

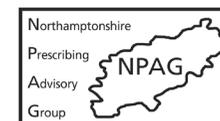
Prior Approval Criteria for Double Red Drugs - October 2021

Clinicians requesting double red drugs must ensure that the prior approval criteria are met.

Where a double red drug is available via Individual Funding Request only, clinicians must be able to demonstrate exceptionalism as per the CCGs' IFR policy here

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Double red drug	Criteria	Prior approval/IFR
Acapella® and similar devices to loosen mucus	These should only be prescribed on the advice of a specialist respiratory physiotherapist	Double red - prior approval
Acetylcysteine (oral)	This is not routinely commissioned because the evidence for treating idiopathic pulmonary fibrosis (IPF) was not robust. Acetylcysteine (effervescent tablets prescribed generically are GREEN for use as a mucolytic in COPD). Can be purchased OTC from Holland and Barrett http://www.hollandandbarrett.com/shop/product/holland-barrett-n-acetyl-cysteine-nac-capsules-600mg-60000211	Double red – IFR
Acrivastine	A range of other cost-effective antihistamines have been tried and were ineffective or not tolerated	Double red - prior approval
Actipatch	Not routinely commissioned as evidence of effectiveness is not robust. Awaiting RMOC.	Double red - IFR
Agomelatine (Valdoxan®)	Approval only considered if the request is from an NHfT consultant and the Chief Pharmacist has reviewed the request and confirmed that suitable alternatives are not effective or tolerated.	Double red - prior approval



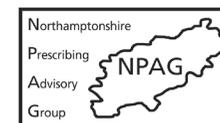
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Alimemazine	A range of other cost-effective antihistamines have been tried and were ineffective or not tolerated. Prior Approval requests for alimemazine as an alternative to melatonin as per the Melatonin guidelines will be considered.	Double red - prior approval
Alirocumab (Praluent®)	Commissioned in line with NICE TA 393. Requests in line with NICE TA 393 require prior approval via Blueteq. All other requests via IFR.	Red - via Blueteq prior approval only
Aliskiren	Approval only considered if all other antihypertensives under the NICE Clinical Guideline are not effective or not tolerated.	Double red - prior approval
Anoro® (vilanterol and umeclidinium)	Approval only considered if the request is from respiratory consultant and Duaklir and Spiolto are not appropriate.	Double red - Prior Approval
Antifungal nail Treatments (Aamorolfine, Canestenpro®, Tioconazole)	This is not routinely commissioned because the evidence for clinical and cost effectiveness is not robust. They can be purchased.	Double red - Individual Funding Request (IFR)
Apremilast (Otelza®)	Apremilast for psoriatic arthritis or for psoriasis is commissioned in line with NICE and local guidance.	Red - via Blueteq prior approval only



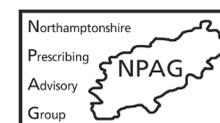
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Asenapine (Sycrest®)	Approval only considered if the request is from an NHFT consultant and the Chief Pharmacist has reviewed the request and confirmed that suitable alternatives are not effective or tolerated.	Double red - Prior Approval
Atorvastatin (Lipitor®) Chewable	Approval only considered if atorvastatin tablets cannot be taken.	Double red - Prior Approval
Atorvastatin 30mg + 60mg	This is not routinely commissioned because other strengths of atorvastatin (10mg, 20mg, 40mg and 80mg) are more cost effective.	Double red - IFR
Avanafil (Spedra®)	Approval only considered if SLS criteria met and sildenafil and tadalafil have been tried or are unsuitable.	Double red - Prior Approval
Aveeno® oatmeal emollient products	Approval only considered if more cost effective oatmeal products such as Zeroveen® and Epimax® have been tried.	Double red - Prior Approval
Avipectadil/phentolamine intercavernosal injection (Invicorp®)	Approval only considered if recommended by a urologist where other interventions have failed.	Double red - prior approval
Baby milk for lactose intolerance eg SMA LF®, Enfamil O-Lac®, Aptamil LF®	This is not routinely commissioned for lactose intolerance as it is a short term problem and these products can be purchased at a similar price to standard baby milk formula.	Double red - IFR



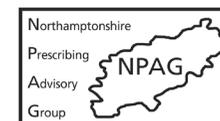
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Bard Purewick®	A female external catheter device. Should only be prescribed on specialist advice from continence or tissue viability specialists	Double red - Prior Approval
Bevespi Aerosphere	LABA + LAMA in an MDI. Approval criterion the need or preference for an MDI device.	Double red - Prior Approval
Bilastine (Ilaxten®)	Approval only considered when range of other cost-effective antihistamines have been tried and were ineffective or not tolerated.	Double red - Prior Approval
Blepharitis eye lid cleansers (Blephaclean®, Blephacura®, Blephage!®, Blephamask®, Blephasol®)	This is not routinely commissioned because the condition is cosmetic in nature and they can be purchased if needed.	Double red - IFR
Breakyl® (fentanyl citrate)	Approval only considered for breakthrough pain in chronic cancer when other opioid analgesics are not effective or tolerated.	Double red - Prior Approval
Brimonidine Tartrate Gel (Mirvaso®)	Amber 2 if used in accordance with local guidelines for Rosacea	Double red - Prior approval
Brivaracetam (Briviact®)	This is not routinely commissioned as the place of Brivaracetam in treatment management is currently unclear relative to other antiepileptics recommended by NICE.	Double red - IFR



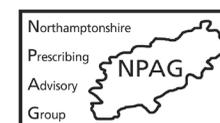
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Buprenorphine oral lypophilisate (Espranor®)	Substitution treatment for opioid dependence. Patients should be referred to Substance to Solution (S2S). Approval will only be given if practices are agreed substance misuse treatment centres.	Double red - Prior approval
Camouflage makeup (Covermark®, Dermacolour®, Keromask®, Veil®, Vichy Dermablend®)	Approval will be considered for patients with disfiguring skin disease which causes emotional disturbance to the patient which would be alleviated by camouflage. Examples might include extensive facial scarring, or conditions such as vitiligo or port wine stains affecting areas not normally covered by clothing (eg the face or neck). We would not routinely commission camouflage make up for areas normally covered by clothing or for minor blemishes which do not cause emotional disturbance to the patient. Prescriptions should only be for items allowable on the Drug Tariffs and must be endorsed ABCS.	Double red - Prior approval
Cannabidiol (Epidyolex®)	Red for its licensed and NICE approved indications of treatment of resistant epilepsy in Dravet syndrome and Lennox - Gastaut syndrome in conjunction with clobazam. Double red IFR for all other indications.	Double red - IFR



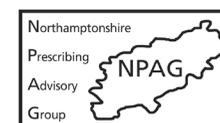
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Caresens Blood Glucose Test Strips	These are no longer the preferred blood glucose test strips due to cost increase. Prior approval may be considered if patients are unable to use other systems. Finetest Lite is the preferred first line product	Double red - prior approval
Chenodeoxycholic acid 250mg capsules	A specialist drug for Cerebrotendinous xanthomatosis. Treatment should be initiated by specialist centres only.	Double red - prior approval
Cholib® (fenofibrate and simvastatin)	This is not routinely commissioned as this combination of drugs would NOT usually be recommended. If it was required the drugs could be prescribed separately.	Double red - IFR
Chondroitin	Included in NHSE low value medicines list.	Double red - IFR
Cialis® brand tadalafil	Approval only considered for existing patients if intolerant to generic tadalafil, SLS criteria are met and generic sildenafil is ineffective or unsuitable. Otherwise a private prescription may be issued.	Double red - IFR
Cilostazol (Pletal®)	This is not routinely commissioned because NICE TA 223 does not recommend it for the treatment of intermittent claudication in people with peripheral arterial disease.	Double red - IFR
Ciprallex® (Escitalopram)	Approval only considered if there is intolerance to generic escitalopram.	Double red - prior approval



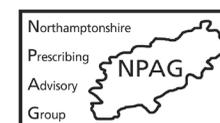
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Clemastine	Approval only considered when range of other cost-effective antihistamines have been tried and were ineffective or not tolerated.	Double red - prior approval
Cepton 1%® chlorhexidine skin wash	This product is specifically marketed for acne. On advice of dermatology this is not recommended for prescription and may be purchased OTC.	Double red - IFR
Ciprofibrate	Approval only considered on the advice of a specialist lipidologist if other fibrates are not suitable	Double red - prior approval
Colesevelam for lipid lowering. (Colesevelam for bile acid malabsorption is AMBER 2)	Approval only considered if: <ul style="list-style-type: none"> • Statins and fibrates are not effective or tolerated. • It is recommended by a lipidologist. 	Double red - prior approval
Co-proxamol	This is not routinely commissioned because the the licence for co-proxamol was withdrawn on the advice of the Committee on Safety of Medicines amid serious safety concerns in January 2005. See http://gp.neneccg.nhs.uk/downloads/Med-Ops/Shared_Care_Protocol/co-proxamol.pdf	Double red - IFR
Crestor® (brand of rosuvastatin)	Approval only considered if patients have tried generic rosuvastatin and not tolerated it.	Double red - prior approval



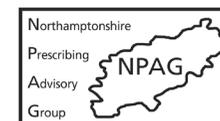
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Cyproheptadine	Approval only considered when a range of other cost-effective antihistamines have been tried and were ineffective or not tolerated.	Double red - prior approval
Dapagliflozin and saxagliptin (Qtern®)	Approval only considered for stable patients already taking dapagliflozin and saxagliptin to be switched to Qtern.	Double red - prior approval
Dapoxetine	Approval only considered if other SSRIs (off-label use) for premature ejaculation are not effective or tolerated.	Double red - prior approval
Daylette (ethinyloestradiol 20mcg and drospirenone 3mg)	Approval only considered if an alternative low oestrogen pill (eg Bimizza (with desogestrel) or Millinette 20/75 (with gestodene) is not appropriate and Daylette has been recommended by a specialist in family planning.	Double red - prior approval
Desloratadine (Neoclaritin®) liquid	Approval only considered if other liquid generic non-sedating antihistamines are not effective or tolerated.	Double red - Prior Approval
Desmopressin 25 micrograms sublingual tablets (Noqdim®)	Approval would be considered if recommended by a specialist due to other options not being effective and/or appropriate.	Double red - Prior Approval
Diclofenac plaster	This is not routinely commissioned because there is insufficient clinical evidence of clinical and cost effectiveness to support its use. If required they can be purchased over-the-counter.	Double red - IFR



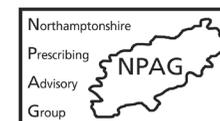
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Diconal® (dipipanone and cyclizine)	Due to abuse potential Diconal is not routinely commissioned	Double red - IFR
Dicycloverine	This is not routinely commissioned because the evidence for cost effectiveness is not robust. Dicycloverine products can be purchased.	Double red - IFR
Dosulepin	Included in NHSE low value medicines list. Approval only granted for new patients if other agents have been tried and not tolerated or effective	Double red - Prior Approval
Doxazosin M/R	Approval only considered if doxazosin is required but the standard release preparations not tolerated.	Double red - prior approval
Doxepin	A tricyclic antidepressant. Safer and more cost effective alternatives are available. Approval only considered if other agents have been tried and not tolerated or effective	Double red - prior approval
Dulaglutide	Approval only considered if all other GLP-1 agonists are not effective or tolerated.	
Duloxetine for overactive bladder (Duloxetine for neuropathic pain is GREEN) (Duloxetine for depression is AMBER 2) Duloxetine for stress incontinence is AMBER 2 in line with NICE guidance (CG 171)	This is not routinely commissioned for overactive bladder or fibromyalgia because the evidence is not robust. It is amber 2 for stress incontinence in line with nice guidance.	Double red - IFR



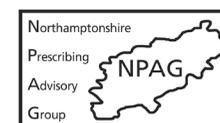
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Dutasteride	Approval only considered for benign prostatic hyperplasia if finasteride is not effective or tolerated.	Double red - Prior Approval
Dutasteride/Tamsulosin combination (Combodart®)	Approval only considered for benign prostatic hyperplasia if finasteride is not effective or tolerated.	Double red - Prior Approval
Duavive® (Conjugated oestrogens and bazedoxefine)	Treatment of oestrogen deficiency symptoms in postmenopausal women with a uterus (with at least 12 months since the last menses) for whom treatment with progestin-containing therapy is not appropriate. Approval only considered on specialist recommendation.	Double red - Prior Approval
Dupilumab	Hospital only. Approval only considered for rhinosinusitis with nasal polyposis if other measures have been tried and tailed and on the advice of a specialist. For eczema approval is via Blueteq	Double red - prior approval
E-Voke® (e-cigarette)	On the basis of limited evidence of the cost effectiveness of 'e' cigarettes, that Northamptonshire County Council (NCC) do not routinely commission 'e' cigarettes	Double red - IFR



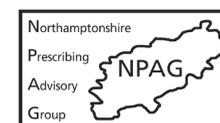
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Eflornithine cream (Vaniqa®)	Approval only considered for: <ul style="list-style-type: none"> • gender dysphoria/re-assignment patients that cannot have laser treatment (commissioned by NHSE for adults). • hirsutism caused by polycystic ovary syndrome where cosmetic hair removal (e.g. waxing and shaving) is required more than twice a week and co-cyprindiol (Dianette or other brands) is not considered appropriate (e.g. contra-indications). 	Double red - prior approval
Eloine® (ethinyloestradiol 20mcg and drospirenone 3mg)	Approval only considered if an alternative low oestrogen pill (eg Bimizza (with desogestrel) or Millinette 20/75 (with gestodene) is not appropriate and Eloine has been recommended by a specialist in family planning.	Double red - prior approval
Emustil® (soybean oil eye drops)	Approval only considered if other ocular lubricants are not effective or tolerated.	Double red - Prior Approval
Estradiol/Nomegestrol acetate (Zoely®)	This is not routinely commissioned because the evidence that it is superior to other combined oral contraceptives is not robust and it is more expensive.	Double red - IFR
Evolocumab	Commissioned in line with NICE TA 393. Requests in line with NICE TA 393 require prior approval via Blueteq. All other requests via IFR.	Red - via Blueteq prior approval only



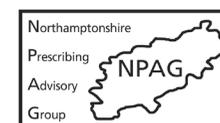
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Exenatide	Approval not required for existing patients. For new patients approval considered if requested by a specialist and other GLP1 agonists were contraindicated or not tolerated.	Double red - prior approval
Exforge® (Amlodipine/Valsartan)	This is not routinely commissioned because the individual components can be prescribed. Losartan and candesartan are the first choice ARBs in Northamptonshire.	Double red - IFR
Oral and buccal Fentanyl products (Actiq®, Cynril®, Effentora®)	Approval only considered if Abstral® (fentanyl sublingual tablet) is not effective or tolerated and it is recommended by a specialist in palliative care.	Double red - Prior Approval
Fentanyl buccal tablet (Effentora®)	Approval only considered if Abstral® (fentanyl sublingual tablet) is not effective or tolerated and it is recommended by a specialist in palliative care.	Double red - Prior Approval
Fentanyl nasal spray (Instantyl®)	Approval only considered if PecFant® (intranasal fentanyl) - is not effective or tolerated and it is recommended by a specialist in palliative care.	Double red - Prior Approval
Flutter® Device	This is not routinely commissioned. If this is recommended by a respiratory consultant or physiotherapist it can be purchased.	Double red - IFR



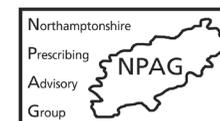
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Freestyle Libre 2	Green for patients with Type 1 diabetes who meet NHSE criteria and patients with learning disability on insulin. Prior approval required for other Type 2 patients. For patients with Type 2 diabetes in pregnancy prior approval will be considered in line with NICE CG3 1.3.19 ie pregnant women who are on insulin therapy but do not have type 1 diabetes, if: <ul style="list-style-type: none"> • they have problematic severe hypoglycaemia (with or without impaired awareness of hypoglycaemia) or • they have unstable blood glucose levels that are causing concern despite efforts to optimise glycaemic control. 	Double red - prior approval
Freestyle Optium® Blood Glucose Test Strips		Double red - prior approval
Gabapentin 6% Gel	Unlicensed preparation. Approval only considered if recommended by Obs & Gynae consultant	Double red - prior approval
Gamolenic Acid	This is not routinely commissioned because the evidence for clinical effectiveness is not robust.	Double red - IFR



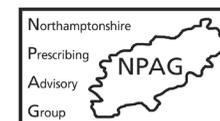
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Gardasil 9 (9 valent HPV vaccine)	Prior approval would be considered if recommended by a specialist due to other options not being effective and/or appropriate.	Double red - prior approval
GeloRevoice	This is not routinely commissioned because the evidence of clinical effectiveness is not robust. This and alternatives can be purchased over-the-counter.	Double red - IFR
Glucosamine ALL SALTS, ALL BRANDS	This is not routinely commissioned in line with NICE Osteo Arthritis guidance (CG 177).	Double red - IFR
Glycopyrrolate formulations for hyperhidrosis – oral and topical	This is not routinely commissioned in line with Northamptonshire CCG's hyperhidrosis policy	Double red - IFR
Glycopyrronium (Seebri®) for COPD	Approval only considered if formoterol easyhaler, aclidinium and tiotropium handihaler have not been effective or tolerated.	Double red - prior approval
Green Tea Extract Ointment (Catephen 10% ointment containing extract from <i>Camellia sinensis</i>)	Approval only considered if recommended by a consultant in sexual health for patients with HPV that is not on the mucous membranes who are not able to tolerate podophyllin, podophylotoxin, imiquimod or cryotherapy.	Double red -prior approval



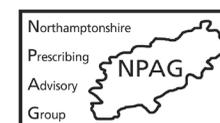
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Guanfacine (Intuniv®)	For the treatment of ADHD in those children and adolescents 6–17 years old for whom psychostimulants and atomoxetine are not suitable, not tolerated or have been shown to be ineffective and where there is a clear documented plan by the initiating clinician on how the initial titration and associated monitoring will be managed and the patient and relatives are aware of the need for weekly attendance and monitoring and have agreed to this.	Double red - prior approval
Heel balms (Dermatonics®, Flexifoot®, Flexitol®, Vesagex® etc)	Approval only considered if recommended by a diabetes specialist podiatrist. Otherwise they can be purchased.	Double red - prior approval
Hepatitis A and B (combined) vaccine	This is not routinely commissioned when used for travel or occupational health purposes. If required a private prescription can be provided.	Double red - IFR
Hepatitis B vaccine	This is not routinely commissioned when used for travel or occupational health purposes. If required a private prescription can be provided.	Double red - IFR
Hydrocortisone cream 2.5%	Approval only considered if hydrocortisone 1% and Eumovate® are not effective.	Double red - prior approval



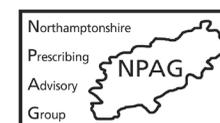
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Hydrocortisone sustained release (Plenadren®)	This is not routinely commissioned because the evidence indicating it is superior to standard release hydrocortisone is not robust and it is more expensive.	Double red - IFR
Hydrocortisone 0.5mg, 1mg, mg, 5mg granules in capsules for opening (Alkindi®)	Approval considered on specialist recommendation for young children who are on low doses not available in conventional tablets ie doses <5mg (1/2 x 10mg tablet)	Double red - prior approval
Ibandronic acid IV	This is not routinely commissioned because the evidence of clinical effectiveness is superior for zoledronic acid.	Double red - IFR
ICaps® (and other similar preps for AMD - Macushield®, Ocuvite® preps, Preservision® preps, Visionace®, Vitalux® preps, Vitamins for AMD, Viteyes®)	This is not routinely commissioned because the evidence of benefit is not robust. Preparations can be purchased if required.	Double red - IFR
Indacaterol (Onbrez Breezhaler®)	Approval only considered if formoterol easyhaler, acclidinium and tiotropium handihaler have not been effective or tolerated.	Double red - prior approval
Independence access pouch vap 1	Protective bag to protect access site for patients undergoing renal dialysis. Classified as a medical device and very expensive. Dialysis nurse does not recommend	Double red- IFR
Inegy® (ezetimibe / simvastatin)	This is not routinely commissioned because the individual components can be prescribed.	Double red - IFR



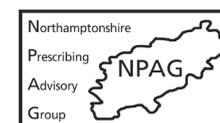
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Double red drug	Criteria	Prior approval/IFR
Inositol Nicotinate (Hexopal®)	This is not routinely commissioned because NICE TA 223 does not recommend it for the treatment of intermittent claudication in people with peripheral arterial disease.	Double red - IFR
Insuject®	Approval only considered for significant needle phobia.	Double red - Prior Approval
Isradipine	Approval only considered if all other dihydropyridine calcium channel blockers were not effective or tolerated.	Double red - prior approval
Insulin degludec (Tresiba®)	Amber 2 according to Shared Care Criteria. Double red prior approval for patients who do not meet shared care criteria.	Double red - Prior Approval. Amber 2 according to Shared Care Criteria.
Insulin lispro (Humalog 200 Units/ml KwikPen only)	Approval only considered on specialist recommendation.	Double red - Prior Approval
Invicorp® (Avipectadil/phentolamine intercavernosal injection)	Approval only considered if recommended by a urology specialist where other interventions have failed.	Double red - prior approval
Japanese B Encephalitis vaccine	This is not routinely commissioned when used for travel or occupational health purposes. If required a private prescription can be provided.	Double red - IFR
Ketoprofen/Omeprazole combination (Axorid®)	This not routinely commissioned because the individual components can be prescribed.	Double red - IFR



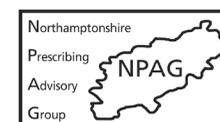
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Double red drug	Criteria	Prior approval/IFR
Ketotifen	Approval only considered when a range of other cost-effective antihistamines have been tried and were ineffective or not tolerated.	Double red - Prior Approval
Lecicarbon® suppositories (Sodium dihydrogen phosphate anhydrous and Sodium bicarbonate suppositories).	Approval only considered when other cost-effective laxatives have been tried and were ineffective or not tolerated.	Double red - Prior Approval
Lenzetto® transdermal estradiol spray	Approval only considered if other products are ineffective or not tolerated	Double red - Prior Approval
Levocetirizine	Approval only considered if other non-sedating anti-histamines are not effective or tolerated.	Double red - Prior Approval
Lidocaine patches	Approval only considered for post herpetic neuralgia with allodynia.	Double red - prior approval



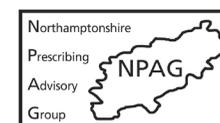
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Double red drug	Criteria	Prior approval/IFR
Liothyronine	This is not routinely commissioned because there is insufficient evidence of clinical and cost effectiveness to support its use and it is not advised by The British Thyroid Association. However in accordance with the RMOG advice, for a small group of patients who do not respond adequately to levothyroxine, approval for a trial, as an add on to levothyroxine, may be considered if requested by an NHS consultant endocrinologist who will monitor response. https://www.sps.nhs.uk/wp-content/uploads/2018/11/RMOG-Liothyronine-Guidance-v2.0-final-1.pdf http://www.british-thyroid-association.org/sandbox/bta2016/bta_statement_on_the_management_of_primary_hypothyroidism.pdf	Double red - Prior approval
Lipitor brand of atorvastatin	Approval only considered if the generic salt of Lipitor (atorvastatin calcium trihydrate) has not been tolerated.	Double red - prior approval
Lixisenatide	Approval not required for existing patients. For new patients approval considered if requested by a specialist and other GLP1 agonists were contraindicated or not tolerated.	Double red - prior approval



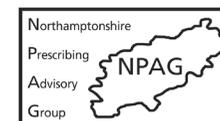
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Double red drug	Criteria	Prior approval/IFR
Lungflute® Device	This is not routinely commissioned. If this is recommended by a respiratory consultant or physiotherapist it can be purchased.	Double red - IFR
Magnesium glycerophosphate 4mmol chewable tablets (Colonis)	Approval only considered if Magnaspartate® not effective or tolerated	Double red - Prior Approval
Magnesium Kora (magnesium citrate)	Approval only considered if Magnaspartate® not effective or tolerated	Double red - Prior Approval
Magnesium "specials"	Approval only considered if Magnaspartate® not effective or tolerated	Double red - Prior Approval
Melatonin	Approval only considered if it is for the Circadin® brand of melatonin and for children and adolescents aged 2-19 years old who have fully engaged and followed recommendations from Sleep Solutions and this has not worked (or there are no behavioural elements of the sleep disorder). Circadin brand of Melatonin MR 2mg tablets are green for their licensed indication, amber for insomnia in Huntington's disease and amber for insomnia with REM in Parkinson's disease. Unlicensed specials are available by IFR only, apart from Melatonin liquid where crushed Circadin tablets are blocking a PEG or NG tube.	Double red - prior approval



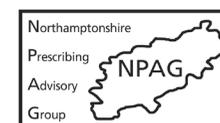
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Double red drug	Criteria	Prior approval/IFR
Melatonin 3mg and 5mg tablets (Colonis) for jet lag	Not routinely commissioned.	Double red - IFR
Melatonin 3mg tablets (Syncrodin®) for jet lag	Not routinely commissioned	Double red - IFR
Melatonin PharmaNord 3mmg tablets for jet lag	Not routinely commissioned	Double red - IFR
Melatonin for cluster headache	This is not routinely commissioned because the evidence of benefit is not robust. Preparations can be purchased if required.	Double red - IFR
Meningitis ACWY	This is not routinely commissioned when used for travel or occupational health purposes. If required a private prescription can be provided.	Double red - IFR
Meningitis Group B vaccine (Bexsero®) (indications as recommended in the 'Green Book' is GREEN)	This is not routinely commissioned for indications outside those recommended in the 'Green Book', Department of Health. If required a private prescription can be provided.	Double red - IFR
MGDRx Eye Bag	This is not routinely commissioned because the condition is cosmetic in nature and they can be purchased if needed.	Double red - IFR
Minocycline for acne	Included in NHSE low value medicines list. May be used on specialist advice as a DMARD for other indications in rare cases.	Double red - IFR



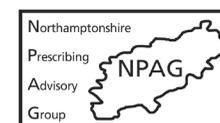
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Double red drug	Criteria	Prior approval/IFR
Mizolastine	Approval only considered when a range of other cost-effective antihistamines have been tried and were ineffective or not tolerated.	Double red - prior approval
Molludab® or Molutrex® (5% potassium hydroxide solution)	Approval only considered if patient is immunosuppressed.	Double red - prior approval
Naldemedine tosylate (Rizmoc®)	Approval only considered if conventional laxative treatment is ineffective or contraindicated	Double red - prior approval
Nalmefene (Selincro®)	This is not routinely commissioned by Northamptonshire CCG. Public Health is responsible for commissioning for alcohol dependence treatment.	Double red - IFR
Naltrexone LOW DOSE for multiple sclerosis	This is not routinely commissioned. It is not licensed for this indication and the evidence of benefit is not robust. Naloxone is Amber 2 for pruritis- on specialist recommendation.	Double red - IFR
Naproxen & Esomeprazole (Vimovo®)	This is not routinely commissioned because the individual components can be prescribed.	Double red - IFR
Nexium® (Esomeprazole)	Approval only considered if there is intolerance to generic esomeprazole.	Double red - prior approval



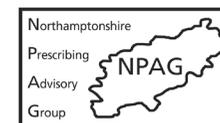
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Double red drug	Criteria	Prior approval/IFR
Nipatra® (sildenafil chewable)	This is not routinely commissioned because the evidence indicating it is superior to generic sildenafil is not robust and it is less cost effective.	Double red - IFR
Non Formulary Blood Glucose Test Strips	Approval only considered if formulary choices are not suitable	Double red - prior approval
Non Formulary Insulin Needles	Approval only considered if formulary choices are not suitable	Double red - prior approval
Non Formulary Nutrition Products	Approval only considered for home enteral tube fed patients when current contract unable to deliver product OR if a clinical justification by a specialist dietitian and Dietetic Prescribing Advisor has reviewed the request	Double red - prior approval
Ocular lubricants (Artelac® preps, Clinitas® preps (apart from Clinitas carbomer 0.2% eye gel), Carmize®, Gel Tears®, Hyabak®, Liquifilm®, Liquivisc®, Lubristil®, Lumecare® preps, Melophthal®, Minims®, Ocusan®, Oxyal®, Rohto®, Simple eye ointment, Systane®, Tears Naturale®, Vismed® preps)	Approval only considered when ocular lubricants categorised as "green" in the Northamptonshire 'Ocular lubricants guide' are not effective or tolerated. http://gp.northamptonshireccg.nhs.uk/downloads/Med-Ops/guidelines/Eye/Eye_lubricant_guidance-updated_July_2020.pdf	Double red - prior approval



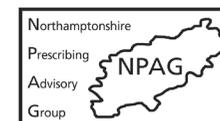
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Double red drug	Criteria	Prior approval/IFR
Olodaterol (Striverdi Respimat®)	Approval only considered if formoterol easyhaler, acclidinium and tiotropium handihaler have not been effective or tolerated.	Double red - prior approval
Omega-3 fatty acids (Maxepa®, Nebbaro®, Omacor®)	Approval only considered if it has been recommended by a lipidologist for reduction of triglyceride levels.	Double red - prior approval
Oral Nutrition Products included in ONS list of double red products http://gp.neneccg.nhs.uk/drugs/oral-nutritional-supplements/70726	Approval only considered for home enteral tube fed patients when current contract unable to deliver product OR if a clinical justification by a specialist dietitian and Dietetic Prescribing Advisor has reviewed the request	Double red - prior approval
Orlistat	Refer patients with a BMI > 40 or BMI >35 with co-morbidities to the Weight Management Clinic. Approval only considered if the Weight Management Clinic recommend orlistat. OTC preparations are available.	Double red - prior approval
Ospemifene (Senshio®)	Approval only considered if patients are not candidates for local vaginal oestrogen therapy	Double red - prior approval
Otigo® (lidocaine and phenazone eardrops)	For acute otitis media. Approval only considered on the advice of an ENT specialist	Double red - prior approval
Oxycodone + naloxone combined (Targinact®)	Approval only considered if opioids and laxatives have not been effective or tolerated.	Double red - prior approval



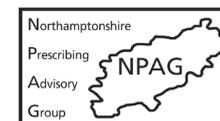
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Double red drug	Criteria	Prior approval/IFR
PARI-O-PEP® Device	This is not routinely commissioned. If this is recommended by a respiratory consultant or physiotherapist it can be purchased.	Double red - IFR
Pentoxifylline (Trental®)	This is not routinely commissioned because NICE TA 223 does not recommend it for treatment of intermittent claudication in people with peripheral arterial disease. Approval will be considered for treatment of hard to heal leg ulcers in conjunction with compression bandaging or if compression bandaging cannot be used. Dose - 400mg tds for up to 6 months -unlicensed indication. (NICE CKS - Venous Leg ulcer). Pentoxifylline (Trental®) and alfa-tocopherol is amber 2 for osteoradionecrosis only.	Double red - prior approval
Perindopril Arginine	This is not routinely commissioned because the evidence to indicate it is superior to perindopril erbumine is not robust and it is less cost-effective.	Double red - IFR
Perindopril Arginine with diuretic	This is not routinely commissioned because the evidence to indicate it is superior to perindopril erbumine is not robust and it is less cost-effective.	Double red - IFR
Phenindione	Approval only considered if all other anticoagulants are not tolerated.	Double red - prior approval



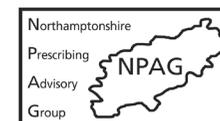
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Double red drug	Criteria	Prior approval/IFR
Pitolisant (Wakix®)	Approval will be considered on specialist request for patients intolerant of/or where modafinil is ineffective.	Double red - prior approval
Plantar Warts and Verrucas (e.g Salactol®, Salatac®, Bazuka® etc.)	This is not routinely commissioned. Wart treatments can be purchased if needed.	Double red - IFR
POWERbreathe Medic® muscle training device	This is not routinely commissioned. If this is recommended by a respiratory consultant or physiotherapist it can be purchased.	Double red - IFR
Prednisone M/R (Lodotra®)	This is not routinely commissioned because the evidence to indicate it is superior to standard prednisolone is not robust and it is less cost-effective.	Double red - IFR
Pridinol (Myopridin®)	Approval will be considered on request from a specialist.	Doublered - prior approval
Qlaira®	This is not routinely commissioned because the evidence to indicate it is superior to other combined oral contraceptives is not robust and it is less cost-effective.	Double red - IFR
Dapagliflozin and saxagliptin (Qtern®)	Approval only considered for stable patients already taking dapagliflozin and saxagliptin to be switched to Qtern.	Double red - prior approval



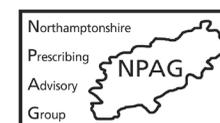
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Double red drug	Criteria	Prior approval/IFR
Rabies Vaccine	Double red for travel and occupational health. If required for travel purposes a private prescription can be provided. If required for occupational health obtain it directly from DH (0208 200 4400).	Double red - IFR
Racecadotril (Hidrasec®)	This is not routinely commissioned because the evidence is not robust.	Double red - IFR
Relvar Ellipta® (fluticasone furoate/vilanterol)	Approval only considered if the request is from respiratory consultant.	Double red - prior approval
Resperate® Device	This is not routinely commissioned in primary care as per NICE CG for hypertension.	Double red - IFR
Rivaroxaban (post ACS)	This is not routinely commissioned because the evidence to support its use for this indication is not robust.	Double red - IFR
Roflumilast (Daxas®)	This is not routinely commissioned as per NICE TA 244.	Double red - IFR
Ropinirole XL (all indications except RLS)	Approval only considered if immediate release preparations in divided doses are not tolerated.	Double red - prior approval
Rotigotine patches for RLS	Approval only considered if ropinirole and pramipexole are not effective or tolerated.	Double red - prior approval
Rupatadine	This is not routinely commissioned because there is no robust evidence to support its use.	Double red - IFR



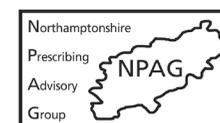
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Double red drug	Criteria	Prior approval/IFR
Sativex® (THC:CBD spray)	NICE guideline NG144 on cannabis based medicinal products includes the use of Sativex, but only for spasticity in multiple sclerosis where other options have been exhausted and subject to a 4 week trial. Use would be by specialist recommendation only and that specialist would be from a tertiary centre. Approval would be considered if initiated by a specialist in a tertiary centre. If a local specialist wished to use it, this would need to be discussed at a local formulary committee/ New Medicines Group.	Double red - prior approval
Seebri (glycopyrronium bromide inhaler)	Amber 2 for sialorrhoea in patients with Parkinson's disease. Double red for other indications	Double red - prior approval
Selexipag	Pulmonary arterial hypertension. (NHSE)	Double red - IFR (NHSE)
Self care items	Approval considered if the item is not licensed in the patient group for which it is being requested.	
Sevikar® (olmesartan/amlodipine)	This is not routinely commissioned because the individual components can be prescribed. Losartan and candesartan are the first choice ARBs) in Northamptonshire.	Double red - IFR



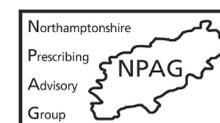
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Double red drug	Criteria	Prior approval/IFR
Sildenafil	in combination with Bosentan for digital ulceration in systemic sclerosis in accordance with the pathway defined by NHSE. Bosentan is red (NHSE) for this indication.	Amber 2
Silicone scar dressings (Advasil Conform, Dermatix®, Scarsil®, Kelo-cote®, Cica-Care®, Ciltech®, Mepiform®, NewGel+®, Scar FX®, Silgel® preps, etc)	Approval only considered if recommended by a burns unit or a plastic surgeon for relief of pain or improvement of function. These dressings are available to purchase OTC for cosmetic indications.	Double red - prior approval
Silk garments	Included in NHSE low priority prescribing list.	Double red - IFR
Skin Salvation® cream	This is not routinely commissioned because there are licensed alternatives available.	Double red - IFR
Snufflebabe® Device	This is not routinely commissioned. It is available to purchase OTC	Double red - IFR
Sodium Cromoglicate capsules for mastocytosis	This is a specialist indication. Approval only considered where recommended by an NHS consultant	Double red - prior approval
Sodium hyaluronate intra-articular injection	A NICE 'do not do'.	Double red - prior approval
Sodium fluoride (Duraphat® dental preps, En-De-Kay® preps, Florigard®, Fluoride dental preps) TO BE PRESCRIBED BY DENTISTS ONLY	TO BE PRESCRIBED BY DENTISTS ONLY.	Double red - Prior Approval



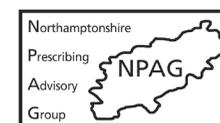
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Double red drug	Criteria	Prior approval/IFR
Sodium Oxybate	Approval only considered in accordance with the RMOC Advisory statement https://www.sps.nhs.uk/articles/rmoc-sodium-oxybate-in-adult-patients/ . For patients aged 18 and under NHS England is the responsible commissioner	Double red - prior Approval
Solriamfetol (Sunosi®)	Approval only considered on request of a specialist sleep service for its licensed indication of narcolepsy with or without cataplexy or in accordance with NICE guidance when it is issued (due Jan 2021)	Double red - prior Approval
Spatone®	This is not routinely commissioned because the evidence of clinical and cost effectiveness is not robust.	Double red - IFR
Stoma underwear	This is not routinely commissioned because the evidence for benefit is not robust. Requests from the stoma nurse where a patient has developed a parastomal hernia or if the stoma site is above the patients waistline will be considered as shop bought underwear is not always appropriate.	Double red - prior approval



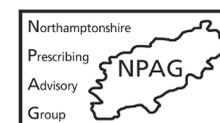
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Double red drug	Criteria	Prior approval/IFR
Tadalafil (daily)	Approval only considered if recommended by a urologist for patients with co-existing benign prostatic hyperplasia/LUTS and erectile dysfunction and both tamsulosin and sildenafil are not tolerated. Tadalafil 10mg and 20mg 'as required' tablets are green for their licensed indications and may be prescribed on the NHS for patients who fulfil the SLS criteria. Generic sildenafil may be prescribed without restriction.	Double red - prior approval
Tapentadol	Approval only considered if other opioid preparations are not effective or tolerated.	Double red - prior approval
Testosterone (Intrinsa®) patch	This is not routinely commissioned because the evidence of clinical and cost effectiveness is not robust.	Double red - IFR
Threshold IMT® muscle training device	This is not routinely commissioned. If this is recommended by a respiratory consultant or physiotherapist it can be purchased.	Double red - IFR
Thyroid Extract (Armour / Efra)	This is not routinely commissioned because the evidence it is superior to thyroxine is not robust, there are some safety concerns and it is not advised by The British Thyroid Association.	Double red - IFR



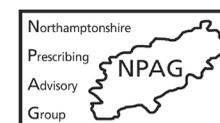
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Clinicians requesting double red drugs must ensure that the prior approval criteria are met.

Where a double red drug is available via Individual Funding Request only, clinicians must be able to demonstrate exceptionalism as per the CCGs' IFR policy here

<http://www.northamptonshireccg.nhs.uk/downloads/your-health/Individual%20Funding%20Request%20Policy%20Northamptonshire%20CCG.pdf>

Double red drug	Criteria	Prior approval/IFR
Tick Borne Encephalitis Vaccine	This is not routinely commissioned when used for travel or occupational health purposes. If required a private prescription can be provided.	Double red - IFR
Tolvaptan (Jinarc®)	Tolvaptan for treating autosomal dominant polycystic kidney disease is commissioned in line with NICE TA 358	Red - via Blueteq prior approval only
Tramadol and Paracetamol (Tramacet and effervescent)	This is not routinely commissioned because the individual components can be prescribed. Prescribing the individual components allows for more flexible dosing.	Double red - IFR
Trelegy® fluticasone fuorate, umeclidinium and vilanterol	None of the components are in our local guidelines. Approval only considered if the request is from respiratory consultant.	Doublered - prior approval
Trientene	This is commissioned by Specialised Commissioning via specialist centres. Should not be prescribed by GPs or acute trusts in Northamptonshire.	Double red - Specialised Commissioning
Trimipramine	Included in NHSE low value medicines list. Approval only granted for new patients if other agents have been tried and not tolerated or effective	Double red - Prior Approval
Trixeo Aerosphere	This is a triple drug inhaler in an MDI device. Other triple drug devices are available. Approval only considered if DPI is unsuitable and beclometasone not tolerated	Double red - Prior Approval



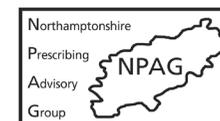
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Double red drug	Criteria	Prior approval/IFR
Ubidecarenone (Co-enzyme Q10)	Approval considered on specialist recommendation for patients with mitochondrial disease.	Double red - Prior Approval
Ultibro Breezhaler® (glycopyrronium and indacaterol)	Approval only considered if the request is from respiratory consultant.	Double red - Prior Approval
Ultrabreathe® muscle training device	This is not routinely commissioned. If this is recommended by a respiratory consultant or physiotherapist it can be purchased.	Double red - IFR
Umeclidinium (Incruse®)	Approval only considered if formoterol easyhaler, aclidinium and tiotropium handihaler have not been effective or tolerated.	Double red - prior approval
Vaginal Dilator	Approval will only be considered for women following vaginal reconstruction surgery or following pelvic radiotherap when recommended by an appropriate Secondary Care Specialist, rather than for other indications eg vaginismus. Available OTC	Double red - prior approval
Vardenafil	Approval only considered if SLS criteria met and sildenafil and tadalafil have been tried or are unsuitable.	Double red - prior approval
Vardenafil orodispersible	Approval only considered if SLS criteria met and sildenafil and tadalafil have been tried or are unsuitable.	Double red - Prior Approval



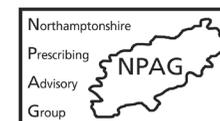
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Double red drug	Criteria	Prior approval/IFR
Vesonmi® (Solifenacin/Tamsulosin)	This combination product is not routinely commissioned. The individual components are available generically at lower cost.	Double red - IFR
Viagra®	Approval only considered if intolerant to generic sildenafil, SLS criteria are met and generic tadalafil is ineffective or unsuitable. Otherwise a private prescription may be issued.	Double red - Prior Approval
Vibro-Pulse® (device and disposable covers)	This is not routinely commissioned because the evidence for cost effectiveness is not robust.	Double red - IFR
Virulite®	This is not routinely commissioned because the evidence of clinical and cost effectiveness when compared with aciclovir was not robust.	Double red - IFR
Vitala® continence device	This is not routinely commissioned because the evidence for cost effectiveness when compared to other available stoma preparations is not robust.	Double red - IFR
Vitamins (multi) - ICaps and other similar preps for AMD - Maculeh preps, Macushield, Ocuville preps, Preservision preps, Visionace, Vitalux preps, Vitamins for AMD, Viteyes.	These products are not routinely commissioned because the evidence of benefit is not robust. Preparations can be purchased if required.	Double red - IFR



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Double red drug	Criteria	Prior approval/IFR
Vitamins (multi) prophylaxis post-bariatric surgery e.g. forceval	This is not routinely commissioned because preparations can be purchased if required.	Double red - IFR
Vivomixx	No longer prescribable on the NHS. Patients should purchase OTC	Doublered - IFR
VSL#3	No longer prescribable on the NHS. Patients should purchase OTC	Double red
Xultophy® (Insulin Degludec with liraglutide)	Amber 2 for cohort as per SCP . Double red for all other indications	Double red - IFR
Zoely®	Approval only considered if: - Adverse effects with two other types of oral contraception - Long acting reversible contraception not suitable	Double red - prior approval
Zostavax® (Zostavax for indications as recommended in the 'Green Book', Department of Health, National Vaccination Programme is GREEN)	This is not routinely commissioned for indications outside of the national programme for vaccination. For these instances a private prescription may be required.	Double red - IFR