b> )                                                                                                                          | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                                                                                                                    | <a href="#">TA923 – October 2023</a> |
| <b>SCA</b>                   | <a href="#">Tacrolimus (oral)</a>     | (Generic option to be used) | Induction of remission, in combination with steroids, in patients with mild-moderate Ulcerative Colitis which is unresponsive to steroids and 5-ASA preparations (Not a licensed indication).                                          | <b>Shared Care Agreement Level 1 - Prescribe the drug and perform a higher level of monitoring, e.g. 6-monthly</b>                                                                                                                          | <a href="#">CG166 - Jun 13</a>       |
| <b>SCA</b>                   | <a href="#">Tacrolimus (oral)</a>     | (Various)                   | Immunosuppression in adult solid organ transplantation - as per NICE TA 481                                                                                                                                                            | <b>Shared Care Agreement Level 1 - Prescribe the drug and perform a higher level of monitoring, e.g. 6-monthly</b>                                                                                                                          | <a href="#">TA481 - Oct 17</a>       |
| <b>RED</b>                   | Tacrolimus (oral) - immediate release | (Various)                   | Immunosuppressive therapy to prevent organ rejection in kidney transplant in children and young people - as per NICE TA 482                                                                                                            | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                                                                       | <a href="#">TA482 - Oct 17</a>       |
| <b>BLACK</b>                 | Tacrolimus (oral) - prolonged release | (Advagraf®, Envarsus®)      | Initial treatments to prevent organ rejection in adults, children and young people having a kidney transplant - as per NICE TAs 481 and 482                                                                                            | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                                                                                                                    | <a href="#">TA481 - Oct 17</a>       |
| <b>BLACK</b>                 | Tacrolimus (oral) - prolonged release | (Advagraf®, Envarsus®)      | Initial treatments to prevent organ rejection in adults, children and young people having a kidney transplant - as per NICE TAs 481 and 482                                                                                            | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                                                                                                                    | <a href="#">TA482 - Oct 17</a>       |
| <b>ADVICE</b>                | Tacrolimus 0.03% Ointment ▼           | (Protopic® ointment ▼)      | Option for 2nd line treatment of moderate to severe atopic eczema in adults and children over 2 years not controlled by topical steroids where there is serious risk of important ADRs further topical steroid use - as per NICE CG 57 | <b>Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation</b><br>Consultant/Specialist should prescribe for an initial period of 3-4 months (1st review). | <a href="#">CG57 - Aug 04</a>        |

| Traffic Light Classification | Drug Name                      | Brand Name  | Indication (assume licenced unless stated)                                                                            | Instructions for Prescriber                                                                                    | NICE Guidance                         |
|------------------------------|--------------------------------|-------------|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------------------------------|
| RED                          | Tadalafil (Adcirca)            | (Adcirca®)  | Pulmonary Arterial Hypertension                                                                                       | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.     |
| RED                          | Tadalafil (Adcirca)            | (Adcirca®)  | Raynaud's disease or connective tissue diseases (Not a licensed indication).                                          | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.     |
| BLACK                        | Tadalafil (Cialis)             | (Cialis®)   | Treatment of symptoms associated with benign prostatic hyperplasia (Not a licensed indication) (terminated appraisal) | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA273 - Jan 13</a>        |
| BLACK                        | Tadalafil (Cialis)             | (Cialis®)   | Use of regular, daily doses for penile rehabilitation in prostate cancer/post radical prostatectomy                   | Not commissioned. No NHS prescribing in primary or secondary care                                              | NICE has not issued any guidance.     |
| BLACK                        | Tadalafil taken once every day | (Cialis®)   | Erectile dysfunction/penile rehabilitation                                                                            | Not commissioned. No NHS prescribing in primary or secondary care                                              | NICE has not issued any guidance.     |
| RED                          | Tafamidis                      | (Vyndaqel®) | Amyloidosis - Treatment of transthyretin familial amyloid polyneuropathy                                              | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.     |
| RED                          | Tafamidis                      | Vyndaqel®   | transthyretin amyloidosis with cardiomyopathy                                                                         | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA984 – June 2024</a>     |
| BLACK                        | Tafasitamab                    | Minjuvi®    | relapsed or refractory diffuse large B-cell lymphoma                                                                  | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA883 – May 2023</a>      |
| BLACK                        | Tagraxofusp                    | n/a         | blastic plasmacytoid dendritic cell neoplasm (terminated appraisal)                                                   | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA782 – March 2022</a>    |
| RED                          | Talazoparib                    | Talzenna®   | HER2-negative advanced breast cancer with germline BRCA mutations                                                     | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA952 – February 2024</a> |

| Traffic Light Classification | Drug Name                      | Brand Name   | Indication (assume licenced unless stated)                                                                                                                                                                                                | Instructions for Prescriber                                                                                                                     | NICE Guidance                         |
|------------------------------|--------------------------------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| <b>RED</b>                   | Taliglucerase alfa             | (Elelyso®)   | Gaucher's Disease                                                                                                                                                                                                                         | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | NICE has not issued any guidance.     |
| <b>RED</b>                   | Talimogene laherparepvec ▼     | (Imlygic® ▼) | Unresectable, regionally or distantly metastatic (Stage IIIB, IIIC or IVM1a) melanoma that has not spread to bone, brain, lung or other internal organs, only if treatment with systemically administered immunotherapies is not suitable | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | <a href="#">TA410 - Sep 16</a>        |
| <b>ADVICE</b>                | Tamoxifen                      | ()           | Chemoprophylaxis for no more than 5 years for pre- or post-menopausal women at either high or moderate risk of developing breast cancer (Not a licensed indication).                                                                      | <b>Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation</b> | <a href="#">CG164 - Jun 13</a>        |
| <b>BLACK</b>                 | Tapentadol (immediate-release) | various      | Management of moderate to severe pain in adults, where opioid analgesia is necessary                                                                                                                                                      | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                        | NICE has not issued any guidance.     |
| <b>ADVICE</b>                | Tapentadol (modified-release)  | various      | Severe chronic pain in adults with intolerance to m-r morphine, which can be adequately managed only with opioid analgesics                                                                                                               | <b>Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation</b> | <a href="#">CG140 - Jul 12</a>        |
| <b>RED</b>                   | Targeted-release budesonide    | (Kinpeygo®)  | primary IgA nephropathy                                                                                                                                                                                                                   | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | <a href="#">TA937 – December 2023</a> |
| <b>Double Red</b>            | Taribavirin (viramidine)       |              | Viral Hepatitis C                                                                                                                                                                                                                         | <b>Not recommended for routine use</b>                                                                                                          | NICE has not issued any guidance.     |
| <b>RED</b>                   | Tebentafusp                    | Kimmtrak®    | advanced uveal melanoma                                                                                                                                                                                                                   | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | <a href="#">TA1027 – January 2025</a> |

| Traffic Light Classification | Drug Name           | Brand Name  | Indication (assume licenced unless stated)                          | Instructions for Prescriber                                                                                                                                                              | NICE Guidance                          |
|------------------------------|---------------------|-------------|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| RED                          | Teclistamab         | Tecvayli®   | relapsed and refractory multiple myeloma after 3 or more treatments | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                           | <a href="#">TA1015 – November 2024</a> |
| RED                          | Teduglutide         | Revestive®  | short bowel syndrome                                                | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                           | <a href="#">TA804 – July 2022</a>      |
| RED                          | Tegafur with uracil | (Uftoral®)  | All indications                                                     | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                           | <a href="#">TA61 - May 03</a>          |
| RED                          | Teicoplanin         | (Targocid®) | Intravenous treatment at home                                       | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                           | NICE has not issued any guidance.      |
| ADVICE                       | Teicoplanin         | (Targocid®) | Intramuscular treatment at home                                     | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation<br>Consultant responsible for the first script. | NICE has not issued any guidance.      |
| RED                          | Telaprevir          | (Incivo®)   | Treatment of genotype 1 chronic hepatitis C                         | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                           | <a href="#">TA252 - Apr 12</a>         |
| RED                          | Temozolomide        | (Temodal®)  | Malignant glioma (brain cancer)                                     | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                           | <a href="#">TA121 - Jun 07</a>         |
| RED                          | Temozolomide        | (Temodal®)  | Endocrinology, non-malignant conditions                             | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                           | NICE has not issued any guidance.      |



| Traffic Light Classification | Drug Name                        | Brand Name   | Indication (assume licenced unless stated)                                                                                    | Instructions for Prescriber                                                                                    | NICE Guidance                      |
|------------------------------|----------------------------------|--------------|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------------|
| <b>RED</b>                   | Temsirolimus                     | (Torisel®)   | First-line treatment of advanced and/or metastatic renal cell carcinoma                                                       | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA178 - Aug 09</a>     |
| <b>BLACK</b>                 | Temsirolimus                     | (Torisel®)   | Treatment of relapsed or refractory mantle cell lymphoma (terminated appraisal)                                               | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA207 - Oct 10</a>     |
| <b>RED</b>                   | Tenecteplase                     | Metalyse     | acute ischaemic stroke                                                                                                        | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA990 - July 2024</a>  |
| <b>RED</b>                   | Tenofovir alafenamide fumarate   | (Vemlidy®)   | HIV alone or in combination with other anti-retroviral drugs - as per NHS England Policy 16043/P (Not a licensed indication). | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.  |
| <b>BLACK</b>                 | Tenofovir alafenamide fumarate ▼ | (Vemlidy® ▼) | Chronic Hepatitis B (terminated appraisal)                                                                                    | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA435 - March 2017</a> |
| <b>RED</b>                   | Tenofovir disoproxil             | (Viread®)    | Treatment of chronic hepatitis B                                                                                              | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA173 - Jul 09</a>     |
| <b>RED</b>                   | Tepotinib                        | Tepmetko®    | advanced non-small-cell lung cancer with MET gene alterations                                                                 | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA789 – May 2022</a>   |
| <b>RED</b>                   | Teprasiran                       |              | Prevention of delayed graft function                                                                                          | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.  |
| <b>RED</b>                   | Teriflunomide ▼                  | (Aubagio® ▼) | Relapsing remitting multiple sclerosis                                                                                        | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA303 - Jan 14</a>     |
| <b>RED</b>                   | Teriparatide                     | (Forsteo®)   | Secondary prevention of osteoporotic fragility fractures in postmenopausal women                                              | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA161 - Oct 08</a>     |

| Traffic Light Classification | Drug Name                                          | Brand Name                                | Indication (assume licenced unless stated)                                                                      | Instructions for Prescriber                                                                                                                                                                           | NICE Guidance                     |
|------------------------------|----------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| RED                          | Teriparatide                                       | (Forsteo®)                                | Osteogenesis imperfecta - as per NHS England Policy 16002/P (Not a licensed indication).                        | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                        | NICE has not issued any guidance. |
| RED                          | Teriparatide                                       | (Forsteo®)                                | Male and juvenile osteoporosis (Not a licensed indication).                                                     | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                        | NICE has not issued any guidance. |
| SCA                          | <a href="#">Testosterone</a>                       | Sustanon 250®<br>Restandol®<br>Testocaps® | Boys in Infancy and Adolescence                                                                                 | Shared Care Agreement Level 2 - Prescribe the drug and perform a more intense level of monitoring, e.g. quarterly                                                                                     | NICE has not issued any guidance. |
| ADVICE                       | Testosterone                                       | various                                   | off-label testosterone in women for hypoactive sexual disorder during the menopause                             | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation                                                              | NICE has not issued any guidance. |
| BLACK                        | Testosterone - transdermal patches                 | ()                                        | Hormone replacement in androgen deficiency                                                                      | Not commissioned. No NHS prescribing in primary or secondary care                                                                                                                                     | NICE has not issued any guidance. |
| ADVICE                       | Testosterone - various formulations except patches | (Various)                                 | Androgen deficiency / treatment of transgender patients requiring virilising endocrine therapy                  | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation                                                              | NICE has not issued any guidance. |
| ADVICE                       | Tetrabenazine tablets                              | Xenazine® 25                              | hyperkinetic motor disorders with Huntington's chorea                                                           | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation.<br>Specialist will initiate and retain patient until stable | NICE has not issued any guidance  |
| RED                          | Tetrahydrobiopterin (BH4, THB) - aka Sapropterin   | (Sapropterin (Kuvan®))                    | Phenylketonuria (PKU) - Specialist centres only - Highly specialised criteria only (Not a licensed indication). | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                        | NICE has not issued any guidance. |

| Traffic Light Classification | Drug Name                                       | Brand Name                     | Indication (assume licenced unless stated)                                                             | Instructions for Prescriber                                                                                                                                                                         | NICE Guidance                      |
|------------------------------|-------------------------------------------------|--------------------------------|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| RED                          | Tezacaftor                                      | (Symkevi®<br>(with ivacaftor)) | Cystic Fibrosis                                                                                        | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                      | NICE has not issued any guidance.  |
| RED                          | Tezacaftor, Ivacaftor and Elexacaftor           | Kaftrio®                       | patients 6 years and over who have cystic fibrosis                                                     | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                      | NICE has not issued any guidance.  |
| RED                          | Tezepelumab                                     | Tezspire®                      | severe asthma                                                                                          | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                      | <a href="#">TA880 – April 2023</a> |
| RED                          | Thalidomide                                     | (Thalidomide Celgene®)         | Multiple myeloma (first-line)                                                                          | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                      | <a href="#">TA228 - Jul 11</a>     |
| RED                          | Thrombin                                        | (Various)                      | Pseudoaneurysm - as per NICE IPG060                                                                    | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                      | <a href="#">IPG060 - Nov 04</a>    |
| BLACK                        | Thyroxine (Levothyroxine sodium)                | (Generics are available)       | Chronic fatigue syndrome/myalgic encephalomyelitis (or encephalopathy) - as per NICE CG 53 - Do Not Do | Not commissioned. No NHS prescribing in primary or secondary care                                                                                                                                   | <a href="#">CG53 - Aug 07</a>      |
| Double Red                   | Thyroxine (Levothyroxine sodium) / Liothyronine | (Generics)                     | Augmentation of an antidepressant - as per NICE CG 90 - Do Not Do (Not a licensed indication).         | Not recommended for routine use                                                                                                                                                                     | <a href="#">NG90 - Oct 09</a>      |
| ADVICE                       | Ticagrelor                                      | (Brilique®)                    | (With aspirin) to prevent atherothrombotic events in patients with ACS as per NICE TA 236              | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation<br>Consultant/Specialist responsible for the first script. | <a href="#">TA236 - Oct 11</a>     |

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|------------------------------|---------------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| ADVICE                       | Ticagrelor    | (Brilique®)  | In combination with aspirin for preventing atherothrombotic events who had a myocardial infarction and who are at high risk of a further event as per NICE TA 420 | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation | <a href="#">TA420 - Dec 16</a>       |
| RED                          | Tildrakizumab | (Ilumetri®)  | Moderate to severe plaque psoriasis in adults - as per NICE TA 575 and local treatment pathway                                                                    | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA575 - Apr 19</a>       |
| RED                          | Tioguanine    | (Lanvis®)    | All indications                                                                                                                                                   | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance.    |
| RED                          | Tipranavir    | (Aptivus®)   | HIV infection in combination with other antiretroviral drugs - as per BHIVA Guidelines                                                                            | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance.    |
| BLACK                        | Tirbanibulin  | Klisyri®     | actinic keratosis                                                                                                                                                 | Not commissioned. No NHS prescribing in primary or secondary care                                                                        | NICE has not issued any guidance.    |
| RED                          | Tirofiban     | (Aggrastat®) | Prevention of MI in unstable angina                                                                                                                               | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA47 - Sep 02</a>        |
| ADVICE                       | Tirzepatide   | Mounjaro®    | type 2 diabetes                                                                                                                                                   | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation | <a href="#">TA924 – October 2023</a> |

| Traffic Light Classification | Drug Name                   | Brand Name         | Indication (assume licenced unless stated)                                                                                                                 | Instructions for Prescriber                                                                                                                                                                                                                                         | NICE Guidance                         |
|------------------------------|-----------------------------|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| <b>BLUE</b>                  | Tirzepatide                 | Mounjaro®          | managing overweight and obesity                                                                                                                            | NWICB are committed to fund positive NICE TA treatments. Awaiting clarification of place in pathway and commissioning arrangements. Further guidance will be issued when available. For all other treatments, formulary application and discussion will be required | <a href="#">TA1026 - Dec 2024</a>     |
| <b>RED</b>                   | Tisagenlecleucel            | (Kymriah®)         | For treating relapsed or refractory diffuse large B-cell lymphoma after 2 or more systemic therapies - as per NICE 567 (NHSE commissioning responsibility) | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                                                                                      | <a href="#">TA567 - Mar 19</a>        |
| <b>BLACK</b>                 | Tisagenlecleucel            | N/A                | relapsed or refractory diffuse large B-cell lymphoma after 2 or more systemic therapies                                                                    | Not commissioned. No NHS prescribing in primary or secondary care                                                                                                                                                                                                   | <a href="#">TA933 – November 2023</a> |
| <b>RED</b>                   | Tisagenlecleucel            | Kymriah®           | relapsed or refractory B-cell acute lymphoblastic leukaemia in people 25 years and under                                                                   | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                                                                                      | <a href="#">TA975 – May 2024</a>      |
| <b>BLACK</b>                 | Tisagenlecleucel            | Kymriah®           | follicular lymphoma after 2 or more therapies (terminated appraisal)                                                                                       | Not commissioned. No NHS prescribing in primary or secondary care                                                                                                                                                                                                   | <a href="#">TA842 – November 2022</a> |
| <b>RED</b>                   | Tivozanib                   | (Fotivda®)         | Advanced renal cell carcinoma - as per NICE TA 512                                                                                                         | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                                                                                      | <a href="#">TA512 - Mar 18</a>        |
| <b>BLACK</b>                 | Tixagevimab plus cilgavimab | Evusheld®          | for use in patients with covid-19                                                                                                                          | Not commissioned. No NHS prescribing in primary or secondary care                                                                                                                                                                                                   | <a href="#">TA971 – May 2024</a>      |
| <b>RED</b>                   | Tobramycin (nebulised)      | (Tobi®, Bramitob®) | Pseudomonas aeruginosa infection in patients with Cystic Fibrosis                                                                                          | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                                                                                                                                                      | NICE has not issued any guidance.     |

| Traffic Light Classification | Drug Name                       | Brand Name                | Indication (assume licenced unless stated)                                                                   | Instructions for Prescriber                                                                                    | NICE Guidance                                         |
|------------------------------|---------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| RED                          | Tobramycin Dry Powder Inhaler   | (Tobi Podhaler®)          | Pseudomonas lung infection in Cystic Fibrosis                                                                | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA276 - Mar 13</a>                        |
| RED                          | Tocilizumab                     | (RocActemra®)             | Systemic juvenile idiopathic arthritis - as per NICE TA 238                                                  | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA238 - Dec 11</a>                        |
| RED                          | Tocilizumab                     | RoActemra®                | Critically ill patients with COVID-19 pneumonia (adults))                                                    | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">ES33 – January 2021</a>                   |
| RED                          | Tocilizumab                     | (RocActemra®)             | Adult onset Stills Disease                                                                                   | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.                     |
| RED                          | Tocilizumab                     | (RoActemra®)              | for use in patients with covid-19                                                                            | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA878 – March 2023, updated June 2023</a> |
| RED                          | Tocilizumab (monotherapy)       | (RoActemra®)              | Option for use as per recommended pathway for moderate to severe rheumatoid arthritis                        | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.                     |
| RED                          | Tocilizumab (with methotrexate) | (RoActemra®)              | Rheumatoid arthritis in adults - as per NICE TA 247                                                          | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA247 - Feb 12</a>                        |
| RED                          | Tocilizumab IV                  | (RoActemra® for infusion) | Juvenile arthritis paediatric - as per NHS England Policy E03/P/d & NICE TA 373 (Not a licensed indication). | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA373 - Dec 15</a>                        |
| RED                          | Tocilizumab IV                  | (RoActemra® for infusion) | Treatment of giant cell arteritis - as per NHS England Policy 16019/P                                        | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA518 - Apr 18</a>                        |

| Traffic Light Classification | Drug Name      | Brand Name                | Indication (assume licenced unless stated)                                                                                                            | Instructions for Prescriber                                                                                    | NICE Guidance                        |
|------------------------------|----------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------|
| RED                          | Tocilizumab IV | (RoActemra® for infusion) | Takayasu arteritis - as per NHS England policy 16056/P (Not a licensed indication).                                                                   | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.    |
| RED                          | Tocilizumab IV | (RoActemra® for infusion) | Juvenile arthritis paediatric (where adult TA available - as per TA 247 & 375)) (Not a licensed indication).                                          | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.    |
| RED                          | Tofacitinib    | (Xeljanz®)                | Active psoriatic arthritis in adults after inadequate response to DMARDs under certain conditions - as per NICE TA 543 and local business application | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA543 - Oct 18</a>       |
| RED                          | Tofacitinib    | (Xeljanz®)                | Moderately to severely active ulcerative colitis in adults - as per NICE TA 547 (option after biosimilar adalimumab)                                  | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA547 - Nov 18</a>       |
| RED                          | Tofacitinib    | Xeljanz®                  | juvenile idiopathic arthritis                                                                                                                         | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA735 – October 2021</a> |
| RED                          | Tofacitinib    | Xeljanz®                  | active ankylosing spondylitis                                                                                                                         | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA920 – October 2023</a> |
| RED                          | Tofacitinib ▼  | (Xeljanz® ▼)              | Treatment of moderate to severe active rheumatoid arthritis in adults (with and without methotrexate) - as per NICE TA 480 and local pathway          | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA480 - Oct 17</a>       |
| RED                          | Tolvaptan      | (Jinarc®, Samsca®)        | Hyponatraemia in cancer - as per NHS England Policy 16051/P (Not a licensed indication).                                                              | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.    |
| RED                          | Tolvaptan ▼    | (Jinarc®, Samsca® ▼)      | Autosomal dominant polycystic kidney disease in adults - NICE TA 358                                                                                  | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA358 - Oct 15</a>       |



| Traffic Light Classification | Drug Name                  | Brand Name  | Indication (assume licenced unless stated)                                                       | Instructions for Prescriber                                                                                    | NICE Guidance                          |
|------------------------------|----------------------------|-------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <b>RED</b>                   | Topotecan                  | (Hycamtin®) | Advanced ovarian cancer                                                                          | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA28 - May 05</a>          |
| <b>RED</b>                   | Topotecan                  | (Hycamtin®) | Treatment of recurrent and stage IVB cervical cancer                                             | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA183 - Oct 09</a>         |
| <b>BLACK</b>                 | Topotecan                  | (Hycamtin®) | Treatment of advanced recurrent ovarian cancer                                                   | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA389 - Apr 16</a>         |
| <b>RED</b>                   | Topotecan (oral)           | (Hycamtin®) | Treatment of relapsed small-cell lung cancer                                                     | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA184 - Nov 09</a>         |
| <b>BLACK</b>                 | Toripalimab                | n/a         | with chemotherapy for untreated advanced oesophageal squamous cell cancer (terminated appraisal) | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA1024 – December 2024</a> |
| <b>RED</b>                   | Total parenteral nutrition | (Various)   | Various                                                                                          | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.      |
| <b>RED</b>                   | Trabectedin                | (Yondelis®) | Treatment of advanced soft tissue sarcoma                                                        | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA185 - Feb 10</a>         |
| <b>BLACK</b>                 | Trabectedin                | (Yondelis®) | (In combination with pegylated liposomal doxorubicin HCl) for relapsed ovarian cancer            | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA389 - Apr 16</a>         |
| <b>RED</b>                   | Tralokinumab               | Adtralza®   | Asthma (Not a licensed indication).                                                              | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.      |
| <b>RED</b>                   | Tralokinumab               | Adtralza®   | moderate to severe atopic dermatitis                                                             | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA814 – August 2022</a>    |

| Traffic Light Classification | Drug Name                                          | Brand Name                                                                     | Indication (assume licenced unless stated)                                                                                                                | Instructions for Prescriber                                                                                                                     | NICE Guidance                     |
|------------------------------|----------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>BLACK</b>                 | Tramadol & paracetamol combination                 | ( <i>Tramacet</i> ®)                                                           | Moderate to severe pain                                                                                                                                   | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                        | NICE has not issued any guidance. |
| <b>BLACK</b>                 | Trametinib                                         | ( <i>Mekinist</i> ®)                                                           | (with dabrafenib (Tafinlar®)) for treating advanced metastatic BRAF V600E mutation-positive non-small-cell lung cancer - as per NICE TA 564               | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                        | <a href="#">TA564 - Feb 19</a>    |
| <b>RED</b>                   | Trametinib ▼                                       | ( <i>Mekinist</i> ® ▼)                                                         | Unresectable or metastatic melanoma in adults with a BRAF V600 mutation (with dabrafenib)                                                                 | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | <a href="#">TA396 - Jun 16</a>    |
| <b>RED</b>                   | Tranexamic Acid mouthwash                          | Unlicensed special                                                             | Oral bleeds. Restricted to use by local hospital trusts only                                                                                              | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | NICE has not issued any guidance. |
| <b>ADVICE</b>                | Transanal irrigation /Rectal Irrigation appliances | ( <i>Peristeen</i> ®, <i>Qufora</i> ®, <i>Aquaflush</i> ®, <i>IryPump S</i> ®) | Bowel dysfunction; Chronic constipation; Faecal incontinence. Initiation by hospital consultants for adults acro                                          | <b>Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation</b> | NICE has not issued any guidance. |
| <b>ADVICE</b>                | Transanal irrigation/Rectal Irrigation appliances  | ( <i>Peristeen</i> ®, <i>Qufora</i> ®, <i>IryPump S</i> ®)                     | Chronic Constipation and Faecal Incontinence (as recommended by the NCH&C Adult Continence Service only ) - as an option as per agreed treatment pathways | <b>Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation</b> | NICE has not issued any guidance. |
| <b>ADVICE</b>                | Transanal irrigation/Rectal Irrigation appliances  | ( <i>Peristeen</i> ®, <i>Qufora</i> ®)                                         | Chronic Constipation and Faecal Incontinence in Paediatrics (as recommended by the NNUH Paediatrics Service) - as per agreed treatment pathway            | <b>Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation</b> | NICE has not issued any guidance. |
| <b>RED</b>                   | Trastuzumab                                        | ( <i>Herceptin</i> ®)                                                          | Advanced breast cancer                                                                                                                                    | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | <a href="#">TA34 - Mar 02</a>     |
| <b>RED</b>                   | Trastuzumab                                        | ( <i>Herceptin</i> ®)                                                          | Adjuvant treatment of early-stage HER2-positive breast cancer                                                                                             | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | <a href="#">TA107 - Feb 09</a>    |

| Traffic Light Classification | Drug Name               | Brand Name   | Indication (assume licenced unless stated)                                                                                                                           | Instructions for Prescriber                                                                                    | NICE Guidance                         |
|------------------------------|-------------------------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------------------------------|
| <b>RED</b>                   | Trastuzumab             | (Herceptin®) | HER2-positive metastatic gastric cancer                                                                                                                              | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA208 - Nov 10</a>        |
| <b>BLACK</b>                 | Trastuzumab             | (Herceptin®) | In combination with an aromatase inhibitor, 1st-line treatment of metastatic hormone-receptor-positive breast cancer that overexpresses HER2                         | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA257 - Jun 12</a>        |
| <b>RED</b>                   | Trastuzumab deruxtecan  | Enhertu®     | HER2-positive unresectable or metastatic breast cancer after 2 or more anti-HER2 therapies                                                                           | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA704 – May 2021</a>      |
| <b>RED</b>                   | Trastuzumab deruxtecan  | Enhertu®     | HER2-positive unresectable or metastatic breast cancer after 1 or more anti-HER2 treatments                                                                          | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA862 – February 2023</a> |
| <b>BLACK</b>                 | Trastuzumab deruxtecan  | Enhertu®     | HER2-positive unresectable or metastatic gastric or gastro-oesophageal junction cancer after anti-HER2 treatment                                                     | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA879 – April 2023</a>    |
| <b>BLACK</b>                 | Trastuzumab deruxtecan  | Enhertu®     | HER2-mutated advanced non-small-cell lung cancer after platinum-based chemotherapy (terminated appraisal)                                                            | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA976 – May 2024</a>      |
| <b>BLACK</b>                 | Trastuzumab deruxtecan  | Enhertu®     | HER2-low metastatic or unresectable breast cancer after chemotherapy                                                                                                 | Not for prescribing in primary or secondary care                                                               | <a href="#">TA992 – July 2024</a>     |
| <b>RED</b>                   | Trastuzumab emtansine ▼ | (Kadcyla® ▼) | HER2-positive, unresectable locally advanced or metastatic breast cancer, after treatment with trastuzumab and a taxane (paclitaxel or docetaxel) as per NICE TA 458 | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA458 - Jul 17</a>        |
| <b>RED</b>                   | Trastuzumab emtansine ▼ | (Kadcyla® ▼) | adjuvant treatment of HER2-positive early breast cancer                                                                                                              | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA632 – June 2020</a>     |
| <b>RED</b>                   | Trenonacog alpha        | (IXinity®)   | Haemophilia B                                                                                                                                                        | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.     |

| Traffic Light Classification | Drug Name                                | Brand Name                     | Indication (assume licenced unless stated)                                                                                                     | Instructions for Prescriber                                                                                    | NICE Guidance                         |
|------------------------------|------------------------------------------|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------------------------------|
| RED                          | Treosulfan                               | Trecondi®                      | with fludarabine for malignant disease before allogeneic stem cell transplant                                                                  | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA640 – August 2020</a>   |
| RED                          | Treosulfan                               | Trecondi®                      | All indications                                                                                                                                | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.     |
| BLACK                        | Treosulfan                               | N/A                            | with fludarabine before allogeneic stem cell transplant for people aged 1 month to 17 years with non-malignant diseases (terminated appraisal) | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA945 – January 2024</a>  |
| RED                          | Treprostinil                             | (Tyvaso (EU), Remodulin (U.S)) | Peripheral Arterial Hypertension                                                                                                               | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.     |
| RED                          | Treprostinil diethanolamine              | (Orenitram (US))               | Pulmonary Arterial Hypertension (Not a licensed indication).                                                                                   | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.     |
| RED                          | Treprostinil sodium                      | (Trevyent®)                    | Pulmonary Arterial Hypertension - as per NHS England policy A11/P/c                                                                            | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.     |
| RED                          | Triamcinolone and Erythromycin mouthwash | Knox mouthwash                 | Oral lichen planus                                                                                                                             | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance      |
| RED                          | Trientine dihydrochloride                | (Metalite® (Japanese import))  | Wilson's Disease (where penicillamine not tolerated)                                                                                           | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.     |
| RED                          | Trifluridine–tipiracil                   | Lonsurf®                       | metastatic gastric cancer or gastro-oesophageal junction adenocarcinoma after 2 or more treatments                                             | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA852 – December 2022</a> |

| Traffic Light Classification | Drug Name                     | Brand Name                          | Indication (assume licenced unless stated)                                                                        | Instructions for Prescriber                                                                                                              | NICE Guidance                           |
|------------------------------|-------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| RED                          | Trifluridine–tipiracil        | Lonsurf®                            | with bevacizumab for treating metastatic colorectal cancer after 2 systemic treatments                            | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA1008 – September 2024</a> |
| RED                          | Trifluridine-tipiracil ▼      | (Lonsurf® ▼)                        | For previously treated metastatic colorectal cancer                                                               | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | <a href="#">TA405 - Aug 16</a>          |
| RED                          | Triheptanoin                  |                                     | Pyruvate carboxylase deficiency                                                                                   | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care                           | NICE has not issued any guidance.       |
| BLACK                        | Trihexyphenidyl hydrochloride | (Generics available)                | NICE Do Not Do - Dyskinesia and/or motor fluctuations in Parkinson's disease - as per NG 71                       | Not commissioned. No NHS prescribing in primary or secondary care                                                                        | <a href="#">NG71 -Sep 17</a>            |
| BLACK                        | Tri-Luma®                     | (Tri-Luma®)                         | Melasma (Chloasma)                                                                                                | Not commissioned. No NHS prescribing in primary or secondary care                                                                        | NICE has not issued any guidance.       |
| BLACK                        | Trimetazidine                 | N/A                                 | refractory angina                                                                                                 | Not commissioned. No NHS prescribing in primary or secondary care                                                                        | NICE has not issued any guidance.       |
| Double Red                   | Trimipramine                  | (Generics available)                | Treatment of depressive illness, especially where sleep disturbance, anxiety or agitation are presenting symptoms | Not recommended for routine use                                                                                                          | NICE has not issued any guidance.       |
| SCA                          | <a href="#">Triptorelin</a>   | (Decapeptyl® SR)                    | Treatment of precocious puberty, menorrhagia and dysmenorrhoea in children                                        | Shared Care Agreement Level 1 - Prescribe the drug and perform a higher level of monitoring, e.g. 6-monthly                              | NICE has not issued any guidance.       |
| SCA                          | <a href="#">Triptorelin</a>   | (Decapeptyl® SR; Gonapeptyl® Depot) | Management of endometriosis; pre-operative management of uterine fibroids                                         | Shared Care Agreement Level 2 - Prescribe the drug and perform a more intense level of monitoring, e.g. quarterly                        | <a href="#">NG73 - Sep 17</a>           |
| ADVICE                       | Triptorelin acetate           | (Decapeptyl®; Gonapeptyl®)          | Prostate cancer                                                                                                   | Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation | NICE has not issued any guidance.       |

| Traffic Light Classification | Drug Name                        | Brand Name | Indication (assume licenced unless stated)                                                                              | Instructions for Prescriber                                                                                    | NICE Guidance                          |
|------------------------------|----------------------------------|------------|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------|
| RED                          | Tucatinib                        | TUKYSA®    | with trastuzumab and capecitabine for treating HER2-positive advanced breast cancer after 2 or more anti-HER2 therapies | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA786 – April 2022</a>     |
| RED                          | Ublituximab                      | Briumvi®   | relapsing multiple sclerosis                                                                                            | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA1025 – December 2024</a> |
| RED                          | Ulipristal ▼<br>(Esmya®)         | (Esmya® ▼) | First line option for treatment of symptoms of fibroids ≥ 3cm and with Hb ≤102g/L                                       | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.      |
| RED                          | Ulipristal acetate ▼<br>(Esmya®) | (Esmya® ▼) | Pre-operative treatment of moderate to severe symptoms of uterine fibroids                                              | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.      |
| BLACK                        | Unloading Knee Braces            | Various    | Support for knee joint                                                                                                  | Not commissioned. No NHS prescribing in primary or secondary care                                              | NICE has not issued any guidance.      |
| RED                          | Upadacitinib                     | Rinvoq®    | Severe rheumatoid arthritis                                                                                             | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA665 – December 2020</a>  |
| RED                          | Upadacitinib                     | Rinvoq®    | previously treated moderately to severely active Crohn's disease                                                        | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA905 – June 2023</a>      |
| RED                          | Upadacitinib                     | Rinvoq®    | moderate rheumatoid arthritis                                                                                           | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA744 – November 2021</a>  |
| RED                          | Upadacitinib                     | Rinvoq®    | active psoriatic arthritis after inadequate response to DMARDs                                                          | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA768 – February 2022</a>  |

| Traffic Light Classification | Drug Name                 | Brand Name | Indication (assume licenced unless stated)                                                                                                                                                                    | Instructions for Prescriber                                                                                    | NICE Guidance                         |
|------------------------------|---------------------------|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------------------------------|
| RED                          | Upadacitinib              | Rinvoq®    | active ankylosing spondylitis                                                                                                                                                                                 | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA829 – October 2022</a>  |
| RED                          | Upadacitinib              | Rinvoq®    | active non-radiographic axial spondyloarthritis                                                                                                                                                               | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA861 – February 2023</a> |
| RED                          | Upadacitinib              | Rinvoq®    | moderate to severe atopic dermatitis                                                                                                                                                                          | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA814 – August 2022</a>   |
| RED                          | Upadacitinib              | Rinvoq®    | moderately to severely active ulcerative colitis                                                                                                                                                              | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA856 – Jan 2023</a>      |
| RED                          | Uprifosbuvir              |            | Hepatitis C                                                                                                                                                                                                   | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.     |
| BLACK                        | Uroshield Catheter Device | 0          | Preventing catheter-related urinary infections                                                                                                                                                                | Not commissioned. No NHS prescribing in primary or secondary care                                              | NICE has not issued any guidance.     |
| RED                          | Ustekinumab               | (Stelara®) | Treatment of adults with moderate to severe psoriasis - as per NICE TA 180 and CG153                                                                                                                          | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA180 - Oct 12</a>        |
| RED                          | Ustekinumab               | (Stelara®) | Treatment of active psoriatic arthritis, as monotherapy or in combination with methotrexate, following inadequate response to previous non-biological DMARDs - as per NICE TA 340 and local treatment pathway | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA340 - Jul 15</a>        |
| RED                          | Ustekinumab               | (Stelara®) | Plaque psoriasis in children and young people - as per NICE TA 455                                                                                                                                            | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA455 - Jul 17</a>        |



| Traffic Light Classification | Drug Name                                       | Brand Name                                    | Indication (assume licenced unless stated)                                                                                                                          | Instructions for Prescriber                                                                                    | NICE Guidance                         |
|------------------------------|-------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------------------------------|
| RED                          | Ustekinumab                                     | (Stelara®)                                    | 2nd line (biologic) option for moderately to severely active Crohn's disease after previous treatment - as per NICE 456 and local treatment pathway                 | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA456 - Jul 17</a>        |
| RED                          | Ustekinumab                                     | (Stelara®)                                    | Treating moderately to severely active ulcerative colitis                                                                                                           | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA633 - Jun 20</a>        |
| RED                          | Ustekinumab                                     | (Stelara®)                                    | Treatment of psoriasis and psoriatic arthritis in Paediatrics (where an adult NICE guidance is available - TAs 180, 340) - NHSE policy (Not a licensed indication). | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.     |
| RED                          | Ustekinumab                                     | (Stelara®)                                    | Dose escalation in the treatment of severe psoriasis which has responded inadequately to the initial ustekinumab dosage regimen                                     | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.     |
| BLACK                        | Vacuum dressings                                | (Vacuum Assisted Closure (VAC dressings).)    | Healing of chronic wounds                                                                                                                                           | Not commissioned. No NHS prescribing in primary or secondary care                                              | NICE has not issued any guidance.     |
| RED                          | Vacuum pumps / devices for erectile dysfunction | (Various)                                     | Erectile dysfunction                                                                                                                                                | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.     |
| RED                          | Vadadustat                                      | ()                                            | Anaemia in chronic kidney disease in dialysis                                                                                                                       | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.     |
| RED                          | Vadadustat                                      | Vafseo®                                       | symptomatic anaemia in adults having dialysis for chronic kidney disease                                                                                            | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA1035 – January 2025</a> |
| RED                          | Vaginal dilators or trainers                    | (Femmax®, Ameille Care® and Ameille Comfort®) | Following vaginal reconstruction surgery or following pelvic radiotherapy when recommended by an appropriate Secondary Care Specialist                              | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.     |

| Traffic Light Classification | Drug Name                     | Brand Name                                               | Indication (assume licenced unless stated)                                                                   | Instructions for Prescriber                                                                                           | NICE Guidance                     |
|------------------------------|-------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>RED</b>                   | Valganciclovir                | (Valcyte®)                                               | Prevention of CMV disease following solid organ transplantation                                              | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance. |
| <b>ADVICE</b>                | Valproate-containing products | Sodium Valproate, Valproic Acid and Valproate Semisodium | epilepsy and bipolar in women of childbearing potential                                                      | <b>Formulary - Secondary care clinician to initiate and stabilise before transfer to primary care</b>                 | NICE has not issued any guidance. |
| <b>RED</b>                   | Valproate-containing products | Sodium Valproate, Valproic Acid and Valproate Semisodium | epilepsy and bipolar - <b>in women of childbearing potential where the conditions of PREVENT are not met</b> | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance. |
| <b>Double Red</b>            | Valproate-containing products | Sodium Valproate, Valproic Acid and Valproate Semisodium | epilepsy and bipolar - <b>use in pregnancy</b>                                                               | <b>Not recommended for routine use</b>                                                                                | NICE has not issued any guidance. |
| <b>BLACK</b>                 | Valproate-containing products | Sodium Valproate, Valproic Acid and Valproate Semisodium | Migraine - all women under 55 of childbearing potential                                                      | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | NICE has not issued any guidance. |
| <b>ADVICE</b>                | Valproate-containing products | Sodium Valproate, Valproic Acid and Valproate Semisodium | Migraine - women over 55                                                                                     | <b>Formulary - Secondary care clinician to initiate and stabilise before transfer to primary care</b>                 | NICE has not issued any guidance. |
| <b>BLACK</b>                 | Valproate-containing products | Sodium Valproate, Valproic Acid and Valproate Semisodium | All other indications in women of childbearing potential                                                     | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                              | NICE has not issued any guidance. |
| <b>Double Red</b>            | Valsartan / Amlodipine        | (Exforge®)                                               | Hypertension                                                                                                 | <b>Not recommended for routine use</b>                                                                                | NICE has not issued any guidance. |

| Traffic Light Classification | Drug Name     | Brand Name   | Indication (assume licenced unless stated)                                                                                                                                                                                                                                    | Instructions for Prescriber                                                                                                                     | NICE Guidance                          |
|------------------------------|---------------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <b>RED</b>                   | Vamorolone    | Agamree®     | Duchenne muscular dystrophy in people 4 years and over                                                                                                                                                                                                                        | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | <a href="#">TA1031 – January 2025</a>  |
| <b>BLACK</b>                 | Vandetanib    | (Caprelsa®)  | For treating aggressive and symptomatic medullary thyroid cancer in adults with unresectable, locally advanced or metastatic disease - as per NICE TA 550                                                                                                                     | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                        | <a href="#">TA550 - Dec 18</a>         |
| <b>BLACK</b>                 | Vardenafil    | (Levitra®)   | Use of regular, daily doses for penile rehabilitation in prostate cancer/post radical prostatectomy                                                                                                                                                                           | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                        | NICE has not issued any guidance.      |
| <b>ADVICE</b>                | Varenicline   | (Champix®)   | Adjunct to smoking cessation in combination with motivational support - Public Health England commissioning responsibility - as per NICE TA 123 GP prescribable after consultant/specialist recommendation where the specialist is a smoking cessation adviser (level 2 or 3) | <b>Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation</b> | <a href="#">TA123 - Jul 07</a>         |
| <b>RED</b>                   | Vatiquinone   |              | Friedreichs ataxia                                                                                                                                                                                                                                                            | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | NICE has not issued any guidance.      |
| <b>BLACK</b>                 | Vedolizumab   | (Entyvio®)   | chronic refractory pouchitis after surgery for ulcerative colitis (terminated appraisal)                                                                                                                                                                                      | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                        | <a href="#">TA826 – September 2022</a> |
| <b>RED</b>                   | Vedolizumab   | (Entyvio®)   | Paediatric indications (where an adult NICE TA is available - TAs 342 & 352) - Specialist Centre only (Not a licensed indication).                                                                                                                                            | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | NICE has not issued any guidance.      |
| <b>RED</b>                   | Vedolizumab ▼ | (Entyvio® ▼) | 3rd line (biologic) treatment option for moderately to severely active ulcerative colitis in adults - as per NICE TA 342 and the local treatment pathway                                                                                                                      | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                           | <a href="#">TA342 - Jun 15</a>         |

| Traffic Light Classification | Drug Name                        | Brand Name   | Indication (assume licenced unless stated)                                                                                            | Instructions for Prescriber                                                                                           | NICE Guidance                         |
|------------------------------|----------------------------------|--------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| <b>RED</b>                   | Vedolizumab ▼                    | (Entyvio® ▼) | 3rd line biologic treatment option for moderately to severely active Crohn's disease - as per NICE TA 352 and local treatment pathway | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA352 - August 2015</a>   |
| <b>RED</b>                   | Velaglucerase alfa               | (VPRIV®)     | Type I Gaucher's disease (specialist use only) - as per NHS England specification                                                     | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance.     |
| <b>RED</b>                   | Velcalcetide (aka Etelcalcetide) | (Parsabiv®)  | Secondary hyperparathyroidism in patients with chronic kidney disease on haemodialysis                                                | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | NICE has not issued any guidance.     |
| <b>RED</b>                   | Velmanase alfa                   | Lamzed®      | alpha-mannosidosis                                                                                                                    | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">HST29 – December 2023</a> |
| <b>RED</b>                   | Vemurafenib                      | (Zelboraf®)  | Melanoma (BRAF V600 mutation positive, unresectable metastatic)                                                                       | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA269 - Dec 13</a>        |
| <b>RED</b>                   | Venetoclax                       | (Venclyxto®) | (with rituximab) for treating chronic lymphocytic leukaemia in adults who have had at least 1 previous therapy - as per NICE TA 561   | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA561 - Feb 19</a>        |
| <b>RED</b>                   | Venetoclax                       | (Venclyxto®) | with obinutuzumab for untreated chronic lymphocytic leukaemia                                                                         | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA663 – December 2020</a> |
| <b>RED</b>                   | Venetoclax                       | Venclyxto®   | with azacitidine for untreated acute myeloid leukaemia when intensive chemotherapy is unsuitable                                      | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA765 – February 2022</a> |
| <b>RED</b>                   | Venetoclax                       | Venclyxto®   | with low dose cytarabine for untreated acute myeloid leukaemia when intensive chemotherapy is unsuitable                              | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b> | <a href="#">TA787 – April 2022</a>    |

| Traffic Light Classification | Drug Name                            | Brand Name                          | Indication (assume licenced unless stated)                                                                   | Instructions for Prescriber                                                                                    | NICE Guidance                          |
|------------------------------|--------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------|
| RED                          | Venetoclax                           | Venclyxto®                          | chronic lymphocytic leukaemia                                                                                | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA796 – June 2022</a>      |
| BLACK                        | Venlafaxine                          | (Generics / Various)                | Depression in children and young people - as per NICE CG 28 "Do Not Do" (Not a licensed indication).         | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">CG28 - Sep 17</a>          |
| BLACK                        | Vericiguat                           | N/A                                 | chronic heart failure with reduced ejection fraction (terminated)                                            | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA731 – September 2021</a> |
| BLACK                        | Vernakalant                          | N/A                                 | Rapid conversion of recent onset atrial fibrillation to sinus rhythm (terminated appraisal)                  | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA675 – February 2021</a>  |
| RED                          | Verteporfin                          | (Visudyne®)                         | With photodynamic therapy (PDT) - Chronic Central Serous Chorio-Retinopathy (Not a licensed indication).     | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.      |
| RED                          | Vestronidase Alfa                    |                                     | Mucopolysaccharidosis VII                                                                                    | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.      |
| RED                          | Vibegron                             | Obgemsa®                            | symptoms of overactive bladder syndrome                                                                      | Prescribing to remain with the hospital or specialist service. No prescribing in primary care                  | <a href="#">TA999 – September 2024</a> |
| BLACK                        | Vinflunine                           | (Javlor® ▼)                         | Treatment of advanced or metastatic transitional cell carcinoma of the urothelial tract - as per NICE TA 272 | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">TA272 - Jan 13</a>         |
| RED                          | Vinorelbine                          | (Navelbine®, Navelbine® Capsules ▼) | Non-small cell lung cancer                                                                                   | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA26 - Jun 01</a>          |
| RED                          | Vinorelbine                          | (Navelbine®, Navelbine® Capsules ▼) | Advanced breast cancer - as per NICE 81                                                                      | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">CG81 - Feb 09</a>          |
| BLACK                        | Virulite electronic cold sore device | (Virulite)                          | Electronic cold sore device (Not a licensed indication).                                                     | Not commissioned. No NHS prescribing in primary or secondary care                                              | NICE has not issued any guidance.      |

| Traffic Light Classification | Drug Name                                        | Brand Name                            | Indication (assume licenced unless stated)                                                                                  | Instructions for Prescriber                                                                                    | NICE Guidance                     |
|------------------------------|--------------------------------------------------|---------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>RED</b>                   | Vismodegib ▼                                     | (Erivedge® ▼)                         | Basal cell carcinoma                                                                                                        | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA489 - Nov 17</a>    |
| <b>RED</b>                   | Vitamin B Co / Co Strong tablets                 | ()                                    | Time-limited use (10 days) only in re-feeding syndrome                                                                      | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance. |
| <b>BLACK</b>                 | Vitamin E                                        | (Various)                             | NICE Do Not Do - Pharmacological neuroprotective therapy in Parkinson's disease - as per NG 71 (Not a licensed indication). | Not commissioned. No NHS prescribing in primary or secondary care                                              | <a href="#">NG71 - Sep 17</a>     |
| <b>RED</b>                   | Voclosporin                                      | Lupkynis®                             | with mycophenolate mofetil for treating lupus nephritis                                                                     | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA882 – May 2023</a>  |
| <b>RED</b>                   | Volanesorsen                                     | Waylivra                              | Familial chylomicronemia syndrome                                                                                           | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">HST13 - Oct 2020</a>  |
| <b>RED</b>                   | Von Willebrand factor, recombinant - Factor VIII | (Von Willebrand factor (recombinant)) | Von Willebrand's disease / factor VIII deficiency                                                                           | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance. |
| <b>RED</b>                   | Vonicog Alfa                                     | (Veyvont®)                            | Von Willebrand Deficiency                                                                                                   | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance. |
| <b>RED</b>                   | Voretigene Neparvovec                            | Luxturna                              | Inherited Retinal Dystrophies                                                                                               | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">HST11 - Oct 2019</a>  |
| <b>RED</b>                   | Voriconazole                                     | (Vfend®)                              | Systemic fungal infections                                                                                                  | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance. |

| Traffic Light Classification | Drug Name                              | Brand Name                                            | Indication (assume licenced unless stated)                                                                                                     | Instructions for Prescriber                                                                                    | NICE Guidance                         |
|------------------------------|----------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------------------------------|
| RED                          | Voxelotor                              | Oxbryta®                                              | haemolytic anaemia caused by sickle cell                                                                                                       | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA981 – June 2024</a>     |
| RED                          | Vutrisiran                             | Amvuttra®                                             | hereditary transthyretin-related amyloidosis                                                                                                   | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA868 – February 2023</a> |
| RED                          | VX-210                                 |                                                       | Spinal cord Injury                                                                                                                             | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | NICE has not issued any guidance.     |
| Double Red                   | Warfarin                               | (Generics available)                                  | Routine use in combination with prasugrel or ticagrelor to people who need anticoagulation who have had an MI - as per NICE CG 172 - Do Not Do | Not recommended for routine use                                                                                | <a href="#">CG172 - Nov 13</a>        |
| RED                          | Wasp / Bee venom extract (Pharmalgen®) | (Pharmalgen® Wasp / Bee venom extract)                | Wasp / Bee venom allergy - as per NICE TA 246                                                                                                  | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA246 - Feb 12</a>        |
| BLACK                        | Waterproof dressing protectors         | LimbO, Seal-Tight and all related brands/devices      | Waterproof protectors to wear in shower/bath to protect casts, dressings and PICC lines.                                                       | Not commissioned. No NHS prescribing in primary or secondary care                                              | NICE has not issued any guidance      |
| BLACK                        | Yasmin                                 | (Yasmin®)                                             | Contraception                                                                                                                                  | Not commissioned. No NHS prescribing in primary or secondary care                                              | NICE has not issued any guidance.     |
| BLACK                        | Yohimbine                              | (eg Prowess, Aphrodyne, Dayto Himbin, Yocon, Yohimes) | Erectile dysfunction (Not a licensed indication).                                                                                              | Not commissioned. No NHS prescribing in primary or secondary care                                              | NICE has not issued any guidance.     |
| RED                          | Zanubrutinib                           | Brukinsa®                                             | chronic lymphocytic leukaemia                                                                                                                  | Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care | <a href="#">TA931 – November 2023</a> |



| Traffic Light Classification | Drug Name                                      | Brand Name                                     | Indication (assume licenced unless stated)                                                                                                               | Instructions for Prescriber                                                                                                                                                                                        | NICE Guidance                           |
|------------------------------|------------------------------------------------|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <b>BLACK</b>                 | Zanubrutinib                                   | Brukinsa®                                      | with obinutuzumab for treating relapsed or refractory B-cell follicular lymphoma after 2 or more treatments (terminated appraisal)                       | <b>Not commissioned. No NHS prescribing in primary or secondary care</b>                                                                                                                                           | <a href="#">TA978 – May 2024</a>        |
| <b>RED</b>                   | Zanubrutinib                                   | Brukinsa®                                      | marginal zone lymphoma after anti-CD20-based treatment                                                                                                   | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                                              | <a href="#">TA1001 – September 2024</a> |
| <b>RED</b>                   | Zanubrutinib                                   | Brukinsa®                                      | Waldenstrom's macroglobulinaemia                                                                                                                         | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                                              | <a href="#">TA833 – October 2022</a>    |
| <b>RED</b>                   | Ziconotide                                     | (Prialt®)                                      | Intrathecal analgesia for severe chronic pain - as per NHS England Policy 16011/P                                                                        | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                                              | NICE has not issued any guidance.       |
| <b>RED</b>                   | Zidovudine (also with lamivudine and Abacavir) | (Retrovir® / Combivir® / Trizivir® / Generics) | HIV infection in combination with other antiretroviral drugs                                                                                             | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                                              | NICE has not issued any guidance.       |
| <b>RED</b>                   | Zoledronic Acid                                | (Various)                                      | To prolong survival and prevent skeletal related events (SREs) in patients with plasma cell myeloma                                                      | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                                              | NICE has not issued any guidance.       |
| <b>RED</b>                   | Zoledronic acid                                | (Various)                                      | 6-monthly infusions for 2 years to improve survival in post-menopausal women with breast cancer receiving chemotherapy (Not a licensed indication).      | <b>Restricted use – Prescribing to remain with the hospital or specialist service. No prescribing in primary care</b>                                                                                              | NICE has not issued any guidance.       |
| <b>ADVICE</b>                | Zonisamide                                     | (Zonegran®)                                    | Adjunctive therapy in the treatment of partial-onset seizures with or without secondary generalisation in patients with epilepsy aged 18 years and older | <b>Formulary - Specialist advice required from primary or secondary care clinician with relevant expertise prior to primary care initiation</b><br>Consultant should prescribe for an initial period of one month. | NICE has not issued any guidance.       |