There are a number of medications that NHS Stockport CCG believes should not be used (Black List) or should only be used in limited circumstances (GREY List). GREY listed items will only be funded for patients who meet the specified criteria.

NHS Stockport clinical Commissioning Group recognises that there may be exceptional patients or situations where prescribing of these items may be necessary and such situations should be managed through the usual exceptionality processes

A patient may be deemed exceptional if the patient has a clinical picture that is significantly different to the general population of patients with that condition and, as a result of that difference; the patient is likely to derive greater benefit from the intervention than might normally be expected for patients with that condition

| **ITEM** | **RATIONALE** | **STATUS** |
| --- | --- | --- |
| Albiglutide\* | As per Liraglutide | **GREY** |
| Advasil Conform®\* | See Silicone Keloid Dressings and gels | **BLACK** |
| Alere® INRatio test strips\* | Approval must be given for every patient prescribed these strips to ensure safe and effective support is in place. Use will be approved where self monitoring is part of a structured system with support from a designated anti-coagulant monitoring service. | **GREY** |
| All products marketed for blepharitis either as lid cleansers or for relief. This includes cleansers and devices.\* | NICE does not recommend these products, instead good lid hygiene should be encouraged. | **BLACK** |
| Alprostadil cream (Vitaros®)\* | For use as an alternative to intercavernosal therapy within the current CCG ED policy | **GREY** |
| Anastrozole as branded preparations e.g. Arimidex®\* | Branded preparations can be significantly more expensive than the generic. Generic prescribing is required. Seek approval for patients who cannot tolerate the generic. | **BLACK** |
| Anhydrol Forte\* | Product for Cosmetic Purpose. Use prior to referral for botulinum toxin therapy in line with EUR policy is appropriate | **GREY** |
| |  | | --- | | Apixaban (Eliquis®)\* | | For use as per NICE criteria. Use outside of this requires an approval request to be completed.  FOR use in AF a Record of initiation needs to be completed and stored on clinical system for audit purposes.  NB For Post operative thromboprophylaxis the full course will be provided by the hospital and it should not need to be prescribed by primary care for this indication. | **GREY** |
| Atorvastatin as a branded preparation e.g. Lipitor®\* | Branded preparations can be significantly more expensive and offer no added value over the generic. Generic prescribing is required. | **BLACK** |
| BAP scar Care® all preps\* | See Silicone Keloid Dressings and gels | **BLACK** |
| Branded preparations containing latanoprost as a single active ingredient\* | Branded preparations are significantly more expensive and offer no added value over the generic. Generic prescribing is required. Preservative free drops should be considered before requesting approval to prescribe a brand | **BLACK** |
| Brimonidine (Mirvaso® ) Gel\* | Cosmetic treatment is not routinely commissioned by NHS Stockport CCG | **BLACK** |
| Chloral Hydrate  (all preps)\* | Not to be used in the elderly  Appropriate for short term use only on the advice of a specialist | **GREY** |
| Cica-Care®\* | See Silicone Keloid Dressings and gels | **BLACK** |
| Ciltech®\* | See Silicone Keloid Dressings and gels | **BLACK** |
| Circadin® M/R tablets 2mg\* | Only for use within an approved shared care protocol | **GREY** |
| Clonidine\* | For initiation by a hypertension specialist in resistant cases. Sudden withdrawal/ missed doses can precipitate hypertensive crisis. | **GREY** |
| Co-Agucheck® Test Strips\* | Approval must be given for every patient prescribed these strips to ensure safe and effective support is in place. Use will be approved where self monitoring is part of a structured system with support from a designated anti-coagulant monitoring service. | **GREY** |
| Co- flumactone  (Aldactide®)\* | For use under specialist supervision in hyperaldosteronism only | **GREY** |
| Colesevelam\* | Only approved for patients who were using the product regularly and gaining benefit before 2013. Not to be started for new patients without prior approval. CCG decision on evidence review was not to commission, also NTS statement on licensed indication does not recommend. | **GREY** |
| Covermark Classic® Foundation® or Covermark Finishing Powder®\* | NHS Stockport does routinely not fund cosmetic treatments.Exceptional needs will be considered for approval e.g. severe facial vitiligo. Approval should be sought before prescribing. Photographs to show the extent of the condition to be masked should be submitted with the approval. | **BLACK** |
| Dabigatran (Pradaxa®)\* | See Apixaban | **GREY** |
| Dermacolor Camoflage Cream® or Fixing Powder®\* | See Covermark® | **BLACK** |
| Driclor application\* | Product for Cosmetic Purpose. Use prior to referral for botulinum toxin therapy in line with EUR policy is appropriate | **GREY** |
| Dulaglutide\* | As per Liraglutide | **GREY** |
| Edoxaban\* | As per Apixaban | **GREY** |
| Esomeprazole tablets - as a branded preparation e.g. Nexium®\* | Branded preparations are significantly more expensive and offer no added value over the generic. Generic prescribing is required | **BLACK** |
| Exenatide\* | As per Liraglutide | **GREY** |
| Exenatide MR\* | As per Liraglutide | **GREY** |
| Fentanyl nasal sprays and lozenges\* | [NTS does not recommend routine use of these agents over more established therapies Click here to view the statement](http://gmmmg.nhs.uk/docs/nts/NTS%20Recommendation%20-Fentanyl.pdf) | **BLACK** |
| Finasteride 1mg tablets\* | Unlicensed product for the treatment of hair loss. This treatment is for cosmetic reasons and is not funded by | **BLACK** |
| Gabapentin topical\* | GMMMG DNP list – efficacy not proven | **BLACK** |
| Glibenclamide\* | For use on specialist advice only High risk of hypoglycaemia | **GREY** |
| Herbal preparations\* | Lack of evidence base to support prescribing | **BLACK** |
| Homeopathic preparations\* | Lack of evidence base to support prescribing | **BLACK** |
| Insulin degludec\* | For use on specialist advice only NTS recommended use only in individuals with diabetes who, despite having all other medications optimised, fail to maintain glycaemic control overnight and in whom hypoglycaemia is a risk or in those with an unpredictable lifestyle e.g. shift workers | **GREY** |
| Insulin Degludec in combination with Liraglutide (IDegLira® & Xultophy®)\* | [NTS does not recommend the use of this insulin in combination with Liraglutide (click here to view)](http://gmmmg.nhs.uk/docs/nts/NTS%20Recommendation%20Xultophy%20(%20Insulin%20Degludec%20and%20Liraglutide)%20for%20the%20treatment%20of%20adults%20with%20type%202%20diabetes.pdf) | **BLACK** |
| Kelo cote®\* | See Silicone Keloid Dressings and gels | **BLACK** |
| Keromask Finishing Powder®  or Masking Cream®\* | See Covermark® | **BLACK** |
| Latisse® eye drops (bimatoprost 0.03%)\* | Cosmetic use, product is licensed to thicken eye lashes. This restriction does not apply to 0.3% drops for treatment of Glaucoma. | **BLACK** |
| Linaclotide\* | For use with in NICE TA | **GREY** |
| Liraglutide\* | Only to be used for people with type 2 diabetes within the NICE guideline see sections 1.6.28 1.6.29  <https://www.nice.org.uk/guidance/ng28/resources/type-2-diabetes-in-adults-management-1837338615493> | **GREY** |
| Melatonin All unlicensed preparations\* | Use licensed Circadin® MR 2mg tablets as per GREY list and current shared care protocols. Unlicensed preps do not have shared care and GP carries the full responsibility | **BLACK** |
| Mepiform®\* | See Silicone Keloid Dressings and gels | **BLACK** |
| Monoamine oxidase inhibitors\* | For use only on specialist Psychiatric recommendation only | **GREY** |
| Montelukast- as branded preparations\* | Branded preparations can be significantly more expensive and offer no added value over the generic. Generic prescribing is required. | **BLACK** |
| New-Gel +®\* | See Silicone Keloid Dressings and gels | **BLACK** |
| Omeprazole- as a branded preparation e.g. Losec®\* | Branded preparations are significantly more expensive and offer no added value over the generic. Generic prescribing is required by policy. | **BLACK** |
| Ondansetron\* | For use in chronic emesis on Specialist recommendation where all other treatment options have failed | **GREY** |
| Paracetamol / isometheptene mucate\* (Midrid®)\* | These products are not appropriate to use from a safety or efficacy point of view, over existing treatments. Can be purchased OTC | **BLACK** |
| Pentosan Oral\* | NICE does not recommend this product. Evidence summary August 2015 | **BLACK** |
| Perampanel\* | Only on specialist advice for patients with highly refractory epilepsy who are unable to tolerate at least two other more established adjunctive therapies. | **GREY** |
| Prilocaine/ lidocaine (Tempe®) spray\* | [NTS recommendation does not support use. Click here to view recommendation](http://www.nyrdtc.nhs.uk/GMMMG/Groups/Publications/IPNTS_docs/IPNTS_recom_2/IPNTS%20recommendation%20Tempe.pdf) | **BLACK** |
| ProTime 3 cuvettes®\* | Approval must be given for every patient prescribed these strips to ensure safe and effective support is in place. Use will be approved where self monitoring is part of a structured system with support from a designated anti-coagulant monitoring service. | **GREY** |
| Rifaximin 550mg (Targaxan®)\* | Rifaximin 550mg (Targaxan®) Restricted for use in hepatic encephalopathy For use within NICE TA for hepatic encephalopathy only. | **GREY** |
| Rivaroxaban (Xarelto®)\* | See Apixaban | **GREY** |
| Salbutamol 2mg and 4mg standard release tablets\* | There is no instance where these products are appropriate to use from a safety or efficacy point of view, over existing treatments | **BLACK** |
| Scar Fix®\* | See Silicone Keloid Dressings and gels | **BLACK** |
| Sildenafil as a branded preparation e.g. Viagra®\* | Branded preparations are significantly more expensive and offer no added value over the generic. Generic prescribing is required but only within CCG policy | **BLACK** |
| Silgel® app preparations\* | See Silicone Keloid Dressings and gels | **BLACK** |
| Sunscreens not listed above\* | Not permitted under ACBS rules | **BLACK** |
| Tadalafil 2.5mg and 5mg tablets\* | Stockport CCG policy does not support the use of daily treatment for ED and there is an NTS statement which does not recommend this product for the 2nd licensed indication of benign prostatic hyperplasia | **BLACK** |
| Tadalafil 10mg and 20mg tablets\* | Use is only permitted to a maximum of 4 treatments per month in line with NHS Stockport CCG policy on the treatment of erectile dysfunction | **GREY** |