These items are in addition to those listed in Part XVIIIA of the drug tariff.

There are a number of medications and devices that NHS Greater Manchester (GM) Stockport 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. These include therapies listed in the GMMMG Do Not Prescribe (DNP) and Grey lists which NHS GM Stockport fully support. Any item added to the DNP list will automatically cease to be funded within NHS GM Stockport.. [GMMG RAG list and formulary.](http://gmmmg.nhs.uk/)

In addition conditions or items may be added by local decision based on application of the funding criteria, local policy or commissioning statement. These items are in addition to those included in the GMMG RAG list and are listed in the table below.

NHS Greater Manchester (GM) Stockport 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.

Furthermore:

1. In line with NHS England guidance, NHS Greater Manchester (GM) Stockport does not routinely support prescribing for conditions which are self-limiting or amenable to self-care. For further details see **[GM commissioning statement](https://gmmmg.nhs.uk/consultations/commissioning-statement-for-all-gm-ccgs-010919-final/)**
2. NHS Greater Manchester (GM) Stockport strongly encourage generic prescribing in line with the [**GM generic prescribing policy**](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgmmmg.nhs.uk%2Fdownload%2F%3Ffile_id%3D115&data=05%7C01%7Cangela.spink%40nhs.net%7C1515c210b3e849ee727f08dbce5c46a2%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638330668222044067%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=UddMj7QgfHqc0oHWEIDbKboyuigcGU5phXPPOUKbzYk%3D&reserved=0)**.**

**Items newly added or amended are highlighted in red.**

**ITEMS NOT TO BE PRESCRIBED AT NHS Greater Manchester Integrated Care STOCKPORT GROUP EXPENSE (BLACK LIST) OR ONLY IN LIMITED CIRCUMSTANCES (GREY LIST)**

|  | **ITEM** | **RATIONALE** | **STATUS** |
| --- | --- | --- | --- |
|  | ACTi patch | GMMMG DNP list Criterion 1 | **BLACK** |
|  | Advasil Conform®\*\* | See Silicone preparations to improve the appearance of scar tissue | **BLACK** |
|  | Agomelatine | Criterion 1 - Only for use in patients with severe depression when all other preparations recommended by NICE have been tried and failed. Not to be prescribed in the elderly | **GREY** |
|  | Alendronate plus vitamin D (Fosavance®) tablets | GMMMG DNP list Criterion 2 | **BLACK** |
|  | Alere® INRatio test strips\*\* | Not supported by NICE Guidance - INR testing is only supported in line with NICE DG14 and with prior approval | **BLACK** |
|  | Alimemazine | GMMMG DNP list Criterion 2 | **BLACK** |
|  | Aliskiren tablets | GMMMG DNP list Criterion 2 (previously grey listed) | **BLACK** |
|  | All products marketed for blepharitis either as lid cleansers or for symptom relief. This includes cleansers and devices | GMMMG DNP list Criterion 2 | **BLACK** |
|  | Almotriptan as branded preparations\*\* | Branded preparations are significantly more expensive than the generic equivalents- Criterion 2 | **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 are significantly more expensive than the generic equivalents- Criterion 2  Seek approval for patients who cannot tolerate the generic. | **BLACK** |
|  | Armour Thyroid Preparations | GMMMG DNP list Criterion 1 | **BLACK** |
|  | 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** |
|  | Atorvastatin preparations in the strengths 30mg or 60mg | GMMMG DNP list Criterion 2 | **BLACK** |
|  | Azelastine/fluticasone nasal spray (Dymista®) | Criterion 3 Only for use in patients for whom intranasal antihistamines and glucocorticoids are not sufficient | **GREY** |
|  | BAP scar Care® all preps\*\* | See Silicone preparations to improve the appearance of scar tissue | **BLACK** |
|  | Bath Emollients | GMMMG DNP list Criterion 1 | **BLACK** |
|  | Bath Emollients with added antimicrobial agents | GMMMG listed for acute use in infected eczema only. Not to be added to repeat. | **GREY** |
|  | Bazedoxifene/conjugated oestrogens (Duavive®) | GMMMG DNP list Criterion 1 products of low clinical effectiveness, where there is a lack of robust evidence of clinical effectiveness or there are significant safety concerns | **BLACK** |
|  | Bezlotoxumab | For prevention of Clostridium difficile recurrence in adults at high risk of recurrence. IFR required for use | **BLACK** |
|  | BCG vaccination for travel | GMMMG DNP list Criterion 1 | **BLACK** |
|  | Bio-Oil® | GMMMG DNP list Criterion 1 | **BLACK** |
|  | BioXtra® toothpaste & mouth rinse (this does not include BioXtra® oral gel) | GMMMG Criterion 1 | **BLACK** |
|  | Brimonidine (Mirvaso® ) Gel | For treatment of acne rosacea erythema. Only for use in patients with severe erythema, where all other options have failed, and immediately prior to referring for laser treatment | **GREY** |
|  | Brinzolamide eye drops as branded preparations (Azopt®)\*\* | Branded preparations are significantly more expensive than generic preparations | **BLACK** |
|  | Calcium 500mg /colecalciferol 200iu e.g.Calcichew D3® | GMMMG DNP list Criterion 1 | **BLACK** |
|  | Camouflage products\*\* | NHS Stockport does not routinely fund cosmetic treatments. Approval must be sought before prescribing. Photographs to show the extent of the condition to be masked should be submitted with the approval.  Exceptional needs will be considered for approval such as severe facial vitiligo or in cases of psychological distress where there is documented evidence e.g. severe bullying | **BLACK** |
|  | Candesartan, as branded preparations (Amias®)\*\* | Branded preparations are significantly more expensive than the generic equivalents- Criterion 2 | **BLACK** |
|  | Capsaicin patch (Qutenza®) | GMMMG DNP list Criterion 1 for all unlicensed indications | **BLACK** |
|  | Celecoxib | Only for use in palliative patients for the relief of cancer pain in line with GMMMG guidance | **GREY** |
|  | Celecoxib as branded preparations (Celebrex®)\*\* | Branded preparations can be significantly more expensive than the generic equivalents | **BLACK** |
|  | Cenegermine (Oxervate®) eye drops | GMMMG DNP list Criterion 1 | **BLACK** |
| **22** | Chloral Hydrate (all preps)\*\* | Permitted for use for insomnia should be limited to patients with a suspected or confirmed neurodevelopmental disorder, with a maximum duration of 2 weeks. Do not stop abruptly if used for more than 2 weeks. Also, if used off-label to manage distressing symptoms in patients with movement and motor disorder when all other therapies have failed OR rapid stabilisation of symptoms is required provided the criteria below are met. This may include:   * Acute, time-limited regular use to manage symptom exacerbations: this must be under very close, specialist supervision. * Longer term (duration over 1 month), regular (daily or more frequently) use in children and young people with severe intrusive movement and motor disorders preventing the initiation and maintenance of sleep, after assessment by a consultant with expertise in paediatric neurology. * Longer term “when required” use, or repeated short courses for break through symptoms as part of a symptom management plan. Such plans should specify a maximum number of doses per month or continuous days of treatment over which the patient should be reassessed by the relevant specialist team. | **GREY** |
|  | Chlorpropamide | GMMMG DNP list Criterion 1 | **BLACK** |
|  | Cica-Care®\*\* | See Silicone preparations to improve the appearance of scar tissue | **BLACK** |
|  | Cilostazol | GMMMG DNP list Criterion 2 | **BLACK** |
|  | Ciltech®\*\* | See Silicone preparations to improve the appearance of scar tissue | **BLACK** |
|  | Ciprofloxacin Ear Drops | GMMMG DNP list Criterion 3 For treatment of otitis externa only in cases of proven Pseudomonas infection | **GREY** |
|  | Circadin® M/R tablets 2mg\*\* | Only for use within an approved shared care protocol | **GREY** |
|  | Citalopram as branded preparations (Cipramil®)\*\* | Branded preparations are significantly more expensive than the generic equivalents- Criterion 2 | **BLACK** |
|  | Clopidogrel as branded preparation (Plavix®)\*\* | Branded preparations are significantly more expensive than the generic equivalents- Criterion 2 | **BLACK** |
|  | Co-careldopa intestinal gel (Duodopa®) | GMMMG DNP list Criterion 3 | **BLACK** |
|  | CoaguCheck® Test Systems\*\* | Prior approval necessary for every patient to ensure safe and cost-effective provision for the health economy/ Use will only be considered under NICE DG14 | **BLACK** |
|  | Co-codamol 15mg / 500mg Capsule and effervescent tablets\*\* | Criterion 2  Significantly more expensive than tablets  Tablets can be prescribed | **BLACK** |
|  | Co-enzyme Q10 including ubiquinine and ubicdecarenone | GMMMG GREY List only permits use in mitochondrial disorders under the care of a specialist (NICE CG 181) | **GREY** |
|  | Co-proxamol tablets | GMMMG DNP list Criterion 1 | **BLACK** |
|  | Cod liver oil | GMMMG DNP list Criterion 3 | **BLACK** |
|  | Compound preps of aspirin –Co-codaprin, Aspav® | GMMMG DNP list Criterion 2 | **BLACK** |
|  | Covermark Classic® Foundation® or Covermark Finishing Powder®\*\* | See Camouflage Products | **BLACK** |
|  | Cyanocobalamin | Use tablets only where a patient is unable to have B12  Injections patient is vegan and has a proven dietary deficiency. | **GREY** |
|  | Cymbalta preparations all strengths\*\* | Branded preparations are significantly more expensive than the generic equivalents | **BLACK** |
|  | Darvadstrocel | GMMMG DNP list – Product of low clinical effectiveness, lack of evidence of clinical effectiveness or safety concerns | **BLACK** |
|  | Dental caries – prevention of (OTC/self-care) | GMMMG DNP list – OTC / Self Care Criterion 3 | **BLACK** |
|  | Dermacolor Camouflage Cream® or Fixing Powder®\*\* | See Camouflage Products | **BLACK** |
|  | Dermatonics® \*\* | To be used in diabetic patients only on the advice of a specialist podiatrist to prevent loss of patency of the skin. | **GREY** |
|  | Dermatrix®\*\* | See Silicone preparations to improve the appearance of scar tissue | **BLACK** |
|  | Dicycloverine (all preparations) | GMMMG DNP list Criterion 2 | **BLACK** |
|  | Diclofenac as branded preparations (e.g. Voltarol®) \*\* | Branded preparations can be significantly more expensive than the generic equivalents | **BLACK** |
|  | Diuretics with potassium | GMMMG DNP list Criterion 2 | **BLACK** |
|  | Donepezil as branded preparations (e.g. Aricept®)\*\* | Branded preparations are significantly more expensive than the genferic equivalents- Criterion 2 | **BLACK** |
|  | Dosulepin preparations | GMMMG DNP list Criterion 1 | **BLACK** |
|  | Doxazosin MR preparations | GMMMG DNP list Criterion 2  Note **4mg MR =2mg standard release** | **BLACK** |
|  | Doxylamine with Pryridoxine (Xonvea®) | For use only where other preparations currently recommended within RCOG guidance have been tried and have failed. This recommendation will be reviewed once guidance from RCOG, NICE and/or RMOC is available. | **GREY** |
|  | Duloxetine 90mg & 120mg | Criterion 2. Only for use where the prescriber believes that patient’s pill burden is high enough to justify the extra cost associated with the use of these formulations. | **GREY** |
|  | E-voke® e-cigarettes | GMMMG DNP list – Poor Evidence base | **BLACK** |
|  | Efexor® preparations all strengths\*\* | These branded preparations are significantly more expensive than the generic equivalents- Criterion 2 | **BLACK** |
|  | Eflornithine (Vaniqa) ® cream\*\* | Cosmetic use is not permitted. All requests for approval require photographic evidence of severity (2 days without shaving) | **BLACK** |
|  | Eletriptan as branded preparations\*\* | Branded preparations can be significantly more expensive and offer no added value over the generic. Generic prescribing is required. | **BLACK** |
|  | Emollient bath & shower preparations | GMMMG DNP list Criterion 1- When used for the management of eczema in children or adults. This recommendation does not apply to the use of standard emollients when used in the bath as a soap substitute. | **BLACK** |
|  | Emollient bath and shower preparations containing antimicrobials | GMMMG listed for acute use in infected eczema only. Not to be added to repeat. | **GREY** |
|  | Ergotamine all preparations | GMMMG DNP list Criterion 1 | **BLACK** |
|  | Escitalopram as branded preparations e.g. Cipralex®\*\* | Branded preparations can be significantly more expensive and offer no added value over the generic. Generic prescribing is required. | **BLACK** |
|  | 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** |
|  | Etoricoxib as branded preparations e.g. Arcoxia®)\*\* | Branded preparations can be significantly more expensive and offer no added value over the generic. Generic prescribing is required. | **BLACK** |
|  | Ferric Maltol (Feraccru®) | Criterion 2 - For the treatment of iron deficiency in patients with intolerance to, or treatment failure with, two oral iron supplements on the advice of specialist. | **GREY** |
|  | Flexitol®, hand balm and skin balm products\*\* | Cosmetic products without an evidence base of added benefit over formulary options. | **BLACK** |
|  | Flexitol® heel balm\*\* | To be used in diabetic patients only on the advice of a specialist podiatrist to prevent loss of patency of the skin. | **GREY** |
|  | Fluoride toothpaste 5,000ppm (e.g. Duraphat®) | Only dentists should prescribe prescription only toothpastes.  Stockport GPs can prescribe Fluoride toothpaste following specialist advice. For patients at risk of caries secondary to treatment for head and neck cancers or reduced salivary flow rate secondary to surgery. To be continued for as long as natural teeth remain.  The prescribing of fluoride products (mouthwashes and toothpastes) for other indications should be by dental prescription only, and in line with [GMMMG Commissioning Statement: Conditions for which over the counter items should not routinely be prescribed in primary care.](http://gmmmg.nhs.uk/docs/ip/Commissioning-Statement-for-all-GM-CCGs-010919-Final.pdf) | **GREY** |
|  | Fluticasone nasal spray as a branded preparation (Flixonase)\*\* | Branded preparations can be significantly more expensive and offer no added value over the generic. Generic prescribing is required. | **BLACK** |
|  | Frovatriptan as branded preparations\*\* | Branded preparations can be significantly more expensive and offer no added value over the generic. Generic prescribing is required. | **BLACK** |
|  | Gabapentin topical | GMMMG DNP list Criterion 1 | **BLACK** |
|  | Gabapentin or pregabalin for treatment of chronic cough (unlicensed use) | GMMMG Criterion 1 Only for use in patients for whom low dose morphine is unsuitable | **GREY** |
|  | Gamolenic acid (all preparations) | GMMMG DNP list on basis that it is not a cost-effective use of NHS resources | **BLACK** |
|  | Gliclazide MR tablets any strength | GMMMG DNP list Criterion 2 | **BLACK** |
|  | Gluten free bread\*\* | Prescribable as per the Drug tariff for individuals with confirmed gluten enteropathy with a maximum quantity of 8 loaves every 2 months | **GREY** |
|  | Gluten free flour mixes\*\* | Prescribable for individuals with confirmed gluten enteropathy only | **GREY** |
|  | Gluten Free foods other than bread or flour mixes\*\* | Blacklisted in line with National position paper pending changes to the national tariff (expected December 2018) | **BLACK** |
|  | Grass Pollen extract (Grazax®) | GMMMG DNP list Criterion 2 | **BLACK** |
|  | Haloperidol 500mcg tablet\*\* | Criterion 2  Use liquid formulation | **BLACK** |
|  | Heel balms with high percentage urea 25%\*\* | To be used in diabetic patients only on the advice of a specialist podiatrist to prevent loss of patency of the skin. | **GREY** |
|  | Hepatitis B vaccination for travel | GMMMG DNP list on basis that it is not a cost-effective use of NHS resources | **BLACK** |
|  | Herbal medicines | GMMMG DNP list Criterion 1 | **BLACK** |
|  | Homeopathic preparations | GMMMG DNP list Criterion 1 | **BLACK** |
|  | Hydrocortisone MR tablets (Plenadren®) | GMMMG DNP list Criterion 2 | **BLACK** |
|  | Icaps® products | See Multivitamin Preps for eye health | **BLACK** |
|  | Independence wound drainage bag with extra dressings e.g. Prosys VAP1, 2, 3 or easy access pouch\*\* | STAMP considers that these products are not an appropriate use of NHS resources except in exceptional circumstances. Prior approval required | **BLACK** |
|  | Idoxuridine in dimethyl sulfoxide Herpid® | GMMMG DNP list Criterion 1 | **BLACK** |
|  | Inositol (Hexopal®) | GMMMG DNP list Criterion 1 | **BLACK** |
|  | Insulin aspart fast acting (Fiasp®) | Only for use in patients with T1DM who are planning a pregnancy or are actively pregnant, and in those who have post-prandial glucose readings >10mmol at 2 hours | **GREY** |
|  | 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 and GLP-1 agonist combination** (e.g. Degludec + Liraglutide, IdegLira® & Xultophy® | **Not to be initiated by GP in Primary Care**.  Can be prescribed following specialist initiation. | **GREY** |
|  | Insulin glargine – high strength (Toujeo®) | May be considered as an option in people with Type 1 or Type 2 diabetes when one or more of the following criteria are met:   1. There is a requirement for flexible timing of injection (+/- 3 hours) due to reliance on 3rd party assistance to administer insulin. 2. There is pain as a consequence of high injection volumes of standard-strength insulin (high insulin dose alone is not a reason to switch) 3. There are unacceptable nocturnal hypoglycaemic episodes despite intensive management on other basal analogues. This must be supported by appropriately recorded data (e.g. glucose monitoring device/blood glucose diaries)   Toujeo® preparations must always be prescribed by brand and device | **GREY** |
|  | Irbesartan as branded preparations e.g. (Aprovel®)\*\* | Criterion 2  Branded preparations are significantly more expensive than the generic equivalents. | **BLACK** |
|  | Iron –all modified release preparations | GMMMG DNP list on basis that it is not a cost-effective use of NHS resources | **BLACK** |
|  | Ivermectin cream | Only for use after more established therapies such as metronidazole gel and azelaic acid have failed. | **GREY** |
|  | Japanese Encephalitis vaccination for travel | GMMMG DNP list on basis that it is not a cost-effective use of NHS resources | **BLACK** |
|  | Kelo cote®\*\* | See Silicone preparations to improve the appearance of scar tissue | **BLACK** |
|  | Keromask Finishing Powder® /Masking Cream®\*\* | See Camouflage Products | **BLACK** |
|  | Ketoconazole oral products | GMMMG DNP list Criterion 1 | **BLACK** |
|  | Lacosamide | Only for use as an option for third or fourth line use after more established therapies have failed | **GREY** |
|  | Lacriserts ocular lubricant\*\* | Criterion 1 - STAMP considers that there is only a narrow, defined place for use of the drug or preparation where all other treatment options have been tried and failed. | **GREY** |
|  | Lanolin cream (Lansinoh® HPA) | GMMMG DNP list on basis that it is not a cost-effective use of NHS resources | **BLACK** |
|  | Latanoprost multidose bottles as branded preparations (alone or in combination with other agents)\*\* | Criterion 2 - Branded preparations are significantly more expensive than the generic equivalents.  Please note this does not apply to unit dose vials which remain prescribable, only the multidose preparations. | **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** |
|  | Lesinurad preparations | GMMMG DNP list Criterion 2 | **BLACK** |
|  | Letrozole as a branded preparation (Femara®)\*\* | Branded preparations are significantly more expensive than the generic equivalents | **BLACK** |
|  | Levocetirizine | GMMMG DNP list Criterion 2 | **BLACK** |
|  | Linaclotide | For use as per NICE CG61 where maximum tolerated doses of previous laxatives from 2 different classes have not helped and they have had constipation for at least 12 months. Specialist must follow up must be for at least the 1st three months. | **GREY** |
|  | Liraglutide (Saxenda®): For management of overweight and obesity. | Criteria 4:  **Not to be prescribed by GP in primary care**. Must be prescribed by a specialist multidisciplinary tier 3 weight management service **only**, as per [NICE TA664.](https://www.nice.org.uk/guidance/ta664)  (Not licensed in children 12-17years old) | **GREY** |
|  | Losartan as branded preparations\*\* | Branded preparations are significantly more expensive than the generic equivalents- Criterion 2 | **BLACK** |
|  | Loxapine (inhaled) | GMMMG DNP list on basis that it is not a cost-effective use of NHS resources | **BLACK** |
|  | Lubiprostone\*\* | For use with in line with [NICE TA 318](https://www.nice.org.uk/guidance/ta318) only | **GREY** |
|  | Lyrica® brand of pregabalin (this brand only)\*\* | Branded preparations are significantly more expensive than the generic equivalents- Criterion 2 | **BLACK** |
|  | Macrogol 3350 oral powder 8.5g sachets sugar free  Brand Transisoft®\*\* | Criterion 2.  As alternative prescribe:  CosmoCol half-strength oral powder sachets. | **BLACK** |
|  | Macule® EH preparations | See Multivitamin Preps for eye health | **BLACK** |
|  | Macushields® preparations | See Multivitamin Preps for eye health | **BLACK** |
|  | Melatonin for jet lag | GMMMG DNP list - Use of product is outside of the GMMMG Travel Abroad Policy Licensed or unlicensed products | **BLACK** |
|  | Meningitis ACWY vaccination for travel | GMMMG DNP list on basis that it is not a cost-effective use of NHS resources | **BLACK** |
|  | Mepiform®\*\* | See Silicone preparations to improve the appearance of scar tissue | **BLACK** |
|  | Meprobamate all preparations | GMMMG DNP list- safety concerns | **BLACK** |
|  | Methenamine Hippurate\*\* | Methenamine may be prescribed by GPs after recommendation from an NHS urologist. NHS urologists will recommend this for patients where recurrent urinary tract infections are problematic and antibiotic prophylaxis is deemed inappropriate or ineffective. Practice is reviewed and discussed periodically with the microbiologists. | **GREY** |
|  | Methocarbamol\*\* all preparations | No evidence base to support its use | **BLACK** |
|  | Migraleve® all presentations\*\* | More effective agents are available. If necessary, prescribe pain relief and anti-emetic where attacks are frequent. Available OTC for self-care | **BLACK** |
|  | Minocycline for acne | GMMMG DNP list Criterion 1 | **BLACK** |
|  | Minoxidil Lotions\*\* | Products are marketed for a cosmetic condition, hair loss | **BLACK** |
|  | Modafinil for chronic shift work sleep disorder | GMMMG DNP list Criterion 1 | **BLACK** |
|  | Mometasone nasal sprays –as branded preparations (e.g.Nasonex®)\*\* | Branded preparations are significantly more expensive than the generic equivalents- Criterion 2 | **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** |
|  | Moxisylyte (Opilon®) | GMMMG DNP list Criterion 1 | **BLACK** |
|  | Multivitamin & mineral preps marketed for eye health or for AMD including | GMMMG DNP list Criterion 1 | **BLACK** |
|  | Nabilone unlicensed indications | GMMMG DNP list Criterion 1 | **BLACK** |
|  | Naltrexone / Bupropion (Mysimba®) | GMMMG DNP list Criterion 2 | **BLACK** |
|  | Naproxen + Esomeprazole (Vimovo®) | GMMMG DNP list on basis that it is not a cost-effective use of NHS resources | **BLACK** |
|  | Naratriptan as branded preparations (e.g. Naramig®)\*\* | Branded preparations can be significantly more expensive & offer no added value over the generic. | **BLACK** |
|  | Nedocromil Sodium inhaled preps\*\* | Lack of evidence base | **BLACK** |
|  | Nefopam (Accupan®) | Only to be used in those patients with moderate to severe chronic liver disease who require analgesia stronger than paracetamol in whom NSAIDS and moderate strength opiates are contraindicated | **GREY** |
|  | New-Gel +®\*\* | See Silicone preparations to improve the appearance of scar tissue | **BLACK** |
|  | Occuvite® Preservision | See Multivitamin Preps for eye health | **BLACK** |
|  | Ocuvite® lutein | See Multivitamin Preps for eye health | **BLACK** |
|  | Olmesartan as branded preps (e.g. Olmetec®)\*\* | Branded preparations are significantly more expensive than the generic equivalents. | **BLACK** |
|  | Omega 3 preparations\*\* | See Eicosapentanoic acid | **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** |
|  | Opicapone | For use only when entacapone (either alone or in combination) is considered not suitable | **GREY** |
|  | Oral Atropine\*\* | Poor benefit to risk ratio for use as an anti-spasmodic | **BLACK** |
|  | Orlistat preparations\*\* | To be used only   * On the advice of Specialist Weight Management Service where BMI >40 or >35 with risk factors * Or where BMI is 30-40 (or 28-35 with risk factors) after assessment by the Healthy Stockport Weight management service and all other measures have failed to reduce BMI.   For all patients and initial 5% of body weight must be lost in first 12 weeks and weight must reduce each month thereafter to continue. | **GREY** |
|  | Oscillating positive expiratory pressure devices\*\* e.g. Flutter | For use only by the COPD Specialist Team | **GREY** |
|  | Oxycodone with Naloxone (Targinact®) | GMMMG DNP list Criterion 2 | **BLACK** |
|  | Paracetamol / isometheptene mucate (Midrid®) | See Migraine | **BLACK** |
|  | Paracetamol/ tramadol tablets (Tramacet®) | GMMMG DNP list Criterion 2 | **BLACK** |
|  | Paravit® CF | Only for use in patients with cystic fibrosis | **GREY** |
|  | Pentosan (bladder instillation) | GMMMG Criterion - For use as a second-line treatment for bladder pain syndrome, where conservative measures have failed. | **GREY** |
|  | Pentoxifylline (Trental®) | GMMMG DNP list Criterion 1 | **BLACK** |
|  | Perampanel | GMMMG Criterion 2 - Only on specialist advice for patients with highly refractory epilepsy who are unable to tolerate at least two other more established adjunctive therapies. | **GREY** |
|  | Perindopril arginine | GMMMG DNP list Criterion 2 | **BLACK** |
|  | Pigmanorm® camouflage products\*\* | See Camouflage Products | **BLACK** |
|  | Piroxicam (oral preps) | Use on Specialist recommendation only due to safety concerns | **GREY** |
|  | Potassium hydroxide (Molludab® ) solution 5% | GMMMG DNP list Criterion 1 | **BLACK** |
|  | Prednisolone MR tablets (Lodotra®) | GMMMG DNP list Criterion 2 | **BLACK** |
|  | Pregabalin as branded Lyrica®\*\* | Branded preparations are significantly more expensive than the generic equivalents- Criterion 2 | **BLACK** |
|  | Pregabalin or gabapentin for treatment of chronic cough (unlicensed use) | Only for use in patients for whom low dose morphine is unsuitable | **GREY** |
|  | Preservision lutein® | See Multivitamin Preps for eye health | **BLACK** |
|  | Probiotics including VSL#3® and Vivomixx® | GMMMG DNP list Criterion 1 | **BLACK** |
|  | ProTime 3 cuvettes®\*\* | Not supported by NCICE Guidance - INR testing is only supported in line with NICE DG14 and with prior approval | **BLACK** |
|  | Racecadotril | GMMMG DNP list Criterion 1 | **BLACK** |
|  | Rabies vaccination for travel | GMMMG DNP list on basis that it is not a cost-effective use of NHS resources | **BLACK** |
|  | RESPeRate® | GMMMG DNP list Criterion 1 | **BLACK** |
|  | Rizatriptan tablet preparation as brand Maxalt®\*\* | Branded preparations can be significantly more expensive and offer no added value over the generic. Generic prescribing is required. | **BLACK** |
|  | Rosuvastatin as Branded preparations (Crestor®)\*\* | Branded preparations can be significantly more expensive and offer no added value over the generic. Generic prescribing is required. | **BLACK** |
|  | Rubefacients - Topical | GMMMG DNP list Criterion 1 “Topical rubefacient products may contain nicotinate and salicylate compounds, essential oils, capsicum and camphor. However, topical NSAID preps or Capsaicin preps are NOT rubefacients.” | **BLACK** |
|  | Rufinamide | Only for use as an adjunct in patients who have failed treatment with, or are intolerant of, alternative traditional antiepileptic drugs. Lennox Gastaut syndrome | **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 preparations to improve the appearance of scar tissue | **BLACK** |
|  | Sertraline as branded preparation (e.g. Lustral®)\*\* | Branded preparations can be significantly more expensive and offer no added value over the generic. Generic prescribing is required. | **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** |
|  | SilDerm Spray\*\* | See Silicone preparations to improve the appearance of scar tissue | **BLACK** |
|  | Silgel® app preparations\*\* | See Silicone preparations to improve the appearance of scar tissue | **BLACK** |
|  | Silicone preparations to improve the appearance of scar tissue e.g. keloid dressings, sprays & gels\*\* | NHS Stockport does not routinely commission cosmetic treatment. No such preparations to be prescribed without prior approval. Not all products may be contained in this list. | **BLACK** |
|  | Silk Garments e.g. Dermasilk® Skinnies® and Dreamskin®\*\* | GMMMG DNP list Criterion 1 | **BLACK** |
|  | Silver dressings and other products containing silver\*\* | Not to be used for more than 2 weeks, to be used for infected wounds where other antibacterial dressings or therapies have been ineffective or are inappropriate: after consulting with the TVN service and following local guidance. TVN Help Line (Answer Machine) – 0161 419 4234, email - [snt-tr.TissueViability@nhs.net](mailto:snt-tr.TissueViability@nhs.net) | **GREY** |
|  | Simvastatin with ezetimibe (Inegy®) | GMMMG DNP list Criterion 2 | **BLACK** |
|  | Sodium Oxybate (Xyrem®) | GMMMG Criterion 2 -Only for use in Narcolepsy with cataplexy in adults who have received and benefited from treatment with sodium oxybate as commissioned by NHS England, i.e. continuing treatment in those >19 years old. | **GREY** |
|  | Solifenacin as branded preparations | Branded preparations can be significantly more expensive and offer no added value over the generic. Generic prescribing is required. | **BLACK** |
|  | Spatone® 100% natural iron supplement. Spatone® liquid iron supplement with vitamin C | GMMMG DNP list – Poor evidence base. Use 10 drops Nifrex® or1 ml Sytron® or supplement. 0.5ml of Fersamal® or Galfer® syrup as an alternative | **BLACK** |
|  | Starflower oil | GMMMG DNP list Criterion 1 | **BLACK** |
|  | Stoma appliances deodorants | GMMMG DNP list Criterion 3 | **BLACK** |
|  | Sufentanil sublingual tablet system | GMMMG DNP list Criterion 2 | **BLACK** |
|  | Sumatriptan as branded preparation (e.g. Imigran®)\*\* | Branded preparations can be significantly more expensive and offer no added value over the generic. | **BLACK** |
|  | Sunscreens listed under ACBS rules\*\*  LA Roche-Posay® Anthelios XL SPF 50+  Sunsense Ultra (Ego) SPF 50+ Uvistat Lipscreen SPF 50  Uvistat Suncream SPF 30  Uvistat Suncream SPF 50 | To permissible when prescribed for skin protection against ultraviolet radiation and/or visible light in abnormal cutaneous photosensitivity causing severe cutaneous reactions in genetic disorders (including xeroderma pigmentoseum and porphyrias), severe photodermatoses (both idiopathic and acquired) and in those with increased risk of ultraviolet radiation causing adverse effects due to chronic disease (such as haematological malignancies), medical therapies and/or procedures. | **GREY** |
|  | Sunscreens not listed by ACBS above\*\* | Not permitted under ACBS rules | **BLACK** |
|  | Synovial fluid injections including Hyaluronan and sodium hyaluronate for osteoarthritis of the knee. | GMMMG DNP list Criterion 1 | **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** |
|  | Tadalafil as brand Cialis® ( all preparations) | GMMMG DNP list on basis that branded preparations are significantly more expensive than generic preparations | **BLACK** |
|  | Tamsulosin/ Dutasteride (Combidart®) | GMMMG DNP list Criterion 2 | **BLACK** |
|  | Tapentadol M/R tablets | GMMMG DNP list Criterion 2 – For patients requiring treatment of severe chronic pain which CANNOT be managed with more established opioid therapies. | **GREY** |
|  | Testosterone Patches for hypoactive sexual desire (Intrinsa®)\*\* | Marketing licence in the UK was withdrawn. Listed to prevent supply of imported products | **BLACK** |
|  | Therabite® | GMMMG DNP list Criterion 1 | **BLACK** |
|  | Tick-borne encephalitis vaccination for travel | GMMMG DNP list on basis that it is not a cost-effective use of NHS resources | **BLACK** |
|  | Topical anaesthetics: Licensed /off label use of topical anaesthetics for the use of premature ejaculation | GMMMG DNP list Criterion 1 | **BLACK** |
|  | Topical Antifungal Preps Amorolfine (Loceryl®) Salicylic acid compound paint (Phytex®) Tiocanazole cutaneous solution (Trosyl®)\*\* | NHS Stockport does not fund cosmetic therapy.  Treatment should only be offered where:  1. the patient is immunocompromised; or  2. the patient has peripheral vascular disease; or  3. the patient is diabetic; or  4. the nail is painful; or  5. the patient is due to undergo surgery on that limb;  **And** there has been confirmation of infection by laboratory testing.  A course of appropriate oral treatment is far more effective for patients meeting the above criteria. These preparations should only be used where oral therapy is not clinically appropriate. | **GREY** |
|  | Topical Rubefacients | GMMMG DNP list – Poor Evidence base  “Topical rubefacient products may contain nicotinate and salicylate compounds, essential oils, capsicum and camphor. However, topical NSAID preps or Capsaicin preps are NOT rubefacients.” | **BLACK** |
|  | Topiramate Sprinkle capsules | GMMMG DNP list Criterion 2 - For those patients unable to swallow tablets 'sprinkle capsules' may be considered. | **GREY** |
|  | Trandolapril/ Verapamil (Tarka®) | GMMMG DNP list on basis that it is not a cost-effective use of NHS resources | **BLACK** |
|  | Travoprost as branded preparations of single ingredient eye drops. (Travatan®)\*\* | Branded preparations can be significantly more expensive and offer no added value over the generic. Generic prescribing is required. | **BLACK** |
|  | Trimipramine | GMMMG DNP list Criterion 2 | **BLACK** |
|  | Triptans as branded preparations (e.g. Imigran®, Maxalt®, Naramig® and Zomig®)\*\* | Branded preparations are significantly more expensive than the generic equivalents. | **BLACK** |
|  | Veil Cover Cream® & Finishing Powder\*\* | See Camouflage Products | **BLACK** |
|  | Vichy Dermablend® Foundation\*\* | See Camouflage Products | **BLACK** |
|  | Visionace® preparations | See Multivitamin Preps for eye health | **BLACK** |
|  | Vitalux-plus ® | See Multivitamin Preps for eye health | **BLACK** |
|  | Vitamin B Compound & Vitamin B Compound Strong Tablets | GMMMG DNP list – Poor Evidence base  Should only be used on the advice of a dietician or in secondary care to prevent "re-feeding syndrome | **GREY** |
|  | Vitamins minerals and antioxidants without a clinical indication | GMMMG DNP list Criterion 3 | **BLACK** |
|  | Viteyes® original plus lutein | See Multivitamin Preps for eye health | **BLACK** |
|  | Yohimbine | GMMMG DNP list Criterion 1 | **BLACK** |
|  | Yellow Fever vaccination for travel | GMMMG DNP list on basis that it is not a cost-effective use of NHS resources | **BLACK** |
|  | Zolmitriptan as branded preparations (e.g. Zomig®)\*\* | Branded preparations can be significantly more expensive and offer no added value over the generic. Generic prescribing is required. | **BLACK** |

*Items marked \*\* are local commissioning decisions, all others are also on the GMMMG Do Not Prescribe (DNP) or GREY lists and not subject to change unless the GMMMG position changes*

*Reviewed: October 2023 to Version 2.19*

*Amendments highlighted in red.*