

#### JOINT FORMULARY FOR HULL AND EAST RIDING OF YORKSHIRE

#### **Purpose of formulary**

This formulary aims to promote evidence based, safe and cost-effective prescribing throughout the Hull and East Riding area. HERPC has been disbanded and the HERPC joint formulary is currently being merged into the Humber Area Prescribing Committee Joint formulary. So for drugs classified after April 2022 the formulary status will be a Humber APC formulary status. The Humber APC formulary is located on <a href="https://www.apcnlgformulary.nhs.uk/default.asp">https://www.apcnlgformulary.nhs.uk/default.asp</a> please note only use this formulary for any merged chapters as listed in this document. As only the merged chapters are the Humber formulary; the unmerged chapters are the Northern Lincolnshire APC formulary.

#### Format of formulary

The formulary provides recommendations on 1<sup>st</sup> and 2<sup>nd</sup> line drug treatments based on BNF / BNFC classifications with the **expectation that the majority of prescribing by GPs and "non-specialist prescribers" would be from those drugs listed as 1<sup>st</sup>/2<sup>nd</sup> line treatments.** 

Drugs listed in 3<sup>rd</sup> column of recommendations are treatments which should be prescribed by a specialist, prescribed as advised by a specialist or prescribed in line with specific national or local guidance.

At the end of each Chapter there is an additional list of drugs which should only be administered in an in-patient / specialist setting.

#### **Traffic Light Classification**

Within Hull and East Riding drug treatment are classified as follows:

Red - specialist prescriber only

Amber – prescribed in accordance with approved shared care framework

Blue - Guideline Led prescribed on advice of specialist or in line with national / local guideline

Green – other items listed on formulary suitable for initiation and prescribing by any prescriber

Recommendations on 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> line drug treatments are colour coded as Red/Amber/Guideline Led where appropriate.

1<sup>st</sup> and 2<sup>nd</sup> line recommendations which appear in standard font are suitable for initiation and prescribing by any prescriber (i.e. Green).

Drugs classified via the **Humber Area Prescribing Committee** are classified as follows:

GREEN	Medicines suitable for routine use within primary care and Secondary care. May be initiated within primary care within their licensed indication, in accordance with nationally recognised formularies
	decordance with hationary recognised formalaries
AMB 1	Specialist recommendation: These medicines are considered suitable for GP prescribing following specialist recommendation or via an APC approved
	prescribing guideline.
_	
AMB 2	Specialist initiation: These medicines are considered suitable for GP prescribing following specialist initiation, including titration of dose and assessmen
	of efficacy. These medicines may also have an APC approved guideline to aid GPs in further prescribing.
	of chicacy. These medicines may also have an Ar e approved guideline to aid of s in farther prescribing.
AMB SCP	AMBER SHARE CARE PROTOCOL- Specialist initiation with ongoing monitoring: Medicines that must be initiated by a specialist, and which require
	significant monitoring on an ongoing basis. Full agreement to share the care of each specific patient must be reached under the shared care protocol
	which must be provided to the GP. If a commissioned shared care is not available in CCG/place then these drugs must be treated as red drug (hospital
	which must be provided to the Gr. If a commissioned shared care is not available in CCG/place then these drugs must be treated as red drug (hospital

Recommendations on 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> line drug treatments are colour coded as Red/Amber/Guideline Led where appropriate. 1<sup>st</sup> and 2<sup>nd</sup> line recommendations which appear in standard font are suitable for initiation and prescribing by any prescriber (i.e. Green).

#### **Further clinical information**

Drug treatments listed are for oral administration unless otherwise stated.

Before prescribing, the information contained within these guidelines should be read in conjunction with the most recent British National Formulary (<a href="www.bnfc.org">www.bnfc.org</a>) or the electronic medicines compendium (<a href="www.emc.medicines.org.uk">www.emc.medicines.org.uk</a>) for contraindications, cautions, use in pregnancy/ breast feeding and other disease states (e.g. renal or hepatic impairment) and drug interactions.

#### **Development and maintenance of Joint Formulary**

The Joint Formulary was developed and will be maintained by the Formulary Sub Committee of Hull and East Riding Prescribing Committee (HERPC). Recommendations are based on review of individual provider's formulary and guidelines, primary care prescribing data, NICE guidance, BNF and BNF for Children.

The Joint formulary was first approved by HERPC in April 2014.

The Joint Formulary is updated every 2 months and is subject to an on-going rolling review programme.

Further information on HERPC can be found at: www.hey.nhs.uk/herpc.htm

Any queries or feedback on content of the Joint Formulary should be sent to <a href="mailto:jane.morgan14@nhs.net">jane.morgan14@nhs.net</a>

Some differences remain between provider formularies and the Joint Formulary and will be reviewed as part of on-going review. Drugs listed in the Joint Formulary which are not listed in local provider formulary are listed in *italics*.

#### Implementation of the Joint Formulary

#### **GP Practices**

1st and 2nd line recommendations will be incorporated into GP prescribing systems, with agreement of GP practice, as a tool to support clinical practice.

#### Prescribing within secondary care and specialist services

Prescribers working within specialist services in primary and secondary care are expected to prescribe and make prescribing recommendations from drugs listed in the Joint Formulary, or where differences exist, from drugs listed within their individual organisation's formulary or guidelines.

Prescribing of drugs not listed in these formularies should only occur when approved by Chair of Drug & Therapeutics Committee (or equivalent) or Exceptional Treatment Panel.

#### Audit

An audit of prescribing data compared to formulary recommendations may be used as a topic by GP practice for individual practice based audit or by CCG to audit overall prescribing patterns.

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The Humber APC joint formulary is available at Humber APC Formulary (apcnlgformulary.nhs.uk)

Drugs approved for in-patient or specialist team administration only
This section has been intentionally removed

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#### **BNF CHAPTER 5: INFECTIONS**

The Hull and East Riding Prescribing Committee Guideline for Treatment of Infections in Primary Care provides information on 1<sup>st</sup> and 2<sup>nd</sup> line formulary options for treatment of common infections (see links below).

- HERPC antimicrobial guidance
- <u>UTIprimaryCareGuidance.pdf (hey.nhs.uk)</u>
- GI Primary Care guidance

## Traffic Light Status of Specialist Drugs for Treatment of Infection

BNF Section	Drugs approved for in-patient / specialist use only or on specialist advice		
	Key: Red drug – specialist only / in-patient only Amber drug – as per shared care framework Blue - Specialist advised / guideline led as per specialist advice or as per guideline		
5.1.1 Penicillins	Benzylpenicillin – primary care use STAT dose in suspected meningitis only Amoxicillin IV, Flucloxacillin IV, co-amoxiclav IV Temocillin Piperacillin/Tazobactam Pivmecillinam – see Guideline for Prescribing of Pivmecillinam Procaine benzylpenicillin		
5.1.2 Cephalosporins	Cefotaxime or Ceftriaxone - primary care use STAT dose in suspected meningitis only Ceftazidime, Ceftriaxone, Cefalexin, Cefuroxime, Ceftolazone/Tazobactam, Cefazolin, Cefiderocol		
5.1.2 Other Beta-lactams	Aztreonam, Meropenem, Etrapenem		
5.1.3 Tetracyclines	Tigecycline Minocycline		
5.1.4 Aminoglycosides	Gentamicin, Netilmicin, Amikacin, Tobramycin injection Tobramycin Inhaled AMBER for existing patients pending repatriation Amikacin (liposomal) nebulized (Arikayce®)		
5.1.5 Macrolides	Clarithromycin IV, Erythromycin IV, azithromycin PO including prokinetic use as per respiratory guidance		

5.1.6 Clindamycin	Clindamycin IV
5.1.7 Other antibiotics	Sodium fusidate / fusidic acid
	Chloramphenicol IV/ Chloramphenicol Oral
	Teicoplanin,
	Vancomycin IV
	Dalbavancin
	Vancomycin Oral
	Daptomycin
	Fidaxomicin – see Guideline for Prescribing of Fidaxomicin
	Fosfomycin IV
	Fosfomycin Oral
	Rifaximin for immunology use for immunodeficient patients with bacterial colonisation
	Rifaximin for hepatic encephalopathy-
	Linezolid all forms
	Colistimethate sodium IV administration
	Colistimethate sodium powder for nebulised solution ( <i>Promixin</i> ) or Injection for nebulisation ( <i>Colomycin</i> )
	Colomycin AMBER for existing patients pending repatriation
	Pristinamycin
	Spectinomycin
	Tedizolid
5.1.8 Sulphonamides and	Co-trimoxazole IV
trimethoprim	All procipies use only
5.1.9 Antituberculous Drugs	All specialist use only
5.1.10 Antileprotic drugs	All specialist use only
5.1.11 Metronidazole	Metronidazole IV
5.1.12 Quinolones	Ciprofloxacin IV, Ofloxacin oral, Moxifloxacin IV, Levofloxacin IV/Oral/Inhhaled, Moxifloxacin oral
5.1.13 Urinary tract infections	Methenamine hippurate
5.2 Antifungal drugs	Fluconazole IV, Posaconazole, Voriconazole, Isavuconazole
	Itraconazole for fungal nail infections – see <u>HERPC infection guidelines</u> , other indications – specialist only
	Amphoteracin (all forms)
	Caspofungin, Anidulafungin
	Flucytosine Griseofulvin
5.3 Antiviral drugs	O I SCOIDIVIII
J.J Alluviiai diugs	Tecovirimat for Mpox, Maribavir for CMV infection, Letermovir for CMV prophylaxis and treatment
5.3.1 HIV infection	All specialist use only
	All specialist use utily

5.3.2 Herpes virus infection	Aciclovir IV, Valaciclovir, Famciclovir Ganciclovir, Valganciclovir,
5.3.3 Viral hepatitis	All Specialist Led as per NHSE/NICE Guidelines
5.3.4 Influenza	Oseltamavir, Zanamavir – <u>see HPA guidance for influenza</u>
5.3.5 Respiratory syncytial virus	Palivizumab, Ribavirin,
5.4 Antiprotozoal drugs	Prophylaxis of malaria – see HPA guidance on Malaria Prevention  All other drugs and indications - specialist use only
5.5 Anthelmintics	Mebendazole - <u>HERPC infection guidelines</u> Piperazine with Senna - <u>HERPC infection guidelines</u> All other drugs and indications - specialist use only
Other agents	Uromune® UTI vaccine for treatment resistant UTI by Infectious Disease team at HUTH only

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Drugs approved for in-patient or specialist team administration only
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### BNF CHAPTER 7: OBSTETRICS, GYNAECOLOGY AND URINARY TRACT DISORDERS:

### National guidance:

https://pathways.nice.org.uk/pathways/contraception/methods-of-contraception

http://pathways.nice.org.uk/pathways/contraception

http://pathways.nice.org.uk/pathways/lower-urinary-tract-symptoms-in-men

http://pathways.nice.org.uk/pathways/urinary-incontinence-in-women http://pathways.nice.org.uk/pathways/urinary-incontinence-in-neurological-disease

### Local guidance:

Guideline on Treatment of Overactive Bladder

Guideline for Management of Erectile Dysfunction in Primary Care

Erectile Dysfunction following Radical Prostatectomy

Prescribing Formulary for Catheter and Continence Equipment

BNF Section	Description	First line choice(s)	Second line choice(s)	Other treatment options  KEY  Red drug – specialist only  Amber drug – as per shared care framework  Blue - Specialist advised / Guideline Led as per
				specialist advice or as per guideline
7.2 TREAT	MENT OF VAGINAL AND	O VULVAL CONDITIONS		
7.2.1	Treatment of vaginal and vulval conditions	Estriol 0.1% intravaginal cream ( <i>Ovestin</i> ) Estriol 0.01% intravaginal	Estradiol vaginal tablets (Vagirux®)  Estradiol vaginal ring (Estring®)	Prasterone Pessaries
		cream ( <i>Gynest</i> )		
7.2.2	Vaginal and vulval infections: Candidiasis	Clotrimazole 500mg pessary & clotrimazole 2% cream	Fluconazole 150mg cap	See also HERPC guidelines on Treatment of Infection in Primary Care
	Candidiasis in pregnancy	Clotrimazole 100mg pessary	Miconazole 2% cream	
	Bacterial vaginosis	Metronidazole oral	Metrondiazole 0.75% Vaginal Gel	

		(400mg BD for 7 days)	Clindamycin 2% Cream	1
<b>7.3 CONT</b>	RACEPTIVES	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·	
7.3.1	Combined hormonal contraceptives			
	Low strength oral	ethinylestradiol & desogestrel ( <i>Gedarel 20/150</i> )	Mercilon, Femodette	
	Low strength vaginal	Nuvaring		
	Ethinylestradiol & Desogestrel	Gedarel		Lucette (Ethinylestradiol / Drospirenone) Eloine (Ethinyloestradiol/Drospirenone)
	Levonorgestrel& Ethinylestradiol	Microgynon ED Rigevidon, 30/150 Logynon	Microgynon	
	Ethinylestradiol& Gestodene		Femodene Femodene ED	
	Ethinylestradiol& Norethisterone	Brevinor Ovysmen	Trinovum	
	Nomegestrol Acetate & Estradiol	Zoely		Zoely to be prescribed by specialist service until commissioning position approved by CCG
	Ethinylestradiol & Norelgestromin	Transdermal Patch Evra		
7.3.2	Progestogen-only cont			
7.3.2.1	Oral	Desogestrel (May contain soya oil not suitable for patients with peanut allergy)	Norethisterone	

		l	I	
7.3.2.2	Parenteral Injectable	Medroxyprogesterone IM	Medroxyprogesterone SC	
	mjectable	(Depo-Provera®)	(Sayana Press®)	
	Implant	Etonorgestrel		
7.3.2.3	Intra-uterine progestogen only	Levonogestrel 20micrograms per 24 hours(Levosert®) Levonorgestrel 19.5mg (Kyleena®) Levonorgestrel 20micrograms per 24hours (Mirena®) Levongesterol 20microgram/24 hours (Benilexa one handed®)	Levonorgestrel 13.5mg (Jaydess®)	
7.3.3	Spermicidal contraceptives	Noxinol '9'		
7.3.4	Contraceptive devices	Copper T 380A T-Safe 380A QuickLoad TT 380 Slimline	Load 375 Mini TT 380 Slimline Nova-T 380	Gynefix
7.3.5	Emergency contraceptives	Levonorgestrel (Upostelle) Ulipristal (EllaOne)		
7.4 DRU	SS USED FOR GENITO-UP	RINARY DISORDERS		
7.4.1	Drugs for urinary retention	Tamsulosin	Alfuzosin Doxazosin	
7.4.2	Drugs for urinary frequency and incontinence in men	Oxybutynin Tolterodine immediate release	Fesoterodine Solifenacin Trospium	Prescribing Guideline for Overactive Bladder Mirabegron (men and women)
	Drugs for Stress urinary incontinence in women	Oxybutinin Tolterodine immediate release	Fesoterodine Solifenacin Duloxetine (Yentreve)	
7.4.3	Urological Pain	Potassium citrate		Pentosan for interstitial cystitis Sodium hyaluronate (Cystistat)for interstitial cystitis

7.4.4	Bladder instillations for catheter patency	Sodium chloride 0.9% Solution-G Solution—R	Chlorhexidine	
7.4.5 DRU	IGS FOR IMPOTENCE		·	·
7.4.5	Phosphodiesterase inhibitors	Sildenafil	Vardenafil Tadalafil	Prescribing Guideline for Erectile Dysfunction On specialist advice: Intracavernosal Alprostadil (Caverject or Viridal Duo) Urethral application Alprostadil (MUSE) Vacuum erection devices Topical Alprostadil Aviptadil and Phentolamine (Invicorp®)
	Other treatments			Unlicensed treatments: Intracavernosal Papaverine and Phentolamine

BNF Section	Drug name (s)
7.1 Prostaglandins & Oxytocics	Dinoprostone, Carboprost
	Ergometrine, Oxytocin (Syntocinon), Oxytocin with ergometrine (Syntometrine),
	Misoprostol
7.1.1.1 Ductus Arteriosus	Maintenance of patency – Alprostadil
	Closure of ductus – Indometacin, ibuprofen IV
7.1.2 Mifepristone	Mifepristone
7.1.3 Myometrial relaxants	Atosiban
Unlicensed drugs	Clinical Indication
Dimethyl sulfoxide sterile solution	Urological use
Oxybutinin intra-vesical solution Neurogenic bladder	

#### BNF CHAPTER 8: MALIGNANT DISEASE AND IMMUNOSUPPRESSION

#### National guidance:

http://pathways.nice.org.uk/pathways/early-and-locally-advanced-breast-cancer

http://pathways.nice.org.uk/pathways/familial-breast-cancer

http://pathways.nice.org.uk/pathways/prostate-cancer

For other cancer pathways go to http://pathways.nice.org.uk/ and select specific cancer pathway

TA481 Immunosuppressive therapy for kidney transplant in adults

TA 482 Immunosuppressive therapy for kidney transplant in children and young people

http://pathways.nice.org.uk/pathways/multiple-sclerosis

#### Local guidance:

Guideline on Prescribing Gonadorelin Analogues and Gonadotrophin Releasing Hormones Antagonists in the treatment of Prostate Cancer

BNF	Description	First line choice(s)	Second line choice(s)	Other treatment options
Section				<u>KEY</u>
				Red drug – specialist only
				Amber drug – as per shared care framework
				Blue - Specialist advised / guideline led as per
				specialist advise or as per guideline

#### **8.1 CYTOTOXIC DRUGS**

**Abemaciclib** 

### The drugs listed below MUST be prescribed by Specialist team (Listed A-Z)

This list includes oral chemotherapeutic agents and parenteral products requiring specialist administration. Cyclophosphamide Lapatinib

		I I	
Afatinib	Dacarbazine	Lenvatinib	Ruxolitinib
Aflibercept	Dactinomycin	Liposomal Cytarabine	Sacituzumab govitecan
Alemtuzumab	Daratumumab	Lorlatinib	Selpercatinib
Alpelisib	Dasatinib	Lomustine	Sorafenib
Atezolizumab	Daunorubicin	Melphalan	Sunitinib
Asciminib	Docetaxel	Midostaurin	Tegafur with Uracil
Avacopan	Dostarlimab	Mitomycin	Temozolamide
Avelumab	Doxorubicin	Mitoxantrone	Temsirolimus
Azacitidine (IV and oral)	Durvalumab	Mogamulizumab	Tepotinib
Axitinib	Epirubicin	Nelarabine	Tioguanine (Thioguanine)

Entrectinib **Nilotinib** Amsacrine

Rituximab

Topotecan

Bendamustine Bevacizumab Bexarotene Bleomycin Bortezomib Brentuvimab		Erlotinib Eribulin Estramustine Everolimus Etoposide Evolocumab	Nintedanib Niraparib Nivolumab Obinutuzumab Ofatumumab Olaratumab	Trabectedin Trastuzumab Treosulfan Tretinoin Trifluridine–tipiracil Trimetinib (with Dabrafenib)
Brentuximab Busulfan Cabazitaxel Cabozantinib Capecitabine Carboplatin Carmustine Cemiplimab Cetuximab Chlorambucil Cisplatin Cladribine Clofarabine Crizanulizumab Crizotinib Cytarabine		Fludarabine Fluorouracil Gefitinib Gemcitabine Gemtuzumab Gilteritinib Glofitamab Hydroxycarbamide (Hydroxurea) Ibrutinib Idarubicin Ifosfamide Imatinib Irinotecan Ipilimumab	Olaparib Osimertinib Paclitaxel Palbociclib Panobinostat Pazopanib Pemetrexed Pembrolizumab Pentostatin Pirtobrutinib Procarbazine Raltitrexed Ruxolitinib	Tucatinib Vandetinib Vemurafenib Venetoclax Vinblastine Vincristine Vindesine Vinorelbine Zanubrutinib  Supportive agents Calcium Folinate Disodium folinate Mesna
	oxic drugs suitable for	Ivosidenib		Azathioprine & Mercaptopurine for IBD Oral Methotrexate for Immunosuppression
	ng in primary care  GS AFFECTING IMMUNE	RESPONSE		Oral Methotrexate for infinitionosuppression
8.2.1	Cytotoxic immunosuppressants			Azathioprine  Azathioprine & Mercaptopurine for IBD  Azathioprine for Immunosuppression  Mycophenolate mofetil and Mycophenolic acid  Mycophenolate mofetil for Immunosuppression  Mycophenolate mofetil &mycophenolic acid  (Myfortic) for renal transplant
8.2.2	Corticosteroids and other immunosuppressants	Prednisolone – see 6.3.2		Ciclosporin

		Sirolimus for Renal Transplant Everolimus Voclosporin Budesonide targeted release (Kinpeygo®) TA937
8.2.3 Anti-lymphocytomonoclonal anti	e ibodies	See drugs approved for in-patient or specialist administration Alemtuzumab Atalizumab Obinutuzumab – Approved as RED in line with NICE TA 343 Ocrelizumab Ofatumumab Pertuzumab Pembrolizumab Rituximab
8.2.4 Other immunomodula drugs	ting	Interferon alfa Interferon beta  Peginterferon alfa  Fingolimod Glatiramer Siponimod Lenalinomide Thalidomide Pomalidomide Carfilzomab Teriflunomide Ponesimod  Dimethyl Fumarate Diroximel Fumarate Cladribine Tablets Ofantumumab

				See also drugs approved for in-patient or specialist administration only
8.3 SEX I	HORMONES AND HORMO	NE ANTAGONISTS IN MALI	GNANT DISEASE	
8.3.1	Oestrogens	Diethylstilbestrol		
8.3.2	Progesterone	Medroxyprogesterone	Megestrol acetate	
8.3.4.1	Hormone antagonists – breast cancer	Tamoxifen Letrozole Anastrozole		Exemestane Tamoxifen for chemoprevention of familial breast cancer Fulvestrant Anastrozole for chemoprevention of familial breast cancer Raloxifene for chemoprevention of familial breast cancer
8.3.4.2	Hormone antagonists – prostate cancer Gonadorelin analogues	Goserelin Leuprorelin Triptorelin (Amber 1)		<u>Degarelix</u>
	Anti-androgens	Cyproterone acetate	Bicalutamide Flutamide	Abiraterone <u>Enzalutamide (in line with TA316)</u> <u>Darolutamide (in line with TA660)</u> Apalutamide (in line with <u>TA740</u> and <u>TA741</u> )
8.3.4.3	Somatostatin analogues	Octreotide injection short acting (gastro indications)		Somatostatin analogues  • Lanreotide (Somatuline LA and Somatuline Autogel)  • Octreotide (Sandostatin Lar)  • Octreotide Injection Short Acting (Other Indications)  • Pegvisomant (Somavert) Injection  Pasireotide – NHSE IFR Only

BNF Section	Drug name (s)	
8.1 Cytotoxic drugs	See page43 -44	
8.2 Drugs affecting immune response	Rituximab	
	Alemtuzumab (Cancer Services, Neurology)	
	Natalizumab (Neurology)	
	Ocrelizumab (Neurology)	
	BCG Therapeutic Bladder Wash ( <i>Urology, Cancer Services</i> )	
Systemic Mastocytosis	Avapritinib	
Unlicensed drugs	Clinical Indication	

#### BNF CHAPTER 9: NUTRITION AND BLOOD

### National guidance:

http://pathways.nice.org.uk/pathways/nutrition-support-in-adults

http://pathways.nice.org.uk/pathways/anaemia-management-in-people-with-chronic-kidney-disease

http://pathways.nice.org.uk/pathways/hyperphosphataemia-in-chronic-kidney-disease/hyperphosphataemia-in-chronic-kidney-disease-overview

#### Local guidance:

Clinical Guideline on Replacement with High-potency Vitamin D in patients with vitamin D insufficiency or deficiency

http://www.hey.nhs.uk/herpc/guidelines/led/vitaminDHighPotency.pdf

Renavit Request Form

Guideline for the Management of Vitamin B12 and Folate Deficiency

BNF Section	Description	First line choice(s)	Second line choice(s)	Other treatment options  KEY  Red drug – specialist only  Amber drug – as per shared care framework  Blue - Specialist advised / Guideline led as per specialist advice or as per guideline
9.1 ANAE	MIAS AND SOME OTHER	R BLOOD DISORDERS		
9.1.1.1	Iron deficiency anaemia – oral iron	Ferrous fumarate	Ferrous sulphate Sodium feredetate	Feraccru (Ferric Maltol)
9.1.2	Drugs used in megaloblastic anaemia	Hydroxocobalamin injection Cyanocobalamin  Folic acid		See HERPC Guideline
9.1.3	Drugs used in hypoplastic, haemolytic & renal anaemias			Darbepoetin Alfa Epoetin Alfa Epoeitin Beta Eculizumab HST1 Roxadustat TA807  Desferrioxamine (Iron overload)
9.1.4	Drugs used in platelet disorders			Anagrelide Romiplostim Eltrombopag Avatrombopag

				Fostamatinib
9.1.6	Drugs used in neutropenia			Filgrastim Pegfilgrastim Lenograstim
9.2 FLUID	S & ELECTROLYTES		•	
9.2.1.1	Oral potassium	Sando-K	Kay-Cee-L Liquid Potassium Chloride SR (if other forms unsuitable)	
	Hyperkalaemia			Calcium resonium (calcium polystyrene sulfonate) Resonium A (sodium polystyrene sulfonate) Sodium Zirconium Patiromer
9.2.1.2	Oral sodium and water: Oral rehydration salts	Oral rehydration salts		
	oral sodium			Sodium chloride M/R Sodium chloride oral solution 1mmol/ml
9.2.1.3	Oral bicarbonate			Sodium bicarbonate 500mg caps
	NUTRITION			
9.4.1				
	Enteral nutrition	Products should only be preso specialist nutrition team.	ribed on advice of dietitian or	
9.5 MINER	RALS			
9.5.1.1	Calcium only	Calcium carbonate tabs	Calcium effervescent tabs 1g	Alliance Calcium Liquid
9.5.1.2	Hypercalcaemia & hypercalciuria			Cinacalcet Bisphosphonates – see section 6.6.2 Etelcalcetide Injection
9.5.1.3	Magnesium supplements	Magnesium-L-aspartate (Magnaspartate)		Magnesium glycerophosphate (MagnaPhate)
9.5.2.1	Phosphate supplements			Phosphate-Sandoz Sodium phosphate oral solution
9.5.2.2	Phosphate-binding agents	Calcium acetate (1st line)		Sevelamer Lanthanum carbonate Calcium carbonate

			Aluminium hydroxide Sucroferric Oxyhydroxide (Velphoro®)
9.5.3	Fluoride		Sodium Fluoride 0.619% (Duraphat Toothpaste 2800 ppm & 5000ppm) Post chemotherapy treatment Sodium Fluoride Mouthwash 0.05% Post chemotherapy treatment
9.5.4	Zinc		Zinc sulphate monohydrate (Solvazinc)
9.5.5	Selenium		Selenium sodium selenite pentahydrate oral solution (Selenase)
9.6 VITA	MINS		
		e for some pregnant women and children under 4 years	via Healthy Start <a href="http://www.healthystart.nhs.uk/">http://www.healthystart.nhs.uk/</a>
9.6.1	Vitamin A		Vitamin A Oral solution 150 000 units / ml
9.6.2	Vitamin B group	Thiamine tabs  Pyridoxine tabs	
		Fyridoxille tabs	Pyridoxine S/F liquid
		Vitamin B Compound Strong	Vitamin B Compound (tabs can be crushed)
9.6.3	Vitamin C	Ascorbic acid	
9.6.4	Calcium & Vitamin D  Vitamin D only	Calcium carbonate /colecalciferol 1.25gram/500 units 1.5gram/400 units 1.25gram/440 units (Cacit D3 effervescent granules) 2.5gram/880 units (Accrete D3 once a day)	Alfacalcidol Calcitriol Paracalcitol  See HERPC guideline on Vitamin D prescribing Ergocalciferol Oral solution Ergocalciferol injection
		Colecalciferol follow guidelines	
9.6.5	Vitamin E		Alpha tocopheryl

			Alpha tocopheryl acetate
9.6.6	Vitamin K		Menadiol sodium phosphate
			Phytomenadione
9.6.7	Multivitamin preparations	Abidec/Dalivit Drops	DEKAS Plus/Essential for CF patients only Ketovite
		Forceval	Relovite
			Renavit (haemodialysis patients)
9.8.1	Metabolic disorders		Penicillamine
			Carnitine

BNF Section	Drug name (s)
9.1.1.2 Parenteral iron	Iron dextran (Cosmofer)
	Iron sucrose complex (Venofer)
	Iron (III) isomaltoside 1000 (Monofer) – Renal Medicine & Cardiac Surgery
	Iron (III) Isomaltoside (Diafer®) - Renal Medicine Only
9.2.2 Parenteral fluids	Glucose 5%, 10%, 20%, 50%
	Sodium bicarbonate 1.26%, 4.2%, 8.4%
	Sodium chloride 0.9%
	Sodium chloride 0.18%, 0.45%, 1.8%, 2.7%, 5%
	Sodium chloride 0.18% and Glucose 4%, Sodium chloride 0.18% and Glucose 10%
	Sodium chloride 0.45% and Glucose 5%
	Sodium lactate, compound
	Potassium chloride 0.15% and Glucose 5%, Potassium chloride 0.15% and Glucose 10% (for GKI)
	Potassium chloride 0.3% and Glucose 5%, Potassium chloride 0.3% and Glucose 10%
	Potassium chloride 0.6% and Glucose 5%
	Potassium chloride 0.15% and sodium chloride 0.9%
	Potassium chloride 0.3% and sodium chloride 0.9%
	Potassium chloride 0.6% and sodium chloride 0.9%
	Potassium chloride 1.5% and sodium chloride 0.9% (treated as Controlled Drug)
	Potassium chloride 15% (treated as Controlled Drug)
	Potassium chloride 0.15%, sodium chloride 0.18% and glucose 10%
	Potassium chloride 0.15%, sodium chloride 0.45% and glucose 5%
	Potassium chloride 0.15%, sodium chloride 0.9% and glucose 5%
	Potassium chloride 0.15%, sodium chloride 0.18% and glucose 4%
	Potassium chloride 0.3%, sodium chloride 0.18% and glucose 4%
	Potassium chloride 0.3%, sodium chloride 0.45% and glucose 5%
	Potassium chloride 0.3%, sodium chloride 0.9% and glucose 5%

9.2.2.2 Plasma substitutes	Phosphate infusion ( <i>Polyfusor</i> )  Gelatin IV (Volplex)  Hydroxyethyl starch (Voluven <sup>®,</sup> Volulyte <sup>®,</sup> )  Albumin Solution		
9.3 Intravenous nutrition	Parenteral Nutrition ordered via nutrition team and via IFR for home patients		
9.4 Enteral Nutrition	Pre-op		
9.5.1.1 Parenteral calcium	Calcium chloride injection		
	Calcium gluconate injection		
9.5.1.3 Parenteral magnesium	Magnesium sulphate injection		
9.5.5 Selenium	Selenium sodium selenite pentahydrate injection		
9.6.2 Vitamin B	Pabrinex IV or IM		
Unlicensed drugs Clinical Indication			
Vitamin A injection	Paediatrics		
Pyridoxine injection	injection Paediatrics		
Haem arginate	Porphyria		
Biotin & Pyridoxal Paediatrics			

## BNF CHAPTER 10: MUSCULOSKELETAL AND JOINT DISEASES

National o	National guidance:					
	http://pathways.nice.org.uk/pathways/musculoskeletal-conditions					
	ways.nice.org.uk/pathways					
	emic Biological Therapy fo					
p.,,, o y o s	<u> </u>	<u> </u>				
Local gui	dance:					
		www.hey.nhs.uk/herpc/guidelines	s/glucosamineGuidelines.pdf			
BNF	Description	First line choice(s)	Second line choice(s)	Other treatment options		
Section				KEY		
				Red drug – specialist only		
				Amber drug – as per shared care framework		
				Blue -Specialist advised / Guideline Led as per		
				specialist advice or as per guideline		
	GS USED IN RHEUMATION					
10.1.1	Non steroidal anti-	Ibuprofen	Meloxicam	Diclofenac (oral post op use, post op rectal use).		
	inflammatory drugs	Naproxen		Long-term oral diclofenac is not recommended for		
				routine NSAIDs prescribing. Diclofenac remains a		
				formulary option but the cardiovascular safety must be considered on an individual basis. See MHRA		
				advice.		
				advice.		
				Diclofenac oral		
				Indometacin		
				Mefenamic acid		
				Celecoxib		
				Etoricoxib		
10.1.2.1			pids) and 1.5 (Chronic bowel disorde	rs)		
10.1.2.2	Local corticosteroid	Methylprednisolone acetate	Triamcinolone acetonide			
	injection	with/without lidocaine	Hydrocortisone acetate			
10.1.3	Drugs which suppress	Specialist only		Specialist only – as per NICE guidance		
	the rheumatic disease	• <u>Methotrexate</u>		Apremilast		
	process	<ul> <li>Sulfasalazine</li> </ul>		Tocilizumab		
		<ul> <li>Azathioprine</li> </ul>		Ustekinumab		
		<ul> <li>Ciclosporin</li> </ul>		Abatacept		

		<ul> <li>Chloroquine</li> <li>Hydroxychloroquine</li> <li>Leflunomide</li> <li>Mycophenolate mofetil</li> <li>Penicillamine</li> </ul>		<ul> <li>Infliximab</li> <li>Sarilumab</li> <li>Ixekizumab</li> <li>Brodalumumab</li> <li>Secukinumab</li> <li>Cyclophosphamide</li> <li>Adalimumab</li> <li>Anakinra</li> <li>Certolizumab Pegol</li> <li>Etanercept</li> <li>Baricitinib</li> <li>Rituximab</li> <li>Golimumab</li> <li>Tofacinitib</li> <li>Upadacitinib</li> <li>Filgotinib</li> <li>Filgotinib</li> <li>Risankizumab</li> <li>Guselkumab</li> <li>Belimumab</li> <li>Tor specialist administration only - see end of Chapter</li> <li>Systemic Biological Therapy for Rheumatology</li> <li>Arthritis</li> </ul>
10.1.4	Gout and Cytotoxic induced hyperuricaemia	Naproxen Indometacin Allopurinol	Colchicine	Etoricoxib Febuxostat Probenecid Benzbromarone
10.2 DRU	JGS USED IN NEUROMUS	CULAR DISORDERS	•	
10.2.1	Drugs which enhance neuromuscular transmission			Neostigmine Pyridostigmine
10.2.2	Skeletal muscle relaxants	Diazepam		Baclofen Dantrolene

				Tizanidine Sativex® by MS team only
10.2.2	Nocturnal leg cramps	Advice (e.g. passive stretching exercises)	Quinine sulfate	Quinine is not recommended for routine treatment and should not be used unless cramps cause regular disruption to sleep –see BNF for further guidance.
10.3 DRUGS FOR RELIEF OF SOFT-TISSUE INFLAMMATION				
10.3.1	Enzymes			Hyaluronidase
10.3.2	Rubefacients and other topical antirheumatics:	Ibuprofen	Capsaicin	Suggest OTC treatment

BNF Section	Drug name (s)	
10.1.1 NSAIDS	Diclofenac IV (Dyloject) (Theatres)	
	Ibuprofen IV (post op pain)	
10.1.2 Corticosteroids	Dexamethasone sodium phosphate	
10.1.3 Drugs which suppress the	Abatacept (Rheumatology)	
rheumatic disease process	Tocilizumab (Rheumatology)	
	Infliximab (Dermatology, Gastroenterology,Rheumatology)	
	Rituximab (Rheumatology)	
	Sarilumab	
10.1.4 Cytotoxic induced	Rasburicase (Haematology/Oncology)	
hyperuricaemia		
10.2.1 Drugs which enhance	Edrophonium ( for Tensilon test)	
neuromuscular transmission		
10.5.2 Soft Tissue Disorders	Collagenase Clostridium Histolyticum	
Unlicensed drugs	Clinical Indication	
Diaminopyridine	Myasthenia gravis	

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The Humber APC joint formulary is available at Humber APC Formulary (apcnlgformulary.nhs.uk)

Drugs approved for in-patient or specialist team administration only
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**BNF CHAPTER 13: SKIN** 

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#### BNF CHAPTER 14: IMMUNOLOGICAL PRODUCTS AND VACCINES

BNF Section	Description	First line choice(s)	Second line choice(s)	Other treatment options  KEY  Red drug – specialist only  Amber drug – as per shared care framework  Blue - Specialist advised / Guideline Led as per specialist advice or as per guideline
14.4 VACCINES AN	D ANTISERA			
14.4 Vaccines and Antisera	Immunisation against https://www.gov.ulgreen-book N.B. The General specifications will  Anthrax BCG and Tu Cholera COVID-19 va Diphtheria va Haemophilus Hepatitis A va Hepatitis B va Twinrix Herpes zosta Human papil Influenza vaa Japanese Er Measles, Mu Meningococa Pertussis vaa	inst Infectious Disease k/government/collections/immur Medical Services Contract and provide information on the avail aberculin PPD accines accines s type b conjugate vaccine vaccine vaccine er (shingles) llomavirus vaccines accines ncephalitis amps and Rubella (MMR) vaccir cal vaccines accine	ed in line with DoH Green Book:  nisation-against-infectious-disease-the- any locally agreed enhanced service ability of vaccines below on the NHS.	
	Meningococo	cal vaccines ccine cal vaccines		

Rabies vaccine	
<ul><li>Rotavirus vaccine</li><li>RSV vaccine</li></ul>	
Rubella vaccine	
Smallpox	
Tetanus vaccines     Tiele harma anaembalitie	
<ul> <li>Tick-borne encephalitis</li> <li>Typhoid vaccines</li> <li>Varicella zoster vaccine (chickenpox)</li> </ul>	
Yellow fever	

BNF Section	Drug name (s)	
14.5 Immunoglobulins	Normal Human Immunoglobulin (various brands)	
	Hepatitis B Immunoglobulin	
	Tetanus Immunoglubulin	
	Varicella Zoster Immunoglubulin	
	Anti-D (Rh <sub>0</sub> ) immunoglobulin ( <i>Haematology</i> )	
Unlicensed drugs	Clinical Indication	
Antihuman Thymocyte Immunoglobulin	Haematology / Immunology	
(Equine)		

#### BNF CHAPTER 15: ANAESTHESIA

National	guidance:			
Local gu	idance:			
BNF Section	Description	First line choice(s)	Second line choice(s)	Other treatment options  KEY  Red drug – specialist only  Amber drug – as per shared care framework  Blue - Specialist advised / Guideline Led as per specialist advice or as per guideline
15.1 GE	NERAL ANAESTHESIA			
15.1.1	Intravenous anaesthetics			Ketamine injection (palliative care)
15.1.3	Antimuscarinic injections	Hyoscine butylbromide		Glycopyrronium injection (palliative care)
15.1.4	Sedative and analgesic peri-operative drugs			Midazolam injection 10mg/2ml (palliative care)
15.1.7	Antagonists for central and respiratory depression			Flumazenil Naloxone
15.2 LOC	CAL ANAESTHESIA	l .		<u>redioxone</u>
15.2	Local infiltration	Lidocaine injection  Lidocaine + adrenaline injection	Bupivicaine injection	
	Surface anaesthesia	Lidocaine ointment  Instillagel		Lidocaine plasters (commissioned for licensed indication only )
		Tetracaine gel (Ametop)	Lidocaine / Prilocaine cream ( <i>EMLA</i> )	

BNF Section	Drug name (s)
15.1.1 Intravenous anaesthetics	Thiopental sodium injection (Theatres)
	Etomidate injection (Theatres)
	Ketamine injection (Theatres)
	Propofol injection (Theatres)
15.1.2 Inhalational anaesthetics	Sevoflurane (Theatres)
	Isoflurane (Theatres)
	Desflurane (Theatres)
15.1.3 Antimuscarinic drugs	Atropine sulphate injection (Theatres, Emergency use)
15.1.4 Sedative and analgesic peri-	Midazolam injection (Theatres/Endoscopy)
operative drugs	Diazepam injection (?)
	Diclofenac sodium injection, Ketoprofen injection, Ketorolac injection, Parecoxib injection
	Alfentanil, Remifentanil, Fentanyl, Pethidine (Theatres/Critical care)
15.1.5 Muscle relaxants	Atracurium besilate, Cisatracurium, Mivacurium chloride, Pancuronium bromide, Rocuronium bromide,
	Vecuronium bromide ( <i>Theatres</i> )
	Suxamethonium bromide ( <i>Theatres</i> )
15.1.6 Anti-cholinesterases	Neostigmine ( <i>Theatres</i> )
	Edrophonium ( <i>Theatres</i> )
	Glycopyrronium-Neostigmine ( <i>Theatres</i> )
	Suggamadex (Theatres)
15.1.8 Drugs for malignant	Dantrolene sodium injection (Critical Care)
hyperthermia	
15.2 Local anaesthesia	Bupivicaine, Levobupivicaine (Theatres)

	Prilocaine (Theatres)	
	Hyperbaric Prilocaine injection (Day Surgery only)	
	Ropivicaine injection and epidural infusion	
	Lidocaine Topical Spray ( <i>Theatres / Endoscopy</i> )	
	Cocaine (ENT)	
	LAT Gel (A&E)	
Unlicensed drugs	Clinical Indication	

# FORMULARY APPENDIX 1 – DRUGS RECOMMENDED IN NICE TA/NHSE COMMISSIONING POLICY WHICH ARE NOT IN FORMULARY

NICE TA	EXPLANATION
TA85 Renal Transplantation – Immunosuppressive Regimens (Adults)	Renal transplant operations are not performed by HUTH.
TA99 Renal Transplantation – Immunosuppressive Regimens for Children and Adolescents	Renal transplant operations are not performed by HUTH.
TA235 Osteosarcoma – Mifamurtide	Recommended for treatment in specified children, adolescents and young adults. This cohort of patients are referred to specialist provider.
TA305 Pixantrone Monotherapy for treating multiple relapsed or refractory aggressive non Hodgkins B-cell lymphoma	Available via chairs approval until submission received by D&T committee
TA378 Ramucirumab for treating advanced gastric cancer or gastro oesophageal junction adenocarcinoma previously treated with chemotherapy	Available via chairs approval until submission received by D&T committee
TA477 Autologous chondrocyte implantation for treating symptomatic articular cartilage defects of the knee	HUTH not a specialist centre
TA410 – Talimogene laherparepvec for treating unresectable metastatic melanoma	HUTH not a specialist centre
TA538 Dinutuximab beta for treating neuroblastoma	Recommended for treatment in specified children. This cohort of patients are referred to specialist provider, not used at HUTH
TA539 Lutetium (177Lu) oxodotreotide for treating unresectable or metastatic neuroendocrine tumours	Targeted radioisotope would not be used by HUTH
TA541 Inotuzumab ozogamicin for treating relapsed or refractory B-cell acute lymphoblastic leukaemia	Available via chairs approval until submission received by D&T committee
TA554 Tisagenlecleucel for treating relapsed or refractory B-cell acute lymphoblastic leukaemia in people aged up to25years	HUTH not a specialist centre
TA559 Axicabtagene ciloleucel for treating diffuse large B-cell lymphoma and primary mediastinal large B-cell lymphoma after 2 or more systemic therapies	HUTH not a specialist centre
TA567 Tisagenlecleucel for treating relapsed or refractory diffuse large B-cell lymphoma after 2 or more systemic therapies	HUTH not a specialist centre
TA572 Ertugliflozin as monotherapy or with metformin for treating type 2 diabetes	Available via chairs approval until submission received by D&T committee

TA577 Brentuximab vedotin for treating CD30 positive cutaneous T-cell lymphoma.	HUTH not a specialist centre
TA583 Ertugliflozin with metformin and a dipeptidyl peptidase-4 inhibitor for treating type 2 diabetes	Available via chairs approval until submission received by D&T committee
TA588 Nusinersen for treating spinal muscular atrophy	HUTH not a specialist centre
TA591 Letermovir for preventing cytomegalovirus disease after a stem cell transplant	Available via chairs approval until submission received by D&T committee
TA595 Dacomitinib for untreated EGFR mutation positive non small cell lung cancer	Available via chairs approval until submission received by D&T committee
TA617 <u>Lusutrombopag for treating thrombocytopenia in people with</u> chronic liver disease needing a planned invasive procedure	Available via chairs approval until submission received by D&T committee
TA622 Sotagliflozin with insulin for treating type 1 diabetes	Available via chairs approval until submission received by D&T committee
TA630 Larotrectinib for treating NTRK fusion-positive solid tumours	Available via chairs approval until submission received by D&T committee
TA667 Caplacizumab with plasma exchange and immunosuppression for treating acute acquired thrombotic thrombocytopenic purpura	HUTH not a specialist centre
TA698 Ravulizumab for treating paroxysmal nocturnal haemoglobinuria	HUTH not a specialist centre
	Specialist centre is at Newcastle
TA 729 Sapropterin for treating hyperphenylalaninaemia in phenylketonuria	HUTH is not a specialist centre
HST16 Givosiran for treating acute hepatic porphyria	HUTH is not a specialist centre
	Specialist centre is Leeds
TA756 Fedratinib for treating disease-related splenomegaly or symptoms in myelofibrosis	Available via chairs approval until submission received by D&T committee
TA748 Mexiletine for treating the symptoms of myotonia in non- dystrophic myotonic disorders	Available via chairs approval until submission received by D&T committee
TA755 Risdiplam for treating spinal muscular atrophy	HUTH not specialist centre Adults – Sheffield Teaching Hospital
	Children – Leeds Teaching Hospitals or Sheffield Childrens Hospitals
HST17 Odevixibat for treating progressive familial intrahepatic	HUTH not specialist centre
<u>cholestasis</u>	Leeds Teaching Hospitals

HST19 Elosulfase alfa for treating mucopolysaccharidosis type 4A	HUTH not specialist centre
HST20 Selumetinib for treating symptomatic and inoperable plexiform	HUTH not a specialist centre
neurofibromas associated with type 1 neurofibromatosis in children	Leeds Children's Hospitals
aged 3 and over	Sheffield Children's Hospitals NHS Trust
TA758 Solriamfetol for treating excessive daytime sleepiness caused by	Available via chairs approval until submission received by D&T committee
narcolepsy	
TA769 Palforzia for treating peanut allergy in children and Young people	HUTH is not a paediatric immunology centre – Sheffield Teaching Hospitals and Leeds Teaching
	Hospitals
TA778 Pegcetacoplan for treating paroxysmal nocturnal	HUTH not a specialist centre
<u>haemoglobinuria</u>	Specialist centre is at Newcastle
HST21 Setmelanotide for treating obesity caused by LEPR or POMC	HUTH not a specialist centre
deficiency	Cambridge is specialist cenre
TA781 Sotorasib for previously treated KRAS G12C mutation positive	Available via chairs approval until submission received by D&T committee
advanced non-small-cell lung cancer	
TA809 Imlifidase for desensitisation treatment before kidney transplant	HUTH is not a specialist centre
in people with chronic blood disease	Leeds Teaching Hospitals are specialist centre
TA814 Abrocitinib, tralokinumab or upadacitinib for treating moderate	Abrocitinib – via chairs approval until submission received by D&T committee
to severe atopic dermatitis	
TA821 Avalglucosidase alfa for treating Pompe disease	HUTH not a specialist centre
	Adult:
	University College London Hospitals NHS FT
	University Hospitals Birmingham NHS FT
	Northern Care Alliance NHS FT
	Cambridge University Hospitals NHS FT
	The Royal Free London NHS FT
	Paediatric:
	Birmingham Women and Children Hospitals NHS FT
	Great Ormond St Hospital NHS FT
	Manchester University NHS Foundation Trust
TA832 Relugolix–estradiol–norethisterone acetate for treating	Available via chairs approval until submission received by D&T committee
moderate to severe symptoms of uterine fibroids	7
TA868 Vutrisiran for treating hereditary transthyretin-related	HUTH not a specialist centre
amyloidosis	The first a specialist centre

HST22 Ataluren for treating Duchenne muscular dystrophy with a	HUTH not a specialist centre
nonsense mutation in the dystrophin gene	
TA874 Polatuzumab vedotin in combination for untreated diffuse	HUTH not a specialist centre
large B-cell lymphoma	
HST24 Onasemnogene abeparvovec for treating presymptomatic	HUTH not a specialist centre
spinal muscular atrophy	
HST25 Lumasiran for treating primary hyperoxaluria type 1	HUTH not a specialist centre
HST26 Eladocagene exuparvovec for treating aromatic L-amino acid decarboxylase deficiency	HUTH not a specialist centre
HST15 Onasemnogene abeparvovec for treating spinal muscular atrophy	HUTH not a specialist centre
TA893Brexucabtagene autoleucel for treating relapsed or	HUTH not a specialist centre
refractory B-cell acute lymphoblastic leukaemia in people 26	
<u>years and over</u>	
TA895 Axicabtagene ciloleucel for treating relapsed or refractory	HUTH not a specialist centre
diffuse large B-cell lymphoma after first-line	
<u>chemoimmunotherapy</u>	
TA912 Cipaglucosidase alfa with miglustat for treating late-onset	HUTH not a specialist centre
Pompe disease	
TA913: Mavacamten for treating symptomatic obstructive	HUTH is not a specialist centre
hypertrophic cardiomyopathy	
TA915: Pegunigalsidase alfa for treating Fabry disease	HUTH is not a specialist centre
TA984: Tafamidis for treating transthyretin amyloidosis with	HUTH is not a specialist centre
cardiomyopathy	
TA993: Burosumab for treating X-linked hypophosphataemia in	HUTH is not a specialist centre
<u>adults</u>	
TA1000: Iptacopan for treating paroxysmal nocturnal	HUTH is not a specialist centre
haemoglobinuria	
TA1002: Evinacumab for treating homozygous familial	HUTH is not a specialist centre
hypercholesterolaemia in people 12 years and over	
TA1003: Exagamglogene autotemcel for treating transfusion-	HUTH is not a specialist centre
dependent beta-thalassaemia in people 12 years and over	