

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

[TRAFFIC LIGHT CLASSIFICATIONS FOR ANTIMICROBIAL PRESCRIBING RESPONSIBILITIES ARE AVAILABLE ON THE PCT INTRANET AND SHOULD BE REFERRED TO FOR THE PRESCRIBING OF ANTIMICROBIALS.](#)

DRUG	TRAFFIC LIGHT	Rationale
<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>	Red	● <a href="#">Not recommended in line with NICE TA195</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 and NICE TAG 187, TA195 & TA199
<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	● <a href="#">In line with NICE TAG 177</a>
<a href="#">AMANTADINE for the treatment or prophylaxis of influenza</a>	Black	● Not recommended
<a href="#">AMIFAMPRIDINE FIRDAPSE®</a>	Black	● Not on ORH/NOC Formulary
<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	● <a href="#">Only prescribe according to Oxfordshire Guidelines</a>

<a href="#">ANTI-VASCULAR ENDOTHELIAL GROWTH FACTOR (anti-VEGF) as an adjunct to vitrectomy for proliferative diabetic retinopathy- bevacizumab (Avastin) only.</a>	Red	●	<a href="#">In line with MOBBB Priorities Forum</a>
<a href="#">APOMORPHINE</a>	Yellow	●	In line with the APCO approved shared care protocol
<a href="#">ARIPIPIRAZOLE</a>	Yellow Continuation	●	OBMHT consultants only
<a href="#">ARIPIPIRAZOLE ORO-DISPERSIBLE</a>	Yellow Continuation	●	Following recommendation
<a href="#">ATAZANAVIR</a>	Red	●	All HIV drugs should be prescribed by specialist centres only
<a href="#">ATOMOXETINE</a>	Yellow	●	<a href="#">OBMHT consultants only. Shared Care Protocol</a>
<a href="#">AURANOFIN</a>	Yellow	●	Not currently used in Oxfordshire
<a href="#">AZATHIOPRINE for inflammatory bowel disease</a>	Yellow (NPT)	●	<a href="#">Shared Care Protocol</a>
<a href="#">AZATHIOPRINE for inflammatory arthritis</a>	Yellow (NPT)	●	<a href="#">Shared Care Protocol</a>
<a href="#">AZATHIOPRINE in idiopathic pulmonary fibrosis</a>	Yellow	●	Shared Care Protocol
<a href="#">AZITHROMYCIN for cystic fibrosis</a>	Yellow Continuation	●	Detailed information will be provided by the consultant
<a href="#">BACLOFEN INTRATHECAL for spasticity</a>	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="#">BENDAMUSTINE for relapsed or refractory non-Hodgkin's lymphoma</a>	Black	●	<a href="#">In line with MOBBB Priorities Forum and with NICE TA206</a>
<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 (first-line) for the treatment of advanced and/or metastatic renal cell carcinoma</a>	Black	●	<a href="#">In line with NICE TAG 178</a>
<a href="#">BEVACIZUMAB for neo-vascularisation in non wet-AMD conditions and glaucoma prior to laser treatment.</a>	Red	●	<a href="#">In line with Priorities Forum</a>
<a href="#">BEVACIZUMAB in combination with oxaliplatin and either fluorouracil plus folinic acid or capecitabine for the treatment of metastatic colorectal cancer</a>	Black	●	<a href="#">In line with TA 212</a>
<a href="#">BEXAROTENE</a>	Black	●	<a href="#">In line with MOBBB Priorities Forum</a>
<a href="#">BLEOMYCIN</a>	Red	●	Specialist prescribing only
<a href="#">BORTEZOMIB</a>	Red	●	<a href="#">Specialist prescribing only. Low priority for prescribing in Oxfordshire</a>
<a href="#">BORTEZOMIB for dialysis prevention in untreated myeloma</a>	Black	●	<a href="#">In line with MOBBB Priorities Forum</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 and Naloxone – Suboxone®</a>	Black	●	In line with APCO approved Guidance for Substance Misuse
<a href="#">BUPRENORPHINE PATCHES</a>	Black	●	Not recommended
<a href="#">BUPROPION</a>	Brown	●	<a href="#">APCO approved local guidance for patients intolerant of NRT or where NRT is unsuccessful. Only prescribe in line with Lavender statement.</a>
<a href="#">Busulfan</a>	Red	●	<a href="#">In line with NPSA Rapid Alert on Oral Anticancer Medicines</a>
<a href="#">Calc Folate</a>	Red	●	<a href="#">In line with NPSA Rapid Alert on Oral Anticancer Medicines</a>
<a href="#">Calc Levofolate</a>	Red	●	Specialist prescribing only
<a href="#">CANNABIS SPRAY</a>	Black	●	<a href="#">In line with Priorities Forum</a>
<a href="#">Capecitabine</a>	Red	●	<a href="#">In line with NPSA Rapid Alert on Oral Anticancer Medicines and NICE TA 191</a>
<a href="#">Capsaicin patch (Qutenza®)</a>	Black	●	lack of clinical and cost effectiveness data
<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. In line with lavender statement 83a, NPSA Rapid Alert on Oral Anticancer Medicines and TA 191
<a href="#">CARNITINE</a>	Red	●	Renal physicians only
<a href="#">CAVILON</a>	Yellow Continuation	●	Only on recommendation of Tissue Viability Service or the Continence Service. In line with local guidance
<a href="#">CERAZETTE®</a>	Brown	●	Restricted use for use in women in whom a POP is indicated but who find the strict 3 hour regimen of standard POPs difficult to adhere to.
<a href="#">CERTOLIZUMAB PEGOL for rheumatoid arthritis</a>	Red	●	<a href="#">In line with 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	●	<a href="#">In line with NICE TAG 176</a>
<a href="#">CETUXIMAB (for squamous cell carcinoma)</a>	Black	●	<a href="#">Not recommended as per NICE guidance.</a>
<a href="#">CHOLESTAGEL</a>	Black	●	Not appropriate for prescribing
<a href="#">CHLORAMBUCIL</a>	Red	●	<a href="#">In line with 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 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	●	<a href="#">In line with NICE TA 117</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 prophylaxis (penicillin allergy) for infective endocarditis.
<a href="#">CLINDAMYCIN - oral</a>	Yellow continuation	●	Following recommendation
<a href="#">CLOFARABINE</a>	Red	●	Specialist prescribing only
<a href="#">CLOPIDOGREL WITH DYPYRIDAMOLE MR for the prevention of occlusive vascular events</a>	Yellow	●	<a href="#">In line with TA 210</a>

<a href="#">CLOZAPINE</a>	Yellow (NPT)		<a href="#">Shared Care Protocol</a>
<a href="#">COLECALCIFEROL</a>	Black		<a href="#">In line with Priorities Forum</a>
<a href="#">COLISTIMETHATE SODIUM (PROMIXIN)</a>	Black		Not on ORH formulary. Rejected by MAC.
<a href="#">COLISTIMETHATE SODIUM (Nebulised COLOMYCIN)</a>	Yellow		Initiation within secondary care
<a href="#">CO-PROXAMOL</a>	Black		<a href="#">No longer suitable for prescribing</a>
<a href="#">Crisantaspase</a>	Red		Specialist prescribing only
<a href="#">Cyclophosphamide</a>	Red		<a href="#">In line with NPSA Rapid Alert on Oral Anticancer Medicines</a>
<a href="#">CYSTISTAT® - puRified Hyaluronic acid</a>	Black		Limited clinical benefit, and any benefit demonstrated in published studies appears to be short-term
<a href="#">CYTARABINE</a>	Red		Specialist prescribing only
<a href="#">DABIGATRAN</a>	Black		Not recommended
<a href="#">DACARBAZINE</a>	Red		Specialist prescribing only
<a href="#">DACTINOMYCIN</a>	Red		Specialist prescribing only
<a href="#">Dalteparin for perioperative anticoagulation, extended thromboprophylaxis, intermediate risk prgnancy &amp; post-partum</a>	Red		<a href="#">Specialist prescribing only. In line with Dalteparin – Guidelines for Prescribing in Primary Care</a>
<a href="#">DALTEPARIN for sub-therapeutic INRs, DVT in patients with cancer, IV drug users &amp; first doses in high risk pregnancy</a>	Yellow		<a href="#">In line with Dalteparin – Guidelines for Prescribing in Primary Care</a>
<a href="#">DALTEPARIN for DVT &amp; long haul flight prophylaxis</a>	Brown		<a href="#">In line with DVT LES: One off, initial dose only, if outside of DVT clinic hours. Flight prophylaxis rarely required, see Oxfordshire dalteparin guidelines</a>
<a href="#">DAPTOMYCIN</a>	Red		For use at the NOC only on advice of ID or Microbiology Consultants in specific situations
<a href="#">DARBOPOETIN</a>	Red		All prescribing (and funding) transferred to Renal Unit in September 2005. For secondary care prescribing only
<a href="#">DARIFENACIN for overactive bladder syndrome</a>	Black		Not recommended
<a href="#">DASATINIB</a>	Red		In line with NPSA Rapid Alert on Oral Anticancer Medicines and MOBBB Priorities Forum review for patients with CML resistant to imatinib
<a href="#">DAUNORUBICIN</a>	Red		Specialist prescribing only
<a href="#">DEFERIPRONE</a>	Red		Specialist prescribing only
<a href="#">DEHYDROEPIANDOSTERONE SULPHATE (DHEAS)</a>	Black		Not recommended
<a href="#">DEFERASIROX</a>	Red		Specialist prescribing only
<a href="#">DENOSUMAB for therapy-induced bone loss in non-metastatic prostate cancer</a>	Black		<a href="#">In line with NICE TA194</a>
<a href="#">DENOSUMAB for the prevention of osteoporotic fractures in postmenopausal women</a>	Yellow		<a href="#">In line with NICE TA204 and the denosumab shared care protocol. Following initiation and prior notification by a specialist.</a>
<a href="#">DERMASILK GARMENTS</a>	Black		Lack of evidence or cost-effectiveness data available.
<a href="#">DEFERRIOXAMINE</a>	Red		Specialist prescribing only
<a href="#">DESLORATADINE</a>	Black		Product patent extension and no advantage over loratadine
<a href="#">DESMOPRESSIN NASAL SPRAY (OCTIM)</a>	Red		Specialist prescribing only
<a href="#">DEXAMFETAMINE</a>	Yellow		In line with ADHD shared care protocol
<a href="#">DEXRAZOXANE</a>	Red		Specialist prescribing only

<a href="#">DICONAL</a>	Black	●	<a href="#">In line with NCAS Report</a>
<a href="#">DIDANOSINE</a>	Red	●	All HIV drugs should be prescribed by specialist centres only
<a href="#">DILTIAZEM 2% OINTMENT</a>	Black	●	Not accepted on to ORHT formulary
<a href="#">DISODIUM FOLINATE</a>	Red	●	Specialist prescribing only
<a href="#">DOCETAXEL</a>	Red	●	Specialist prescribing only
<a href="#">DONEPEZIL</a>	Yellow Continuation	●	In line with Priorities Forum Statement 17c and statement 134
<a href="#">DOSULEPIN</a>	Brown	●	New patients should not be initiated in general practice
<a href="#">DOXAZOSIN (for BPH)</a>	Black	●	Not recommended
<a href="#">DOXAZOSIN (for hypertension)</a>	Brown	●	In line with NICE guidance for hypertension
<a href="#">DOXAZOSIN MR</a>	Black	●	Not recommended - use standard release doxazosin
<a href="#">DOXORUBICIN HYDROCHLORIDE</a>	Red	●	Specialist prescribing only
<a href="#">DRONEDARONE</a>	Yellow	●	<a href="#">In line with APCO Shared Care Protocol</a>
<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	●	<a href="#">In line with Priorities Forum Statement 122 Sept 2008</a>
<a href="#">DURAPHAT HIGH FLOURIDE TOOTHPASTE</a>	Black	●	Included on dental formulary therefore dentists should prescribe where appropriate rather than refer to the GP.
<a href="#">DUTASTERIDE</a>	Black	●	No evidence of advantage over dutasteride or that patients failing on finasteride will benefit from dutasteride
<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="#">EFLORNTINE</a>	Black	●	Low priority
<a href="#">ELTROMBOPAG for the treatment of chronic immune or idiopathic thrombocytopenic purpura</a>	Black	●	<a href="#">In line with NICE TA205</a>
<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	●	<a href="#">In line with NICE TA153</a>
Epirubicin Hydrochloride	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	●	<a href="#">In line with 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 40mg</a>	Brown	●	Restricted for patients with significant symptoms requiring very high dose PPI treatment.
<a href="#">ESOMEPRAZOLE 20mg</a>	Black	●	Not on ORHT formulary. Omeprazole and lansoprazole capsules are current first line choices. Omeprazole 40mg is equivalent to Esomeprazole 20mg in terms of bioavailability.
<a href="#">ESTRAMUSTINE PHOSPHATE</a>	Red	●	<a href="#">In line with NPSA Rapid Alert on Oral Anticancer Medicines</a>
<a href="#">ETANERCEPT</a>	Red	●	Specialist prescribing only in line with local commissioning arrangements & NICE TA195 & TA199
<a href="#">ETOGLUCID</a>	Red	●	Specialist prescribing only
<a href="#">ETOPOSIDE</a>	Red	●	<a href="#">In line with NPSA Rapid Alert on Oral Anticancer Medicines</a>
<a href="#">EXEMESTANE</a>	Yellow Continuation	●	<a href="#">Guidance available</a>
<a href="#">EZETIMIBE</a>	Brown	●	<a href="#">Prescribe second line following guidelines</a>
<a href="#">FEBUXOSTAT</a>	Brown	●	<a href="#">Restricted prescribing in line with 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.
<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	●	<a href="#">In line with NPSA Rapid Alert on Oral Anticancer Medicines</a>
<a href="#">FLUOROURACIL (ORAL)</a>	Red	●	<a href="#">In line with 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 Priorities Forum Statement 17c and statement 134
<a href="#">GAMOLENIC ACID</a>	Black	●	<a href="#">Priorities Forum Lavender Statement</a>
<a href="#">GARDASIL Human papillomavirus (HPV) vaccine</a>	Black	●	<a href="#">In line with Priorities Forum guidance</a>
<a href="#">GEFITINIB for the second-line treatment of locally advanced or metastatic non-small-cell lung cancer</a>	Red	●	In line with NICE TAG 175 and TA 192
<a href="#">GEMCITABINE</a>	Red	●	Specialist prescribing only
<a href="#">GLUCOSAMINE</a>	Black	●	<a href="#">Priorities Forum Lavender Statement</a>

<a href="#">GLUTEN FREE FOODS for treatment of autism</a>	Black	●	Not prescribed on the NHS as defined by DoH
<a href="#">GOLD (SODIUM AUROTHIOMALATE) for inflammatory arthritis</a>	Yellow (NPT)	●	<a href="#">Shared Care Protocol</a>
GOSERELIN	Yellow Continuation	●	Licensed for all stages of prostate cancer
<a href="#">GRANISETRON</a>	Black	●	In line with ORH guidance: <b>Surgical</b> antiemetic policy, <b>Cancer</b> antiemetic policy
<a href="#">GROWTH HORMONE IN ADULTS</a>	Yellow (NPT)	●	<a href="#">Shared Care Protocol</a>
<a href="#">GROWTH HORMONE IN CHILDREN</a>	Yellow	●	<a href="#">Updated APCO agreed Shared Care Protocol 09/07</a>
<a href="#">GROWTH HORMONE for "small for gestational age" (SGA) children</a>	Yellow (NPT)	●	Shared Care Protocol NICE TA188
<a href="#">GTN 0.4% ointment</a>	Brown	●	For anal fissure. Consider after lifestyle advice/use of topical anaesthetic prior to specialist referral
<a href="#">HEAD LICE DEVICES as listed in Drug Tariff IXA</a>	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)	●	<a href="#">Shared Care Protocol &amp; Guidance approved by APCO &amp; CE</a>
<a href="#">HYDROXYCHLOROQUINE for inflammatory arthritis</a>	Yellow	●	<a href="#">Shared Care Protocol</a>
<a href="#">IBANDRONATE</a>	Black	●	Not recommended
<a href="#">ICAPS for age related muscular degeneration</a>	Black	●	<a href="#">Not recommended. In line with Lavender Statement 97</a>
<a href="#">IDARUBICIN HYDROCHLORIDE</a>	Red	●	<a href="#">In line with 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. In line with NICE TA196 <b>TA 209</b>
<a href="#">IMIQUIMOD 5% CREAM for recalcitrant anogenital warts</a>	Red	●	For specialist GUM consultant prescribing only
<a href="#">IMIQUIMOD CREAM for BCC</a>	Yellow Continuation	●	Guidance available
<a href="#">Immediate release fentanyl intranasal spray for break through cancer pain</a>	Black	●	unclear as to where this product should be used within the pathway, prescribing responsibilities and which patient groups it would be appropriate for use in.
<a href="#">IMMUNOGLOBULINS: intravenous and subcutaneous</a>	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	●	<a href="#">In line with Priorities Forum Statement</a>
<a href="#">INFLIXIMAB</a>	Red	●	Specialist prescribing only in line with local commissioning arrangements NICE TAG 187, TA195 & TA199
<a href="#">INOSINE PRABONEX</a>	Black	●	Not recommended. Not on ORH formulary.
<a href="#">INSULIN DE'EMIR</a>	Brown	●	<a href="#">Prescribe following guidelines only</a>
<a href="#">INSULIN GLARGINE</a>	Brown	●	<a href="#">Restricted prescribing in accordance with Lavender Statement</a>
<a href="#">INTRA-NASAL MIDOZOLAM</a>	Red	●	For use by the Oxfordshire Salaried Primary Care Dental Service only for special care adults and adults with needle phobia - subject to the medico-legal aspects being agreed with Oxford Health.

<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="#">KETAMINE</a>	Red	●	Specialist medicine so should remain under specialist prescribing.
<a href="#">LACOSAMIDE</a>	Yellow	●	In line with the APCO approved shared care protocol
<a href="#">LACTASE DROPS (COLIEF ®)</a>	Black	●	In line with lactose free milk policy and colic treatment pathway. Lack of evidence for effectiveness.
<a href="#">LACTOSE FREE MILK for colic</a>	Black	●	<a href="#">Not recommended in line with lactose free milk policy</a>
<a href="#">LAMIVUDINE FOR HEPATITIS B</a>	Yellow	●	<a href="#">Shared Care Protocol</a>
<a href="#">LAMIVUDINE for HIV</a>	Red	●	All HIV drugs should be prescribed by specialist centres only
<a href="#">LANREOTIDE for acromegaly</a>	Yellow	●	<a href="#">Shared Care Protocol</a>
<a href="#">LANREOTIDE for neuroendocrine tumours</a>	Yellow	●	<a href="#">Only in line with Shared Care Protocol</a>
<a href="#">LANTHANUM</a>	Yellow Continuation	●	<a href="#">Second line a Shared Care Protocol is available</a>
<a href="#">LEFLUNOMIDE for inflammatory arthritis</a>	Yellow (NPT)	●	<a href="#">Shared Care Protocol</a>
<a href="#">LENALIDOMIDE</a>	Red	●	<a href="#">In line with NPSA Rapid Alert on Oral Anticancer Medicines</a>
<a href="#">LETROZOLE</a>	Yellow Continuation	●	<a href="#">In line with local guidance.</a>
<a href="#">LEVOCETIRIZINE</a>	Black	●	Product patent extension and no advantage over cetirizine
<a href="#">LIDOCAINE PLASTER</a>	Black	●	Not recommended
<a href="#">LIDOCAINE PLASTER for neuropathic pain</a>	Yellow Continuation	●	Prescribe following recommendation from pain specialists only
<a href="#">LINEZOLID</a>	Red	●	Secondary care prescribing only
<a href="#">LIRAGLUTIDE 1.8mg (Victoza®) for the treatment of Type 2 diabetes mellitus</a>	Black	●	<a href="#">In line with NICE TA203</a>
<a href="#">LIRAGLUTIDE 1.2mg (Victoza®) for the treatment of Type 2 diabetes mellitus</a>	Yellow	●	<a href="#">In line with APCO Liraglutide Guidance</a>
<a href="#">LITHIUM</a>	Yellow	●	<a href="#">In line with the APCO approved shared care protocol</a>
<a href="#">LOMUSTINE</a>	Red	●	<a href="#">In line with 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="#">MACUSHIELD® (vitamin prep)</a>	Black	●	<a href="#">In line with lavender statement for Vitamins in AMD</a>
<a href="#">Maraviroc</a>	Red	●	<a href="#">In line with Priorities Forum Lavender Statement</a>
<a href="#">MELATONIN (CIRCADIN) for jet lag or primary insomnia</a>	Black	●	Not recommended
<a href="#">MELATONIN for sleep EEG</a>	Red	●	Secondary care prescribing only
<a href="#">MELATONIN paediatric use</a>	Yellow	●	A Shared Care Protocol will be issued each time melatonin is recommended for children depending on the indication
<a href="#">MELPHALAN</a>	Red	●	<a href="#">In line with 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 , MEPILEX &amp; MEPITAC</a>	Red	●	<a href="#">In line with local Wound Management Guidance</a>
<a href="#">MERCAPTOPYRINE for inflammatory bowel disease</a>	Yellow (NPT)	●	<a href="#">Shared Care Protocol</a>
<a href="#">MESNA</a>	Red	●	Secondary care prescribing only
<a href="#">METHADONE CONCENTRATE</a>	Black	●	<a href="#">In line with APCO approved Guidance for Substance Misuse</a>
<a href="#">METHADONE TABLETS</a>	Black	●	<a href="#">In line with APCO approved Guidance for Substance Misuse</a>
<a href="#">METHOTREXATE for dermatology</a>	Yellow (NPT)	●	<a href="#">Shared Care Protocol</a>
<a href="#">METHOTREXATE for inflammatory bowel disease</a>	Yellow (NPT)	●	<a href="#">Shared Care Protocol</a>
<a href="#">Methotrexate for inflammatory eye conditions</a>	Yellow (NPT)	●	Shared Care Protocol. Patient monitoring card & patient info
<a href="#">METHOTREXATE SUBCUTANEOUS for inflammatory arthritis</a>	Yellow (NPT)	●	<a href="#">Shared Care Protocol</a>
<a href="#">METHOTREXATE TABLETS for inflammatory arthritis</a>	Yellow (NPT)	●	Shared Care Protocol , DMARD monitoring information
<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	●	<a href="#">To be used following recommendations from OBMHT consultants only. A Shared Care Protocol is available</a>
<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="#">MITOBRONITOL</a>	Red	●	<a href="#">In line with NPSA Rapid Alert on Oral Anticancer Medicines</a>
<a href="#">MITOMYCIN</a>	Red	●	Specialist prescribing only
<a href="#">MITOTANE</a>	Red	●	<a href="#">In line with 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	●	<a href="#">Low priority for prescribing – Priorities Forum Statement</a>

<a href="#">NAPROXEN &amp; ESOMEPRAZOLE (Vimovo®)</a>	Black	●	Not recommended for prescribing
<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="#">NILETINIB</a>	Red	●	<a href="#">In line with MOBBB Priorities Forum review for patients with CML resistant to imatinib</a>
<a href="#">NUTRITIONAL SUPPLEMENTS 1kcal/ml (eg ENSURE®, FRESUBIN®)</a>	Black	●	<a href="#">Use 1.5kcal/ml supplements (such as Complan Shake) where a nutritional supplement is appropriate to prescribe. In line with local Guidelines for the Management of Undernutrition.</a>
<a href="#">NUTRITIONAL SUPPLEMENTS 2kcal/ml (eg Twocal®, Ensure Twocal®)</a>	Brown	●	<a href="#">Restricted for use only where a patient is under a specialist/dietitian. 2kcal/ml supplements can be used to reduce the volume in bolus feeding via PEG tube or in fluid restricted patients, such as ascites in liver disease. In line with local Guidelines for the Management of Undernutrition.</a>
<a href="#">NUTRITIONAL SUPPLEMENTS – dessert style supplements (eg Forticreme, Fresublin Crème)</a>	Brown	●	<a href="#">Restricted for use only where recommended by a dietitian / Speech &amp; Language therapist in dysphagia. In line with local Guidelines for the Management of Undernutrition.</a>
<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	●	<a href="#">Only in line with Shared Care Protocol</a>
<a href="#">OCTREOTIDE for neuroendocrine tumours</a>	Yellow	●	<a href="#">Only in line with Shared Care Protocol</a>
<a href="#">OCUVITE for age related muscular degeneration</a>	Black	●	<a href="#">Not recommended. In line with Lavender Statement 97</a>
<a href="#">OFATUMUMAB for the treatment of chronic lymphocytic leukaemia refractory to fludarabine and alemtuzumab</a>	Black	●	<a href="#">In line with NICE TA202</a>
<a href="#">OLANZAPINE IM</a>	Red	●	OBMHT specialists only
<a href="#">OMALIZUMAB for adults and children over 12</a>	Red	●	<a href="#">Specialist prescribing only in line with NICE TA133</a>
<a href="#">OMALIZUMAB for the treatment of severe persistent allergic asthma in children aged 6-11</a>	Black	●	<a href="#">In line with NICE TA201</a>
<a href="#">OMEGA 3 SUPPLEMENTS</a>	Brown	●	Prescribe only in certain circumstances
<a href="#">OMEGA 3 SUPPLEMENTS for hypertriglyceridaemia</a>	Brown	●	<a href="#">In line with Guideline for the Management of Hypertriglyceridaemia in Primary Care</a>
<a href="#">ONDANSETRON</a>	Yellow	●	In line with ORH guidance: <b>Surgical</b> antiemetic policy, <b>Cancer</b> antiemetic policy
<a href="#">ORAL GRASS POLLEN VACCINE (GRAZAX)</a>	Black	●	Low priority
<a href="#">ORLISTAT</a>	Brown	●	<a href="#">Only prescribe following NICE CG43</a>
<a href="#">OSELTAMIVIR – 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="#">NANO-PARTICLE BOUND PACLITAXEL for metastatic breast cancer</a>	Black	●	<a href="#">In line with MOBBB Priorities Forum</a>
<a href="#">PALIFERMIN</a>	Red	●	Specialist prescribing only
<a href="#">PALIPERIDONE</a>	Black	●	APCO September 2007
<a href="#">PALIVIZUMAB</a>	Red	●	<a href="#">In line with MOBBB Priorities Forum Statement 28</a>

<a href="#">PANITUMUMAB</a>	Red	●	Specialist prescribing only
<a href="#">PARACETAMAL INJECTION</a>	Red	●	Used selectively in ORHT
<a href="#">Parachlorophenylolamine</a>	Red	●	Specialist prescribing only
<a href="#">PEG INTERFERON</a>	Red	●	Secondary care prescribing only
<a href="#">PEGINTERFERON alfa and ribavirin (virateronpeg®) for the treatment of chronic hepatitis C (part review of TAGs 75 and 106)</a>	Red	●	<a href="#">In line with NICE TA200</a>
<a href="#">PEGAPTANIB</a>	Black	●	<a href="#">Not recommended in line with NICE TA155</a>
<a href="#">PEGVISOMANT</a>	Black	●	Low priority
<a href="#">PEMETREXED</a>	Red	●	In line with NPSA Rapid Alert on Oral Anticancer Medicines NICE TAG 190
<a href="#">PENICILLAMINE</a>	Yellow (NPT)	●	<a href="#">Shared Care Protocol</a>
<a href="#">PENTOSTATIN</a>	Red	●	Specialist prescribing only
<a href="#">PENTOSAN POLYSULFATE SODIUM - ELMERON®</a>	Black	●	Not on ORH formulary , unlicensed & no cost- efficacy data
<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="#">PLERIXAFOR for non-Hodgkin lymphoma</a>	Red	●	<a href="#">In line with MOBBB Priorities Forum.</a>
<a href="#">PLERIXAFOR for Multiple myeloma</a>	Black	●	<a href="#">In line with MOBBB Priorities Forum.</a>
<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 EC tabs</a>	Black	●	Lack of evidence of cost-efficacy
<a href="#">PREDNISOLONE 0.01%,0.03% &amp; 0.1% EYE DROPS</a>	Red	●	All specially prepared eye drops to be prescribed and dispensed by the ORHT
<a href="#">PREDNISOLONE 0.03% &amp; 0.3% PRESERVATIVE FREE EYE DROPS</a>	Red	●	All specially prepared eye drops to be prescribed and dispensed by the ORHT
<a href="#">PRASUGREL</a>	Yellow	●	In line with NICE TA 182 – patient should be stabilised by ORH and length of treatment should be advised when primary care is requested to take over prescribing.
<a href="#">PREGABALIN for neuropathic pain</a>	Yellow Continuation	●	Prescribe following recommendation from pain specialists only
<a href="#">PRISTINAMICIN</a>	Red	●	Specialist prescribing only
<a href="#">PRO-BIOTICS</a>	Black	●	<a href="#">In line with Priorities Forum statement Sept 2008</a>
<a href="#">PROCARBAZINE HYDROCHLORIDE</a>	Red	●	<a href="#">In line with NPSA Rapid Alert on Oral Anticancer Medicines</a>
<a href="#">PRUCALOPRIDE for chronic constipation in women</a>	Red	●	<a href="#">In line with TA 211</a>
<a href="#">PYRAZINAMIDE</a>	Red	●	Specialist prescribing only
<a href="#">TROPISETRON</a>	Black	●	In line with ORH formulary
<a href="#">QLAIRA phased combined hormonal contraceptive</a>	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	●	<a href="#">In line with 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	●	<a href="#">Specialist prescribing only in line with NICE TA 155</a>
<a href="#">RASAGILINE</a>	Black	●	Classified as black in-line with ORH formulary
<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 for stretch marks</a>	Black	●	<a href="#">Not recommended in line with Priorities Forum statement 6</a>
<a href="#">RIFAMPICIN for TB</a>	Red	●	Specialist prescribing only
<a href="#">RIFAMPICIN</a>	Yellow Continuation	●	Following Microbiology/Infectious Diseases recommendation
<a href="#">RILUZOLE</a>	Yellow	●	<a href="#">In line with 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 and TA 193 & TA195
<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 tablets and liquid</a>	Yellow Continuation	●	In line with Priorities Forum Statement 17c and statement 134
<a href="#">ROFECOXIB INJECTION</a>	Black	●	Not on ORHT formulary for acute pain due to lack of evidence
<a href="#">ROPINIROLE for restless legs - mild to moderate</a>	Black	●	<a href="#">In line with Priorities Forum</a>
<a href="#">ROPINIROLE for restless legs – severe &amp; persistent</a>	Red	●	Specialist prescribing only
<a href="#">ROSUVASTATIN</a>	Brown	●	For use only where other first and second line statins have not been tolerated, or for very high risk secondary prevention patients where first and second line agent have not been effective.
<a href="#">ROTIGOTINE PATCH</a>	Brown	●	<a href="#">Following specialist diagnosis in line with the recommendations for the management of Parkinson disease in NICE Clinical Guideline 35 and</a> <ul style="list-style-type: none"> <li>• <a href="#">In patients unable to tolerate ropinerole or</a></li> <li>• <a href="#">In patient with an insufficient response to ropinerole or</a></li> <li>• <a href="#">In patient unable to swallow oral medicines</a></li> </ul>
<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="#">SATIVIX®</a>	Black	●	Effect size of reducing spasticity is small, with very little translation into patient benefit. No cost effectiveness studies. Few long term cannabinoids studies.
<a href="#">SAXAGLIPTIN</a>	Brown	●	<a href="#">For use in line with In line with NICE Type 2 Diabetes Mellitus clinical guideline</a>

<a href="#">SEVELAMER</a>	Yellow		<a href="#">Shared Care Protocol</a>
<a href="#">Sildenafil (for pulmonary artery hypertension)</a>	Red		Specialist prescribing only
<a href="#">SITAGLIPTIN (Januvia®)</a>	Brown		<a href="#">For use in line with NICE Type 2 Diabetes Mellitus clinical guideline</a>
<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		<a href="#">Priorities Forum 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="#">SOMATROPIN for the treatment of growth failure in children</a>	Yellow (NPT)		Shared Care Protocol NICE TA188
<a href="#">SORAFENIB (first- and second-line) for the treatment of advanced and/or metastatic renal cell carcinoma</a>	Black		<a href="#">In line with NICE TA178</a>
<a href="#">SUNITINIB for the treatment of gastrointestinal stromal tumours</a>	Red		<a href="#">In line with NICE TA179</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		Follow NICE guidelines.
<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="#">SYLK® Paraben free personal lubricant</a>	Black		Not recommended for prescribing, available for OTC purchase
<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="#">Tadalafil (for pulmonary artery hypertension)</a>	Red		Specialist prescribing only
<a href="#">TEGAFUR</a>	Red		<a href="#">In line with NPSA Rapid Alert on Oral Anticancer Medicines</a>
<a href="#">TEICOPLANIN</a>	Red		Secondary care prescribing only
<a href="#">TELBIVUDINE</a>	Black		<a href="#">In line with NICE TA154</a>
<a href="#">TEMOPORFIN</a>	Red		Specialist prescribing only
<a href="#">TEMOZOLOMIDE for malignant glioma</a>	Red		<a href="#">Specialist prescribing only Priorities Forum Lavender Statement</a>
<a href="#">TEMSIROLIMUS (first-line) for the treatment of advanced and/or metastatic renal cell carcinoma</a>	Black		<a href="#">In line with NICE TA 178</a>
<a href="#">TEMSIROLIMUS for the treatment of relapsed or refractory mantle cell lymphoma (terminated appraisal)</a>	Black		<a href="#">In line with NICE TA207</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		<a href="#">In line with NICE TA 173</a>
<a href="#">TERBINAFINE</a>	Brown		Follow recommendations from Priorities Forum Lavender Statement. Patient Information leaflet available – CTRL & click here

<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="#">Lavender statement.</a>
<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)	●	<a href="#">Prescribe for males only within licensed indications according to 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.
<a href="#">THALIDOMIDE</a>	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	●	<a href="#">In line with 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 &amp; Bamitop)</a>	Yellow	●	<a href="#">Shared Care Protocol</a>
<a href="#">TOCILIZUMAB for rheumatoid arthritis.</a>	Red	●	<a href="#">RED in line with TA 198</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	●	<a href="#">Specialist prescribing only. NICE TA 184 gives guidance for the treatment of relapsed small-cell lung cancer</a>
<a href="#">TRABECTEDIN</a>	Red	●	<a href="#">Specialist prescribing only in line with NICE TA185.</a>
<a href="#">TRAMACET</a>	Black	●	Not recommended for prescribing due to sub-therapeutic doses
<a href="#">TRASTUZUMAB</a>	Red	●	<a href="#">Specialist prescribing only. TA 208</a>
<a href="#">TREDAPTIVE for hypertriglyceridaemia</a>	Brown	●	<a href="#">In line with Guideline for the Management of Hypertriglyceridaemia in Primary Care</a>
<a href="#">TREOSULFAN</a>	Red	●	<a href="#">In line with 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. GnRH agonist of choice as it is the only one licensed</a>
<a href="#">TROPISERON</a>	Black	●	In line with ORH guidance: <b>Surgical</b> antiemetic policy, <b>Cancer</b> antiemetic policy
<a href="#">TROPISIUM</a>	Brown	●	Restricted prescribing for patients taking multiple concomitant therapies
<a href="#">USTEKINUMAB for the treatment of adults with moderate to severe psoriasis</a>	Red	●	<a href="#">In line with NICE TA 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	●	<a href="#">To be used second line following NRT or where intolerant to NRT - APCO approved local guidance for patients intolerant of NRT or where NRT is unsuccessful.</a>
<a href="#">VENLAFAXINE for Hot Flushes</a>	Black	●	Not licensed. Awaiting a review of the evidence
<a href="#">VILDAGLIPTIN</a>	Brown	●	<a href="#">For use in line with In line with NICE Type 2 Diabetes Mellitus clinical guideline</a>
<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	●	<a href="#">In line with NPSA Rapid Alert on Oral Anticancer Medicines</a>
<a href="#">VIRULITE COLD SORE MACHINE</a>	Black	●	Not recommended
<a href="#">VITAMIN PREPARATIONS for age related macular degeneration</a>	Black	●	<a href="#">Not recommended. Including OcuVite Presser vision, VisiVite Original Formula, Viteyes AREDS Formula – Priorities Forum Lavender Statement</a>
<a href="#">VORICONAZOLE</a>	Red	●	Specialist prescribing only
<a href="#">YASMIN®</a>	Brown	●	Restricted use for women who are unable to tolerate alternative COCs
<a href="#">ZALCITABINE</a>	Red	●	All HIV drugs should be prescribed by specialist centres only
<a href="#">ZANAMIVIR - for the TREATMENT or PROPHYLAXIS of influenza</a>	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 for Pagets, Osteoporosis and home TPN patients</a>	Red	●	<a href="#">Specialist prescribing only. In line with Secondary Prevention of Fragility Fractures Algorithm for Treatment</a>
<a href="#">ZOLEDRONIC ACID for steroid induced osteoporosis</a>	Black	●	<a href="#">In line with Priorities Forum Statement</a>
<a href="#">ZONISAMIDE</a>	Yellow	●	<a href="#">In line with shared care protocol.</a>
<b>HOLDING LIST - NO PRESCRIBING</b>			
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		Rationale
<a href="#">Degarelix (Firmagon®)</a>	Holding List		Awaiting ORH/NOC MAC review
<a href="#">Indacaterol (Onbrez Breezhaler®)</a>	Holding List		Awaiting ORH/NOC MAC review
<a href="#">Roflumilast (Daxas®)</a>	Holding List		Awaiting ORH/NOC MAC review
TICAGRELOR	Holding List		Awaiting ORH/NOC MAC review