

**OXFORDSHIRE TRAFFIC LIGHT CLASSIFICATION FOR PRESCRIBING RESPONSIBILITY Updated following APCO Mar 2010 & CE Apr 2010**

- **Red List** – Specialist Prescribing Only
- **Yellow (Near Patient Testing LES)** – Transfer of prescribing to primary care in line with Shared Care Protocol. Monitoring in Primary Care
- **Yellow** - Transfer of prescribing to primary care. Monitoring in Secondary Care
- **Yellow Continuation List**– Appropriate for Continuation in Primary Care following specialist recommendation
- **Brown** – Prescribe only in restricted circumstances
- **Black** – Not recommended for use

**Alphabetical Index of all drugs traffic lighted to date**

DRUG	TRAFFIC LIGHT	
<a href="#">ACETYLCYSTEINE</a>	Black	● Not recommended for prescribing
<a href="#">ACETYLCYSTEINE FOR PARACETAMOL OVERDOSE</a>	Red	● Specialist prescribing only
<a href="#">4 ULCER CARE - MAGNETIC DRESSING</a>	Black	● Not recommended for prescribing
<a href="#">ABACAVIR</a>	Red	● All HIV drugs should be prescribed by specialist centres only
<a href="#">ABATACEPT</a>	Black	● Not recommended in line with <a href="#">NICE TA141</a>
<a href="#">ABNOBAVISCUM (MISTLETOE EXTRACT) for malignant melanoma</a>	Black	● <a href="#">Priorities Forum Statement</a>
<a href="#">ACITRETIN</a>	Red	● Specialist prescribing only
<a href="#">ADALIMUMAB</a>	Red	● Specialist prescribing only in line with local commissioning arrangements
<a href="#">ADEFOVIR for Hepatitis B</a>	Yellow	● <a href="#">Shared Care Protocol</a>
<a href="#">ADEFOVIR for HIV</a>	Red	● All HIV drugs should be prescribed by specialist centres only
<a href="#">AGOMELATINE (Valdoxan®)</a>	Red	● Specialist prescribing only
<a href="#">ALFUZOSIN</a>	Black	● Not accepted on to ORHT formulary due to lack of evidence
<a href="#">ALISKIREN for hypertension</a>	Black	● Lack of comparative clinical and cost effectiveness data and local guidance. Not on ORHT formulary
<a href="#">ALITRETINOIN for the treatment of severe chronic hand eczema</a>	Red	● In line with <a href="#">NICE TAG 177</a>
<a href="#">AMANTADINE for the treatment or prophylaxis of influenza</a>	Black	● Not recommended
<a href="#">AMPICILLIN</a>	Black	● Not recommended
<a href="#">ANAGRELIDE</a>	Red	● Specialist prescribing only until an appropriate Shared Care Protocol agreed
<a href="#">ANAKINRA</a>	Red	● Specialist prescribing only in line with local commissioning arrangements
<a href="#">ANASTRAZOLE</a>	Yellow Continuation	● Only prescribe according to <a href="#">Oxfordshire Guidelines</a>
<a href="#">APOMORPHINE</a>	Red	● Awaiting development of shared care protocol
<a href="#">ARIPIPRAZOLE</a>	Yellow Continuation	● OBMHT consultants only
<a href="#">ARIPIPRAZOLE ORO-DISPERSIBLE</a>	Yellow Continuation	● Following recommendation

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<a href="#">ATAZANAVIR</a>	Red	●	All HIV drugs should be prescribed by specialist centres only
<a href="#">ATOMOXETINE</a>	Yellow	●	OBMHT consultants only. <a href="#">Shared Care Protocol</a>
<a href="#">AURANOFIN</a>	Yellow	●	Not currently used in Oxfordshire
<a href="#">AZATHIOPRINE</a> for inflammatory bowel disease	Yellow (NPT)	●	<a href="#">Shared Care Protocol</a>
<a href="#">AZATHIOPRINE</a> for inflammatory arthritis	Yellow (NPT)	●	<a href="#">Shared Care Protocol</a>
<a href="#">AZITHROMYCIN</a> for cystic fibrosis	Yellow Continuation	●	Detailed information will be provided by the consultant
<a href="#">BACLOFEN INTRATHECAL</a> for spasticity	Red	●	Specialist prescribing only
<a href="#">BALSALAZIDE</a>	Black	●	Not currently recommended for prescribing as not on the ORHT formulary
<a href="#">BASILIXIMAB</a>	Red	●	Specialist initiation and prescribing only
<a href="#">BETA-INTERFERON</a>	Red	●	Treatment from ORHT providing patient fits certain criteria
<a href="#">(BETAMETHASONE) 2.250MG MEDICATED PLASTER (BETASIL ®)</a>	Black	●	Lack of comparative clinical and cost effectiveness data
<a href="#">BEVACIZUMAB</a> (first-line) for the treatment of advanced and/or metastatic renal cell carcinoma	Black	●	In line with <a href="#">NICE TAG 178</a>
<a href="#">BEVACIZUMAB</a> for neo-vascularisation in non wet-AMD conditions and glaucoma prior to laser treatment.	Red	●	In line with <a href="#">Priorities Forum</a>
<a href="#">BEXAROTENE</a>	Red	●	In line with <a href="#">NPSA Rapid Alert on Oral Anticancer Medicines</a>
<a href="#">BLEOMYCIN</a>	Red	●	Specialist prescribing only
<a href="#">BORTEZOMIB</a>	Red	●	Specialist prescribing only. <a href="#">Low priority for prescribing in Oxfordshire</a>
<a href="#">BOSENTAN</a>	Red	●	Should only be prescribed by one of four specialist centres
<a href="#">BOTULINUM TOXIN</a>	Black	●	Low priority for prescribing for axillary hyperhidrosis
<a href="#">BOTULINUM TOXIN</a>	Red	●	Prescribed by specialists only for anal fissure/bladder over activity
<a href="#">BUPRENORPHINE PATCHES</a>	Black	●	Not recommended
<a href="#">BUPROPION</a>	Brown	●	APCO approved local guidance for patients intolerant of NRT or where NRT is unsuccessful. Only prescribe in line with <a href="#">Lavender statement</a> .
<a href="#">BUSULFAN</a>	Red	●	In line with <a href="#">NPSA Rapid Alert on Oral Anticancer Medicines</a>
<a href="#">CALC FOLINATE</a>	Red	●	In line with <a href="#">NPSA Rapid Alert on Oral Anticancer Medicines</a>
<a href="#">CALC LEVOFOLINATE</a>	Red	●	Specialist prescribing only
<a href="#">CANNABIS SPRAY</a>	Black	●	In line with <a href="#">Priorities Forum</a>
<a href="#">CAPECITABINE</a>	Red	●	In line with <a href="#">NPSA Rapid Alert on Oral Anticancer Medicines</a>
<a href="#">CARBOPLATIN</a>	Red	●	Specialist prescribing only
<a href="#">CARMUSTINE</a>	Red	●	Secondary care prescribing only.
<a href="#">CARMUSTINE IMPLANTS</a>	Red	●	Secondary care prescribing only.
<a href="#">CARNITINE</a>	Red	●	Renal physicians only

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<a href="#">CAVILON</a>	Yellow Continuation	●	Only on recommendation of Tissue Viability Service or the Continence Service
<a href="#">CEFACTOR</a>	Black	●	Not recommended
<a href="#">CEFADROXIL</a>	Black	●	Not recommended
<a href="#">CEFALEXIN</a>	Brown	●	In line with <a href="#">primary care prescribing guidelines for antimicrobial agents</a>
<a href="#">CEFIXIME</a>	Black	●	Not recommended
<a href="#">CEFPODOXIME</a>	Black	●	Not recommended
<a href="#">CEFRADINE</a>	Black	●	Not recommended
<a href="#">CEFUROXIME oral</a>	Black	●	Not recommended
<a href="#">CERTOLIZUMAB PEGOL for rheumatoid arthritis</a>	Red	●	In line with <a href="#">NICE TA186</a>
<a href="#">CERVARIX Human papillomavirus (HPV) vaccine</a>	Black	●	<a href="#">Not recommended see position statement</a>
<a href="#">CETUXIMAB for the first-line treatment of metastatic colorectal cancer</a>	Red	●	In line with <a href="#">NICE TAG 176</a>
<a href="#">CETUXIMAB (FOR SQUAMOUS CELL CARCINOMA)</a>	Black	●	Not recommended as per <a href="#">NICE guidance</a> .
<a href="#">CHOLESTAGEL</a>	Black	●	Not appropriate for prescribing
<a href="#">CHLORAMBUCIL</a>	Red	●	In line with <a href="#">NPSA Rapid Alert on Oral Anticancer Medicines</a>
<a href="#">CHLORMETHINE HYDROCHLORIDE</a>	Red	●	Specialist prescribing only
<a href="#">CIALIS ONCE A DAY (TADALAFIL)</a>	Black	●	Not recommended
<a href="#">CICLOSPORIN for dermatology</a>	Yellow (NPT)	●	<a href="#">Shared Care Protocol</a>
<a href="#">CICLOSPORIN for eye conditions</a>	Yellow (NPT)	●	Shared Care Protocol
<a href="#">CICLOSPORIN for inflammatory arthritis</a>	Yellow (NPT)	●	<a href="#">Shared Care Protocol</a>
<a href="#">CICLOSPORIN for inflammatory bowel</a>	Yellow (NPT)	●	<a href="#">Shared Care Protocol</a>
<a href="#">CINACALCET</a>	Red	●	In line with <a href="#">NICE TA 117</a>
<a href="#">CIPROFLOXACIN</a>	Brown	●	In line with <a href="#">primary care prescribing guidelines for antimicrobial agents</a>
<a href="#">CISPLATIN</a>	Red	●	Secondary care prescribing only.
<a href="#">CLADRIBINE</a>	Red	●	Specialist prescribing only
<a href="#">CLINDAMYCIN for infective endocarditis</a>	Brown	●	Second line treatment (penicillin allergy) for infective endocarditis.
<a href="#">CLOFARABINE</a>	Red	●	Specialist prescribing only
<a href="#">CLOZAPINE</a>	Yellow (NPT)	●	<a href="#">Shared Care Protocol</a>
<a href="#">CO-FLUAMPICIL</a>	Black	●	Not recommended
<a href="#">COLECALCIFEROL</a>	Black	●	In line with <a href="#">Priorities Forum</a>
<a href="#">COLISTIMETHATE SODIUM</a>	Black	●	Not on ORH formulary. Rejected by MAC.

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<u>(PROMIXIN)</u>			
<u>COLISTIMETHATE SODIUM (Nebulised COLOMYCIN)</u>	Yellow	●	Initiation within secondary care
<u>CO-PROXAMOL</u>	Black	●	No longer suitable for prescribing
<u>CRISANTASPASE</u>	Red	●	Specialist prescribing only
<u>CYCLOPHOSPHAMIDE</u>	Red	●	In line with <a href="#">NPSA Rapid Alert on Oral Anticancer Medicines</a>
<u>CYTARABINE</u>	Red	●	Specialist prescribing only
<u>DABIGATRAN</u>	Black	●	Not recommended
<u>DACARBAZINE</u>	Red	●	Specialist prescribing only
<u>DACTINOMYCIN</u>	Red	●	Specialist prescribing only
<u>DALTEPARIN for thromboprophylaxis</u>	Red	●	Secondary care prescribing only.
<u>DALTEPARIN for DVT</u>	Yellow	●	In line with <a href="#">DVT LES</a>
<u>DARBOPOETIN</u>	Red	●	All prescribing (and funding) transferred to Renal Unit in September 2005. For secondary care prescribing only
<u>DARIFENACIN for overactive bladder syndrome</u>	Black	●	Not recommended
<u>DASATINIB</u>	Red	●	In line with <a href="#">NPSA Rapid Alert on Oral Anticancer Medicines</a>
<u>DAUNORUBICIN</u>	Red	●	Specialist prescribing only
<u>DEFERIPRONE</u>	Red	●	Specialist prescribing only
<u>DEHYDROEPIANDOSTERONE SULPHATE (DHEAS)</u>	Black	●	Not recommended
<u>DEFERASIROX</u>	Red	●	Specialist prescribing only
<u>DERMASILK GARMENTS</u>	Black	●	Lack of evidence or cost-effectiveness data available.
<u>DEFERRIOXAMINE</u>	Red	●	Specialist prescribing only
<u>DESLORATADINE</u>	Black	●	Product patent extension and no advantage over loratadine
<u>DESMOPRESSIN NASAL SPRAY (OCTIM)</u>	Red	●	Specialist prescribing only
<u>DEXRAZOXANE</u>	Red	●	Specialist prescribing only
<u>DIDANOSINE</u>	Red	●	All HIV drugs should be prescribed by specialist centres only
<u>DILTIAZEM 2% OINTMENT</u>	Black	●	Not accepted on to ORHT formulary
<u>DISODIUM FOLINATE</u>	Red	●	Specialist prescribing only
<u>DOCETAXEL</u>	Red	●	Specialist prescribing only
<u>DONEPEZIL</u>	Yellow Continuation	●	In line with Priorities Forum <a href="#">Statement 17c</a> and <a href="#">statement 134</a>
<u>DOSULEPIN</u>	Brown	●	New patients should not be initiated in general practice
<u>DOXAZOSIN (for BPH)</u>	Black	●	Not recommended
<u>DOXAZOSIN (for hypertension)</u>	Brown	●	In line with NICE guidance for hypertension
<u>DOXAZOSIN MR</u>	Black	●	Not recommended - use standard release doxazosin

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<a href="#">DOXORUBICIN HYDROCHLORIDE</a>	Red	●	Specialist prescribing only
<a href="#">DROTRECOGIN ALFA (ACTIVATED)</a>	Red	●	To only be prescribed within an intensive care setting
<a href="#">DULOXETINE for depression</a>	Yellow Continuation	●	Prescribe following recommendation from OBMHT only
<a href="#">DULOXETINE for stress incontinence</a>	Yellow Continuation	●	Prescribe following recommendation from specialists only
<a href="#">DULOXETINE for neuropathic pain</a>	Yellow Continuation	●	Prescribe following recommendation from pain specialists only
<a href="#">DUODOPA INTESTINAL GEL</a>	Black	●	In line with <a href="#">Priorities Forum Statement 122</a> Sept 2008
<a href="#">EFALIZUMAB</a>	Black	●	Marketing authorisation suspended
<a href="#">EFAVIRENZ</a>	Red	●	All HIV drugs should be prescribed by specialist centres only
<a href="#">EFLORNITHINE</a>	Black	●	Low priority
<a href="#">EMTRICITABINE</a>	Red	●	All HIV drugs should be prescribed by specialist centres only
<a href="#">ENALAPRIL</a>	Brown	●	No longer recommended for initiation in new patients
<a href="#">ENFUVRTIDE</a>	Red	●	All HIV drugs should be prescribed by specialist centres only
<a href="#">ENOXAPARIN</a>	Black	●	Not appropriate for prescribing
<a href="#">ENTACAPONE</a>	Yellow Continuation	●	Must be initiated and monitored by specialists in secondary care with expertise in management of patients with Parkinson's disease
<a href="#">ENTECAVIR</a>	Red	●	In line with <a href="#">NICE TA153</a>
<a href="#">EPIRUBICIN HYDROCHLORIDE</a>	Red	●	Specialist prescribing only
<a href="#">EPLERENONE</a>	Brown	●	Prescribe in restricted circumstances
<a href="#">ERDOSTEINE</a>	Black	●	APCO March 2007
<a href="#">ERECTILE DYSFUNCTION DRUGS</a>	Brown	●	In line with DH and local guidance
<a href="#">ERLOTINIB</a>	Red	●	In line with <a href="#">NPSA Rapid Alert on Oral Anticancer Medicines</a>
<a href="#">ERYTHROPOIETIN for renal disease</a>	Red	●	All prescribing (and funding) transferred to Renal Unit in September 2005. For secondary care prescribing only
<a href="#">ESCITALOPRAM</a>	Black	●	No significant advantage over citalopram
<a href="#">ESOMEPRAZOLE</a>	Black	●	Not on ORHT formulary omeprazole and lansoprazole capsules are current first line choices
<a href="#">ESTRAMUSTINE PHOSPHATE</a>	Red	●	In line with <a href="#">NPSA Rapid Alert on Oral Anticancer Medicines</a>
<a href="#">ETANERCEPT</a>	Red	●	Specialist prescribing only in line with local commissioning arrangements
<a href="#">ETOGLUCID</a>	Red	●	Specialist prescribing only
<a href="#">ETOPOSIDE</a>	Red	●	In line with <a href="#">NPSA Rapid Alert on Oral Anticancer Medicines</a>
<a href="#">EXEMESTANE</a>	Yellow Continuation	●	Guidance available
<a href="#">EZETIMIBE</a>	Brown	●	Prescribe second line following guidelines
<a href="#">FEBUXOSTAT</a>	Brown	●	Restricted prescribing in line with <a href="#">NICE TAG 164</a> .
<a href="#">FENTANYL BUCCAL TABLETS (EFFENTORA)</a>	Black	●	Limited information available re place in therapy. Currently no request to use by Palliative Care Team.

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<a href="#">FENTANYL LOZENGES (ACTIQ)</a>	Black	●	Limited information available re place in therapy. Currently no request to use by Palliative Care Team.
<a href="#">FENTANYL IONTOPHORETIC TRANSDERMAL SYSTEM (IONYSIS)</a>	Red	●	Specialist prescribing only
<a href="#">FESOTERODINE</a>	Black	●	Not recommended
<a href="#">FILGRASTIM (RECOMBINANT HUMAN GRANULOCYRE-COLONY STIMULATING FACTOR)</a>	Red	●	Specialist prescribing only
<a href="#">FLAMINAL</a>	Black	●	Not recommended
<a href="#">FLOXURIDINE</a>	Red	●	Specialist prescribing only
<a href="#">FLUDARABINE PHOSPHATE</a>	Red	●	In line with <a href="#">NPSA Rapid Alert on Oral Anticancer Medicines</a>
<a href="#">FLUOROURACIL (ORAL)</a>	Red	●	In line with <a href="#">NPSA Rapid Alert on Oral Anticancer Medicines</a>
<a href="#">FLUTICASONE NASULES</a>	Brown	●	Restricted prescribing for patients with hypo osmia, Aspirin Sensitive Asthma & after 6 week trial of steroid nasal spray for nasal polyps.
<a href="#">FOSAMPRENAVIR</a>	Red	●	All HIV drugs should be prescribed by specialist centres only
<a href="#">FULVESTRANT</a>	Black	●	Not recommended
<a href="#">FUMADERM</a>	Red	●	For prescribing by Dermatologists only
<a href="#">GALANTAMINE</a>	Yellow Continuation	●	In line with <a href="#">Priorities Forum</a> statement 17c and <a href="#">statement 134</a>
<a href="#">GAMOLENIC ACID</a>	Black	●	Priorities Forum <a href="#">Lavender Statement</a>
<a href="#">GARDASIL HUMAN PAPILLOMAVIRUS (HPV) VACCINE</a>	Black	●	In line with <a href="#">Priorities Forum guidance</a>
<a href="#">GEFITINIB</a> for the second-line treatment of locally advanced or metastatic non-small-cell lung cancer	Red	●	In line with <a href="#">NICE TAG 175</a>
<a href="#">GEMCITABINE</a>	Red	●	Specialist prescribing only
<a href="#">GLUCOSAMINE</a>	Black	●	Priorities Forum <a href="#">Lavender Statement</a>
<a href="#">GLUTEN FREE FOODS</a> for treatment of autism	Black	●	Not prescribed on the NHS as defined by DoH
<a href="#">GOLD (SODIUM AUROTHIOMALATE)</a> for inflammatory arthritis	Yellow (NPT)	●	<a href="#">Shared Care Protocol</a>
<a href="#">GOSERELIN</a>	Yellow Continuation	●	Licensed for all stages of prostate cancer
<a href="#">GROWTH HORMONE IN ADULTS</a>	Yellow (NPT)	●	<a href="#">Shared Care Protocol</a>
<a href="#">GROWTH HORMONE IN CHILDREN</a>	Yellow	●	Updated APCO agreed <a href="#">Shared Care Protocol 09/07</a>
<a href="#">GROWTH HORMONE</a> for "small for gestational age" (SGA) children	Black	●	Priorities Forum <a href="#">Lavender Statement</a>
<a href="#">GTN 0.4% ointment</a>	Brown	●	For anal fissure. Consider after lifestyle advice/use of topical anaesthetic prior to specialist referral

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<a href="#">HEAD LICE DEVICES</a> as listed in Drug Tariff IXA	Black	●	Not recommended
<a href="#">HOME PARENTERAL NUTRITION</a>	Yellow	●	<a href="#">Shared Care Protocol</a>
<a href="#">HYALURONIC ACID</a>	Red	●	For limited use within NOC as per agreed internal guidelines
<a href="#">HYDROXYCARBAMIDE</a>	Yellow (NPT)	●	Shared Care Protocol & <a href="#">Guidance</a> approved by APCO & CE
<a href="#">HYDROXYCHLOROQUINE</a> for inflammatory arthritis	Yellow	●	<a href="#">Shared Care Protocol</a>
<a href="#">IBANDRONATE</a>	Black	●	Not recommended
<a href="#">ICAPS</a>	Black	●	Not recommended
<a href="#">IDARUBICIN HYDROCHLORIDE</a>	Red	●	In line with <a href="#">NPSA Rapid Alert on Oral Anticancer Medicines</a>
<a href="#">IFOSFAMIDE</a>	Red	●	Specialist prescribing only
<a href="#">IMATINIB</a>	Red	●	For prescribing by secondary care oncologists/haematologists only
<a href="#">IMIQUIMOD 5% CREAM</a> for recalcitrant anogenital warts	Red	●	For specialist GUM consultant prescribing only
<a href="#">IMIQUIMOD CREAM</a> for BCC	Yellow Continuation	●	Guidance available
<a href="#">IMMUNOGLOBULINS</a> : intravenous and subcutaneous	Red	●	All should be provided through the ORHT
<a href="#">INDINAVIR</a>	Red	●	All HIV drugs should be prescribed by specialist centres only
<a href="#">INFERTILITY TREATMENT</a>	Red	●	In line with <a href="#">Priorities Forum Statement</a>
<a href="#">INFLIXIMAB</a>	Red	●	Specialist prescribing only in line with local commissioning arrangements
<a href="#">INOSINE PRABONEX</a>	Black	●	Not recommended. Not on ORH formulary.
<a href="#">INSULIN DETEMIR</a>	Brown	●	Prescribe following guidelines only
<a href="#">INSULIN GLARGINE</a>	Brown	●	Restricted prescribing in accordance with <a href="#">Lavender Statement</a>
<a href="#">IRINOTECAN HYDROCHLORIDE</a>	Red	●	Specialist prescribing only
<a href="#">ISONIAZID</a>	Red	●	Specialist prescribing only
<a href="#">ISOTRETINOIN – ORAL</a>	Red	●	In line with BNF advice
<a href="#">IVABRADINE – arrhythmia</a>	Red	●	Secondary care prescribing only
<a href="#">IVABRADINE- Chronic stable angina</a>	Black	●	Not recommended
<a href="#">LACOSAMIDE</a>	Holding List		Awaiting ORH MAC Review
<a href="#">LACTASE DROPS (COLIEF ®)</a>	Black	●	In line with <a href="#">lactose free milk policy</a> and <a href="#">colic treatment pathway</a> . Lack of evidence for effectiveness.
<a href="#">LACTOSE FREE MILK</a> for colic	Black	●	Not recommended
<a href="#">LAMIVUDINE FOR HEPATITIS B</a>	Yellow	●	<a href="#">Shared Care Protocol</a>
<a href="#">LAMIVUDINE</a> for HIV	Red	●	All HIV drugs should be prescribed by specialist centres only
<a href="#">LANREOTIDE</a> for acromegaly	Yellow	●	<a href="#">Shared Care Protocol</a>
<a href="#">LANREOTIDE</a> for neuroendocrine	Yellow	●	Only in line with <a href="#">Shared Care Protocol</a>

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<a href="#">tumours</a>			
<a href="#">LANTHANUM</a>	Yellow Continuation	●	Second line a <a href="#">Shared Care Protocol</a> is available
<a href="#">LEFLUNOMIDE</a> for inflammatory arthritis	Yellow (NPT)	●	Shared Care Protocol
<a href="#">LENALIDOMIDE</a>	Red	●	In line with <a href="#">NPSA Rapid Alert on Oral Anticancer Medicines</a>
<a href="#">LETROZOLE</a>	Yellow Continuation	●	In line with <a href="#">local guidance</a> .
<a href="#">LEUPRORELIN</a>	Black	●	Not recommended. Only licensed for advanced prostate cancer
<a href="#">LEVOCETIRIZINE</a>	Black	●	Product patent extension and no advantage over cetirizine
<a href="#">LEVOFLOXACIN</a>	Black	●	Not recommended
<a href="#">LIDOCAINE PLASTER</a>	Black	●	Not recommended
<a href="#">LIDOCAINE PLASTER</a> for neuropathic pain	Yellow Continuation	●	Prescribe following recommendation from pain specialists only
<a href="#">LINEZOLID</a>	Red	●	Secondary care prescribing only
<a href="#">LIRAGLUTIDE</a> (Victoza®)	Black	●	Not recommended
<a href="#">LOMUSTINE</a>	Red	●	In line with <a href="#">NPSA Rapid Alert on Oral Anticancer Medicines</a>
<a href="#">LOPINAVIR</a>	Red	●	All HIV drugs should be prescribed by specialist centres only
<a href="#">MELATONIN</a> (CIRCADIN) for jet lag or primary insomnia	Black	●	Not recommended
<a href="#">MELATONIN</a> paediatric use	Yellow	●	A Shared Care Protocol will be issued each time melatonin is recommended for children depending on the indication
<a href="#">MELPHALAN</a>	Red	●	In line with <a href="#">NPSA Rapid Alert on Oral Anticancer Medicines</a>
<a href="#">MEMANTINE</a>	Red	●	Not recommended to be prescribed on the NHS for new patients. (NICE) Patients should be referred to the memory clinics at the OBMHT for consideration of private prescriptions. No prescribing should be initiated in General Practice
<a href="#">MEPITEL</a> , <a href="#">MEPILEX</a> & <a href="#">MEPITAC</a>	Red	●	In line with local <a href="#">Wound Management Guidance</a>
<a href="#">MERCAPTOPYRINE</a> for inflammatory bowel disease	Yellow (NPT)	●	<a href="#">Shared Care Protocol</a>
<a href="#">MESNA</a>	Red	●	Secondary care prescribing only
<a href="#">MEZAVANT XL</a> (MESALAZINE)	Black	●	Not appropriate for prescribing
<a href="#">METFORMIN MR</a>	Brown	●	Prescribe in limited circumstances only
<a href="#">METHOTREXATE</a> for dermatology	Yellow (NPT)	●	<a href="#">Shared Care Protocol</a>
<a href="#">METHOTREXATE</a> for inflammatory bowel disease	Yellow (NPT)	●	<a href="#">Shared Care Protocol</a>
<a href="#">METHOTREXATE</a> for inflammatory eye conditions	Yellow (NPT)	●	<a href="#">Shared Care Protocol</a> . Patient <a href="#">monitoring card</a> & <a href="#">patient info</a>
<a href="#">METHOTREXATE SUBCUTANEOUS</a> for inflammatory arthritis	Yellow (NPT)	●	<a href="#">Shared Care Protocol</a>

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<a href="#">METHOTREXATE TABLETS for inflammatory arthritis</a>	Yellow (NPT)	●	Shared Care Protocol
<a href="#">METHOTREXATE ORAL for paediatric gastroenterology</a>	Red	●	Secondary care prescribing only
<a href="#">METHOTREXATE SUBCUTANEOUS For paediatric rheumatology</a>	Yellow	●	<a href="#">Shared Care Protocol</a>
<a href="#">METHOTREXATE 10MG TABLETS</a>	Red	●	Secondary care prescribing only
<a href="#">METHYLNALTREXONE</a>	Black	●	Not appropriate for prescribing
<a href="#">METHYLPHENIDATE</a>	Yellow	●	To be used following recommendations from OBMHT consultants only. A <a href="#">Shared Care Protocol</a> is available
<a href="#">MIDAZOLAM BUCCAL (Epistatus - Unlicensed)</a>	Yellow Continuation	●	<a href="#">Shared Care Protocol</a>
<a href="#">MIDODRINE</a>	Red	●	Secondary care prescribing only
<a href="#">MARAVIROC</a>	Red	●	In line with <a href="#">Priorities Forum Lavender Statement</a>
<a href="#">MITOBRONITOL</a>	Red	●	In line with <a href="#">NPSA Rapid Alert on Oral Anticancer Medicines</a>
<a href="#">MITOMYCIN</a>	Red	●	Specialist prescribing only
<a href="#">MITOTANE</a>	Red	●	In line with <a href="#">NPSA Rapid Alert on Oral Anticancer Medicines</a>
<a href="#">MITOXANTRONE</a>	Red	●	Specialist prescribing only
<a href="#">MODAFINIL</a>	Yellow Continuation	●	Prescribe only following recommendation from local specialist in sleep disorders
<a href="#">MOVICOL</a>	Brown	●	Should only be second/third line for patients who cannot tolerate lactulose/fybogel
<a href="#">MYCOPHENOLATE (non transplant)</a>	Yellow	●	<a href="#">Shared Care Protocol</a>
<a href="#">MYCOPHENOLATE in Renal Transplant</a>	Red	●	Renal transplant drug for specialist initiation and prescribing only
<a href="#">NALTREXONE</a>	Yellow Continuation	●	May be initiated by a consultant hepatologist for cholestatic itching
<a href="#">NALTREXONE low dose for multiple sclerosis</a>	Black	●	Unlicensed with little supporting evidence – should not be prescribed
<a href="#">NATALIZUMAB for treatment of MS</a>	Black	●	Low priority for prescribing – <a href="#">Priorities Forum Statement</a>
<a href="#">NELARABINE</a>	Red	●	Specialist prescribing only
<a href="#">NELFINAVIR</a>	Red	●	All HIV drugs should be prescribed by specialist centres only
<a href="#">NEVIRAPINE</a>	Red	●	All HIV drugs should be prescribed by specialist centres only
<a href="#">NICOTINE REPLACEMENT THERAPY</a>	Brown	●	<a href="#">Priorities Forum Lavender Statement</a>
<a href="#">NORFLOXACIN</a>	Black	●	Not recommended
<a href="#">NUVARING</a>	Brown	●	2 <sup>nd</sup> or 3 <sup>rd</sup> line option in line with specific patient criteria.
<a href="#">OCTREOTIDE for acromegaly</a>	Yellow	●	Only in line with <a href="#">Shared Care Protocol</a>
<a href="#">OCTREOTIDE for neuroendocrine tumours</a>	Yellow	●	Only in line with <a href="#">Shared Care Protocol</a>
<a href="#">OFLOXACIN</a>	Brown	●	In line with primary care prescribing guidelines for antimicrobial agents
<a href="#">OLANZAPINE IM</a>	Red	●	OBMHT specialists only

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<a href="#">OMALIZUMAB</a>	Red	●	Specialist prescribing only in line with <a href="#">NICE TA133</a>
<a href="#">OMEGA 3 SUPPLEMENTS</a>	Brown	●	Prescribe only in certain circumstances
<a href="#">ORAL GRASS POLLEN VACCINE (GRAZAX)</a>	Black	●	Low priority
<a href="#">ORLISTAT</a>	Brown	●	Only prescribe following <a href="#">NICE CG43</a>
<a href="#">OSETAMIVIR – for the treatment or prophylaxis of influenza</a>	Brown	●	Only prescribe according to guidelines
<a href="#">OXALIPLATIN</a>	Red	●	Specialist prescribing only
<a href="#">OXYBUTYNIN PATCH</a>	Brown	●	Only for patients with swallowing difficulties or severe indigestion
<a href="#">OXYCODONE</a>	Yellow	●	Following specialist recommendation
<a href="#">OXYCODONE PLUS NALOXONE (TARGINACT)</a>	Black	●	Lack of evidence of cost-effectiveness
<a href="#">PACLITAXEL</a>	Red	●	Specialist prescribing only
<a href="#">PALIFERMIN</a>	Red	●	Specialist prescribing only
<a href="#">PALIPERIDONE</a>	Black	●	APCO September 2007
<a href="#">PANITUMUMAB</a>	Red	●	Specialist prescribing only
<a href="#">PARACETAMAL INJECTION</a>	Red	●	Used selectively in ORHT
<a href="#">PARACHLOROPHEYLOLANINE</a>	Red	●	Specialist prescribing only
<a href="#">PEG INTERFERON</a>	Red	●	Secondary care prescribing only
<a href="#">PEGAPTANIB</a>	Black	●	Not recommended in line with <a href="#">NICE TA155</a>
<a href="#">PEGVISOMANT</a>	Black	●	Low priority
<a href="#">PEMETREXED</a>	Red	●	In line with <a href="#">NPSA Rapid Alert on Oral Anticancer Medicines</a>
<a href="#">PENICILLAMINE</a>	Yellow (NPT)	●	<a href="#">Shared Care Protocol</a>
<a href="#">PENTOSTATIN</a>	Red	●	Specialist prescribing only
<a href="#">PERINDOPRIL ARGININE PLUS INDAPAMIDE (COVERSYL)</a>	Black	●	In line with ORH MAC decision
<a href="#">PIMECROLIMUS OINTMENT</a>	Black	●	This has not been considered by ORHT MAC and so should not be prescribed
<a href="#">PORFIMER SODIUM</a>	Red	●	Specialist prescribing only
<a href="#">POSACONAZOLE</a>	Red	●	Specialist prescribing only
<a href="#">PRAMIPEXOLE for Idiopathic Restless Leg Syndrome</a>	Yellow	●	<a href="#">Shared Care Protocol</a>
<a href="#">PRASUGREL (EFIENT)</a>	Red	●	Secondary care prescribing only. Awaiting ORH guidance prior to APCO review.
<a href="#">PREDNISOLONE 0.01% EYE DROPS</a>	Red	●	Prescribed and dispensed by the ORHT
<a href="#">PREDNISOLONE 0.03% PRESERVATIVE FREE EYE DROPS</a>	Red	●	Prescribed and dispensed by the ORHT
<a href="#">PREDNISOLONE 0.03% STANDARD EYE DROPS</a>	Red	●	Prescribed and dispensed by the ORHT
<a href="#">PREDNISOLONE 0.3% PRESERVATIVE</a>	Red	●	Prescribed and dispensed by the ORHT

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<a href="#">FREE EYE DROPS</a>			
<a href="#">PREGABALIN</a> for neuropathic pain	Yellow Continuation	●	Prescribe following recommendation from pain specialists only
<a href="#">PRISTINAMICIN</a>	Red	●	Specialist prescribing only
<a href="#">PRO-BIOTICS</a>	Black	●	In line with <a href="#">Priorities Forum statement</a> Sept 2008
<a href="#">PROCARBAZINE HYDROCHLORIDE</a>	Red	●	In line with <a href="#">NPSA Rapid Alert on Oral Anticancer Medicines</a>
<a href="#">PYRAZINAMIDE</a>	Red	●	Specialist prescribing only
<a href="#">QLAIRA</a> phased combined hormonal contraceptive	Black	●	No evidence of clinical benefit over alternatives and more expensive, no long term safety data.
<a href="#">QUETIAPINE XL</a>	Red	●	No clinical evidence of increased tolerability compared to immediate release therapy. Only anecdotal evidence of benefit in titration.
<a href="#">RALTEGRAVIR</a>	Red	●	In line with <a href="#">Priorities Forum Lavender Statement</a>
<a href="#">RALTITREXED</a>	Red	●	Specialist prescribing only
<a href="#">RAMELTEON</a>	Black	●	Currently unlicensed - No Prescribing
<a href="#">RANIBIZUMAB</a>	Red	●	Specialist prescribing only in line with <a href="#">NICE TA 155</a>
<a href="#">RAZOXANE</a>	Red	●	Specialist prescribing only
<a href="#">RECOMBINANT HUMAN GRANULOCYTE-COLONY STIMULATING FACTOR</a>	Red	●	Specialist prescribing only
<a href="#">RETAPAMULIN OINTMENT</a>	Black	●	Not recommended
<a href="#">RETIN-A</a> for stretch marks	Black	●	Not recommended in line with <a href="#">Priorities Forum statement 6</a>
<a href="#">RIFAMPICIN</a>	Red	●	TB - Specialist prescribing only
<a href="#">RILUZOLE</a>	Yellow	●	In line with <a href="#">NICE TA20</a>
<a href="#">RIMONABANT</a>	No Prescribing		Suspensions of marketing authorisation
<a href="#">RISPERIDONE IM</a>	Red	●	Secondary care prescribing only
<a href="#">RITONAVIR</a>	Red	●	All HIV drugs should be prescribed by specialist centres only
<a href="#">RITUXIMAB</a>	Red	●	Specialist prescribing only in line with local commissioning arrangements
<a href="#">RIVAROXABAN</a>	Red	●	To be used by Independent Treatment Centres only. Awaiting ORH MAC decision prior to review by APCO/PF.
<a href="#">RIVASTIGMINE (EXELON) PATCH</a>	Yellow Continuation	●	Only if patient unable to tolerate oral therapy, clinical evidence not sufficient to recommend first line.
<a href="#">RIVASTIGMINE</a> tablets and liquid	Yellow Continuation	●	In line with <a href="#">Priorities Forum statements 17c</a> and <a href="#">134</a>
<a href="#">ROFECOXIB INJECTION</a>	Black	●	Not on ORHT formulary for acute pain due to lack of evidence
<a href="#">ROPINIROLE</a> for restless legs - mild to moderate	Black	●	In line with <a href="#">Priorities Forum</a>
<a href="#">ROPINIROLE</a> for restless legs – severe & persistent	Red	●	Specialist prescribing only

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<a href="#">ROTIGOTINE PATCH</a>	Black	●	Not recommended
<a href="#">RUFINAMIDE</a>	Red	●	Specialist only in Lennox Gastaut Syndrome
<a href="#">SAQUINAVIR</a>	Red	●	All HIV drugs should be prescribed by specialist centres only
<a href="#">SEVELAMER</a>	Yellow	●	<a href="#">Shared Care Protocol</a>
<a href="#">SIBUTRAMINE</a>	Brown	●	Priorities Forum <a href="#">Lavender Statement</a>
<a href="#">SITAGLIPTIN (Januvia®)</a>	Brown	●	For use in line with In line with NICE Type 2 Diabetes Mellitus clinical guideline
<a href="#">SODIUM CLODRONATE</a>	Yellow Continuation	●	Only for treatment of hypercalcaemia associated skeletal metastases in patients with breast cancer or multiple myeloma following recommendation from specialists
<a href="#">SODIUM OXYBATE</a>	Black	●	Priorities Forum <a href="#">Lavender Statement</a>
<a href="#">SOLIFENACIN</a>	Brown	●	2 <sup>nd</sup> line option following oxybutynin (Immediate release). Initial trial for 1 month
<a href="#">SORAFENIB (first- and second-line) for the treatment of advanced and/or metastatic renal cell carcinoma</a>	Black	●	In line with <a href="#">NICE TAG 178</a>
<a href="#">SUNITINIB for the treatment of gastrointestinal stromal tumours</a>	Red	●	In line with <a href="#">NICE TAG 179</a>
<a href="#">STAVUDINE</a>	Red	●	All HIV drugs should be prescribed by specialist centres only
<a href="#">STIRIPENTOL</a>	Red	●	Specialist prescribing only by paediatric neurologists
<a href="#">STRONTIUM</a>	Brown	●	Guidelines in Prescribing Points
<a href="#">SULPHASALAZINE for inflammatory arthritis</a>	Yellow (NPT)	●	<a href="#">Shared Care Protocol</a>
<a href="#">SUMATRIPTAN RADIS</a>	Black	●	Not recommended
<a href="#">SUNITINIB</a>	Red	●	Secondary care prescribing only for the first line treatment of advanced and/or metastatic renal cell carcinoma
<a href="#">TACROLIMUS for liver transplantation</a>	Yellow	●	<a href="#">Shared Care Protocol</a>
<a href="#">TACROLIMUS for renal transplantation</a>	Red	●	Specialist initiation and prescribing only
<a href="#">TACROLIMUS ointment</a>	Yellow Continuation	●	On recommendation from Dermatologists only
<a href="#">TEGAFUR</a>	Red	●	In line with <a href="#">NPSA Rapid Alert on Oral Anticancer Medicines</a>
<a href="#">TEICOPLANIN</a>	Red	●	Secondary care prescribing only
<a href="#">TELBIVUDINE</a>	Black	●	In line with <a href="#">NICE TA154</a>
<a href="#">TEMOPORFIN</a>	Red	●	Specialist prescribing only
<a href="#">TEMOZOLOMIDE for malignant glioma</a>	Red	●	Specialist prescribing only Priorities Forum <a href="#">Lavender Statement</a>
<a href="#">TEMSIROLIMUS (first-line) for the treatment of advanced and/or metastatic renal cell carcinoma</a>	Black	●	In line with <a href="#">NICE TAG 178</a>
<a href="#">TENOFIVIR</a>	Red	●	All HIV drugs should be prescribed by specialist centres only
<a href="#">TENOFIVIR DISOPROXIL for chronic hepatitis B</a>	Red	●	In line with <a href="#">NICE TAG 173</a>
<a href="#">TERBINAFINE</a>	Brown	●	Follow recommendations from Priorities Forum <a href="#">Lavender Statement</a> . Patient Information leaflet

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			available – CTRL & <a href="#">click here</a>
<a href="#">TERIPARATIDE</a>	Yellow	●	<a href="#">Shared Care Protocol</a>
<a href="#">TESTOSTERONE (ANDROPATCH) PATCH</a>	Black	●	Not recommended for use as no more clinically effective than testogel, testim and sustanon but more expensive
<a href="#">TESTOSTERONE (INTRINSA) PATCH for hypoactive sexual disorder</a>	Black	●	For hypoactive sexual disorder in the general female population (out of license use)
<a href="#">TESTOSTERONE (INTRINSA) PATCH for surgically induced menopause with concomitant oestrogen therapy</a>	Black	●	Not recommended
<a href="#">TESTOSTERONE (STRIANT) BUCCAL TABLETS</a>	Black	●	For hypoactive sexual disorder in the general female population (out of license use)
<a href="#">TESTOSTERONE GEL (Testim &amp; Testogel)</a>	Yellow (NPT)	●	Prescribe for males only within licensed indications according to <a href="#">shared care protocols</a>
<a href="#">TESTOSTERONE GEL (Tostran)</a>	Black	●	Not recommended
<a href="#">TESTOSTERONE UNDECANOATE (Nebido)</a>	Black	●	Not on ORH formulary. No newly initiated prescriptions should be generated.
THALIDOMIDE	Yellow Continuation	●	For RA patients this will be initiated in secondary care
<a href="#">THICKENERS for dysphasia</a>	Yellow Continuation	●	Only on recommendation of Speech and Language Therapy
<a href="#">THIOTEPA</a>	Red	●	Specialist prescribing only
<a href="#">TINZAPARIN</a>	Black	●	Not appropriate for prescribing
<a href="#">TIOGUANINE</a>	Red	●	In line with <a href="#">NPSA Rapid Alert on Oral Anticancer Medicines</a>
<a href="#">TIOTROPIUM</a>	Brown	●	Restricted in line with local guidelines
<a href="#">TIOTROPIUM RESPIMAT</a>	Brown	●	Restricted for patients unable to use Handihaler
<a href="#">TOBRAMYCIN (inhaled) (Tobi)</a>	Yellow	●	<a href="#">Shared Care Protocol</a>
<a href="#">TOLCAPONE</a>	Black	●	Not recommended. Awaiting consideration by ORHT MAC
<a href="#">TOLTERODINE MR</a>	Brown	●	Only to be used as second line following oxybutinin
<a href="#">TOPOTECAN</a>	Red	●	Specialist prescribing only. <a href="#">NICE TAG 184</a> gives guidance for the treatment of relapsed small-cell lung cancer
<a href="#">TRABECTEDIN</a>	Red	●	Specialist prescribing only in line with <a href="#">NICE TA185</a> .
<a href="#">TRAMACET</a>	Black	●	Not recommended for prescribing due to sub-therapeutic doses
<a href="#">TRASTUZUMAB</a>	Red	●	Specialist prescribing only
<a href="#">TREOSULFAN</a>	Red	●	In line with <a href="#">NPSA Rapid Alert on Oral Anticancer Medicines</a>
<a href="#">TRETINOIN IV</a>	Red	●	Specialist prescribing only
<a href="#">TRICLOFLOS</a>	Red	●	Prescribed and dispensed by the ORHT
<a href="#">TRIPTORELIN for central precocious puberty</a>	Yellow	●	<a href="#">Shared Care Protocol</a> . GnRH agonist of choice as it is the only one licensed
<a href="#">TROSPIUM</a>	Brown	●	Restricted prescribing for patients taking multiple concomitant therapies

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<a href="#">TWOICAL</a>	Red	●	In line with Management of Undernutrition Guidelines
<a href="#">USTEKINUMAB</a> for the treatment of adults with moderate to severe psoriasis	Red	●	In line with <a href="#">NICE TAG 180</a>
<a href="#">ULIPRISTAL ACETATE (Ellaone®)</a>	Brown	●	For women who present between 72 -105 hours and an IUD is not felt to be appropriate
<a href="#">VAC DRESSINGS</a>	Red	●	Specialist prescribing only
<a href="#">VARENICLINE (CHAMPIX)</a>	Brown	●	To be used second line following NRT or where intolerant to NRT - APCO approved local <a href="#">guidance for patients</a> intolerant of NRT or where NRT is unsuccessful.
<a href="#">VENLAFAXINE</a> for Hot Flushes	Black	●	Not licensed. Awaiting a review of the evidence
<a href="#">VILDAGLIPTIN</a>	Black	●	Not recommended for prescribing. No long term safety or efficacy data available
<a href="#">VINBLASTINE SULPHATE</a>	Red	●	Specialist prescribing only
<a href="#">VINCRIStINE SULPHATE</a>	Red	●	Specialist prescribing only
<a href="#">VINDESINE SULPHATE</a>	Red	●	Specialist prescribing only
<a href="#">VINOReLBINE</a>	Red	●	In line with <a href="#">NPSA Rapid Alert on Oral Anticancer Medicines</a>
<a href="#">VIRULITE COLD SORE MACHINE</a>	Black	●	Not recommended
<a href="#">VITAMIN PREPARATIONS</a> for age related macular degeneration	Black	●	Not recommended. Including OcuVite Presser Vision, VisiVite Original Formula, Viteyes AREDS Formula – <a href="#">Priorities Forum Lavender Statement</a>
<a href="#">VORICONAZOLE</a>	Red	●	Specialist prescribing only
<a href="#">ZALCITABINE</a>	Red	●	All HIV drugs should be prescribed by specialist centres only
<a href="#">ZANAMIVIR</a> - for the TREATMENT or PROPHYLAXIS of influenza	Brown	●	Only prescribe according to guidelines
<a href="#">ZIDOvUDINE</a>	Red	●	All HIV drugs should be prescribed by specialist centres only
<a href="#">ZOLEDRONIC ACID</a> for Pagets, Osteoporosis and home TPN patients	Red	●	Specialist prescribing only
<a href="#">ZOLEDRONIC ACID</a> for steroid induced osteoporosis	Black	●	In line with <a href="#">Priorities Forum Statement</a>
<a href="#">ZONISAMIDE</a>	Red	●	Specialist prescribing only

**HOLDING LIST - NO PRESCRIBING**

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The following medicines are awaiting further consideration prior to being placed on the traffic light list. No prescribing of these medicines should take place in the meantime.

Drug	Traffic Light	
<a href="#">LACOSAMIDE (VIMPAT®)</a>	Holding List	Awaiting ORH Review
<a href="#">DEGARELIX (FIRMAGON®)</a>	Holding List	Awaiting ORH MAC review