HERPC

Hull & East Riding Prescribing Committee

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 and then onto the Humber and North Yorkshire (HNY) APC joint formulary (when available). For drugs classified after April 2022 the formulary status will be a Humber APC formulary status and for drugs classified after November 2024, they will be classified according to the HNY APC classifications. The Humber APC formulary is located on https://www.apcnlgformulary.nhs.uk/default.asp 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 1st and 2nd 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 1st/2nd line treatments.**

Drugs listed in 3rd 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 1st, 2nd and 3rd line drug treatments are colour coded as Red/Amber/Guideline Led where appropriate.

1st and 2nd 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
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 assessment of efficacy. These medicines may also have an APC approved guideline to aid GPs in further 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 only).
RED	Red-Hospital initiation and continuation only

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

Information on HNY APC classifications is available at their website:
Area Prescribing Committee (APC) - Humber and North Yorkshire Health and Care Partnership
HNY-APC-RAG-Status-Definitions-document-Short-version-FINAL-V1.0-Approved-April-2025.docx

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 (www.bnf.org or www.bnfc.org) or the electronic medicines compendium (www.emc.medicines.org.uk) 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 jane.morgan14@nhs.net

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.

Contents

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

Currently chapters 1, 2, 3, 4, 6, 11, 12, 13, 14 and 15 are live please do not use any chapter other these chapters– the rest of the formulary is currently the Northern Lincolnshire APC formulary

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

- HERPC antimicrobial guidance
- UTIprimaryCareGuidance.pdf (hey.nhs.uk)
- 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 (*Promixin*) or Injection for nebulisation (*Colomycin*) Colomycin AMBER for existing patients pending repatriation Pristinamycin Spectinomycin Tedizolid
5.1.8 Sulphonamides and trimethoprim	Co-trimoxazole IV
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 HERPC infection guidelines, other indications – specialist only Amphoteracin (all forms) Caspofungin, Anidulafungin Flucytosine Griseofulvin
5.3 Antiviral drugs	
	Tecovirimat for Mpox, Maribavir for CMV infection, Letermovir for CMV prophylaxis and treatment
5.3.1 HIV infection	All specialist use only

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 – see HPA guidance for influenza
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 - HERPC infection guidelines Piperazine with Senna - HERPC infection guidelines 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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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 TREATMENT OF VAGINAL AND VULVAL CONDITIONS				
7.2.1	Treatment of vaginal and vulval conditions	Estriol 0.1% intravaginal cream (*Ovestin*) Estriol 0.01% intravaginal cream (*Gynest*)	Estradiol vaginal tablets (Vagirux®) Estradiol vaginal ring (Estring®)	Prasterone Pessaries
7.2.2	Vaginal and vulval infections: Candidiasis Candidiasis in pregnancy Bacterial vaginosis	 Clotrimazole 500mg pessary & clotrimazole 2% cream Clotrimazole 100mg pessary Metronidazole oral	 Fluconazole 150mg cap Miconazole 2% cream Metrondiazole 0.75% Vaginal Gel	 See also HERPC guidelines on Treatment of Infection in Primary Care

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

7.3.2.2	Parenteral Injectable Implant	Medroxyprogesterone IM *(Depo-Provera®)* Etonorgestrel	Medroxyprogesterone SC *(Sayana Press®)*	
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 DRUGS USED FOR GENITO-URINARY DISORDERS				
7.4.1	Drugs for urinary retention	Tamsulosin	Alfuzosin Doxazosin	
7.4.2	Drugs for urinary frequency and incontinence in men Drugs for Stress urinary incontinence in women	Oxybutynin Tolterodine immediate release Oxybutinin Tolterodine immediate release	Fesoterodine Solifenacin Trospium Fesoterodine Solifenacin Duloxetine (Yentreve)	Prescribing Guideline for Overactive Bladder Mirabegron (men and women)
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 DRUGS 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

Drugs approved for in-patient or specialist team administration only

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

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 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 advise or as per guideline**
8.1 CYTOTOXIC DRUGS				
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.				
Abemaciclib Afatinib Aflibercept Alemtuzumab Alpelisib Atezolizumab Asciminib Avacopan Avelumab Azacitidine (IV and oral) Axitinib Amsacrine		Cyclophosphamide Dacarbazine Dactinomycin Daratumumab Dasatinib Daunorubicin Docetaxel Dostarlimab Doxorubicin Durvalumab Epirubicin Entrectinib	Lapatinib Lenvatinib Liposomal Cytarabine Lorlatinib Lomustine Melphalan Midostaurin Mitomycin Mitoxantrone Mogamulizumab Nelarabine Nilotinib	Rituximab Ruxolitinib Sacituzumab govitecan Selpercatinib Sorafenib Sunitinib Tegafur with Uracil Temozolamide Temsirolimus Tepotinib Tioguanine (Thioguanine) Topotecan

Bendamustine Bevacizumab Bexarotene Bleomycin Bortezomib Brentuximab Busulfan Cabazitaxel Cabozantinib Capecitabine Carboplatin Carmustine Cemiplimab Cetuximab Chlorambucil Cisplatin Cladribine Clofarabine Crizanulizumab Crizotinib Cytarabine		Erlotinib Eribulin Estramustine Everolimus Etoposide Evolocumab Fludarabine Fluorouracil Gefitinib Gemcitabine Gemtuzumab Gilteritinib Glofitamab Hydroxycarbamide (Hydroxurea) Ibrutinib Idarubicin Ifosfamide Imatinib Irinotecan Ipilimumab Ivosidenib	Nintedanib Niraparib Nivolumab Obinutuzumab Ofatumumab Olaratumab Olaparib Osimertinib Paclitaxel Palbociclib Panobinostat Pazopanib Pemetrexed Pembrolizumab Pentostatin Pirtobrutinib Procarbazine Raltitrexed Ruxolitinib	Trabectedin Trastuzumab Treosulfan Tretinoin Trifluridine–tipiracil Trimetinib (with Dabrafenib) Tucatinib Vandetinib Vemurafenib Venetoclax Vinblastine Vincristine Vindesine Vinorelbine Zanubrutinib Supportive agents Calcium Folinate Disodium folinate Mesna
8.1 Cytotoxic drugs suitable for prescribing in primary care				Azathioprine & Mercaptopurine for IBD Oral Methotrexate for Immunosuppression
8.2 DRUGS AFFECTING IMMUNE RESPONSE				
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 • Ciclosporin for Immunosuppression • Ciclosporin for Renal Transplant Tacrolimus for Renal Transplant

				Sirolimus for Renal Transplant Everolimus Voclosporin Budesonide targeted release (Kinpeygo®) TA937
8.2.3	Anti-lymphocyte monoclonal antibodies			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 immunomodulating drugs			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 HORMONES AND HORMONE ANTAGONISTS IN MALIGNANT 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 Anti-androgens	Goserelin *Leuprorelin* *Triptorelin (Amber 1)* Cyproterone acetate	 Bicalutamide Flutamide	Degarelix Abiraterone Enzalutamide (in line with TA316) Darolutamide (in line with TA660) Apalutamide (in line with TA740 and TA741)
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

Drugs approved for in-patient or specialist team administration 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 (*Urology, Cancer Services)*
Systemic Mastocytosis	Avapritinib
Unlicensed drugs	**Clinical Indication**

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

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9.1 ANAEMIAS AND SOME OTHER 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 FLUIDS & ELECTROLYTES				
9.2.1.1	Oral potassium Hyperkalaemia	Sando-K	Kay-Cee-L Liquid Potassium Chloride SR (if other forms unsuitable)	 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 sodium	Oral rehydration salts		 Sodium chloride M/R Sodium chloride oral solution 1mmol/ml
9.2.1.3	Oral bicarbonate			Sodium bicarbonate 500mg caps
9.4 ORAL NUTRITION				
9.4.1				
	Enteral nutrition	Products should only be prescribed on advice of dietitian or specialist nutrition team.		
9.5 MINERALS				
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 VITAMINS				
Multivitamin preparations are available for some pregnant women and children under 4 years via Healthy Start http://www.healthystart.nhs.uk/				
9.6.1	Vitamin A			Vitamin A Oral solution 150 000 units / ml
9.6.2	Vitamin B group	Thiamine tabs Pyridoxine tabs Vitamin B Compound Strong		 Pyridoxine S/F liquid 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)* Colecalciferol follow guidelines		Alfacalcidol Calcitriol Paracalcitol See HERPC guideline on Vitamin D prescribing Ergocalciferol Oral solution Ergocalciferol injection
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 Forceval		DEKAS Plus/Essential for CF patients only Ketovite Renavit (haemodialysis patients)
9.8.1	Metabolic disorders			Penicillamine Carnitine

Drugs approved for in-patient or specialist team administration only

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%

	Phosphate infusion *(Polyfusor)*
9.2.2.2 Plasma substitutes	Gelatin IV (Volplex) Hydroxyethyl starch (Voluven®, Volulyte®,) 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	Paediatrics
Haem arginate	Porphyria
Biotin & Pyridoxal	Paediatrics

National guidance:
http://pathways.nice.org.uk/pathways/musculoskeletal-conditions
http://pathways.nice.org.uk/pathways/rheumatoid-arthritis
http://Systemic Biological Therapy for Rheumatology Arthritis

Local guidance:
Glucosamine in osteoarthritis http://www.hey.nhs.uk/herpc/guidelines/glucosamineGuidelines.pdf

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**
10.1 DRUGS USED IN RHEUMATIC DISEASE AND GOUT				
10.1.1	Non steroidal anti-inflammatory drugs	Ibuprofen Naproxen	*Meloxicam*	Diclofenac (oral post op use, post op rectal use). 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. Diclofenac oral Indometacin Mefenamic acid Celecoxib Etoricoxib
10.1.2.1	Systemic corticosteroids – see sections 6.3 (Corticosteroids) and 1.5 (Chronic bowel disorders)			
10.1.2.2	Local corticosteroid injection	Methylprednisolone acetate with/without lidocaine	Triamcinolone acetonide Hydrocortisone acetate	
10.1.3	Drugs which suppress the rheumatic disease process	Specialist only • Methotrexate • Sulfasalazine • Azathioprine • Ciclosporin		Specialist only – as per NICE guidance • Apremilast • Tocilizumab • Ustekinumab • Abatacept

		• Chloroquine • Hydroxychloroquine • Leflunomide • Mycophenolate mofetil • Penicillamine		• Infliximab • Sarilumab • Ixekizumab • Brodalumumab • Secukinumab • Cyclophosphamide • Adalimumab • Anakinra • Certolizumab Pegol • Etanercept • Baricitinib • Rituximab • Golimumab • Tofacinitib • Upadacitinib • Filgotinib • Bimekizumab • Risankizumab • Guselkumab • Belimumab For specialist administration only - see end of Chapter Systemic Biological Therapy for Rheumatology Arthritis
10.1.4	Gout and Cytotoxic induced hyperuricaemia	Naproxen Indometacin Allopurinol	Colchicine	Etoricoxib Febuxostat Probenecid Benzbromarone
10.2 DRUGS USED IN NEUROMUSCULAR 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

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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 rheumatic disease process	Abatacept *(Rheumatology)* Tocilizumab *(Rheumatology)* Infliximab *(Dermatology, Gastroenterology,Rheumatology)* Rituximab *(Rheumatology)* Sarilumab
10.1.4 Cytotoxic induced hyperuricaemia	Rasburicase *(Haematology/Oncology*)
10.2.1 Drugs which enhance neuromuscular transmission	Edrophonium *(for Tensilon test)*
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)]

Currently chapters 1, 2, 3, 4, 6, 11, 12, 13, 14 and 15 are live please do not use any chapter other these chapters– the rest of the formulary is currently the Northern Lincolnshire APC formulary

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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 Lusutrombopag for treating thrombocytopenia in people with 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 cholestasis	HUTH not specialist centre Leeds Teaching Hospitals
HST19 Elosulfase alfa for treating mucopolysaccharidosis type 4A	HUTH not specialist centre
HST20 Selumetinib for treating symptomatic and inoperable plexiform neurofibromas associated with type 1 neurofibromatosis in children aged 3 and over	HUTH not a specialist centre Leeds Children's Hospitals Sheffield Children's Hospitals NHS Trust
TA758 Solriamfetol for treating excessive daytime sleepiness caused by narcolepsy	Available via chairs approval until submission received by D&T committee
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 haemoglobinuria	HUTH not a specialist centre Specialist centre is at Newcastle
HST21 Setmelanotide for treating obesity caused by LEPR or POMC deficiency	HUTH not a specialist centre Cambridge is specialist cenre
TA781 Sotorasib for previously treated KRAS G12C mutation positive advanced non-small-cell lung cancer	Available via chairs approval until submission received by D&T committee
TA809 Imlifidase for desensitisation treatment before kidney transplant in people with chronic blood disease	HUTH is not a specialist centre Leeds Teaching Hospitals are specialist centre
TA814 Abrocitinib, tralokinumab or upadacitinib for treating moderate to severe atopic dermatitis	Abrocitinib – via chairs approval until submission received by D&T committee
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 moderate to severe symptoms of uterine fibroids	Available via chairs approval until submission received by D&T committee
TA868 Vutrisiran for treating hereditary transthyretin-related amyloidosis	HUTH not a specialist centre
HST22 Ataluren for treating Duchenne muscular dystrophy with a nonsense mutation in the dystrophin gene	HUTH not a specialist centre
TA874 Polatuzumab vedotin in combination for untreated diffuse large B-cell lymphoma	HUTH not a specialist centre
HST24 Onasemnogene abeparvovec for treating presymptomatic spinal muscular atrophy	HUTH not a specialist centre
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 refractory B-cell acute lymphoblastic leukaemia in people 26 years and over	HUTH not a specialist centre
TA895 Axicabtagene ciloleucel for treating relapsed or refractory diffuse large B-cell lymphoma after first-line chemoimmunotherapy	HUTH not a specialist centre
TA912 Cipaglucosidase alfa with miglustat for treating late-onset Pompe disease	HUTH not a specialist centre
TA913: Mavacamten for treating symptomatic obstructive hypertrophic cardiomyopathy	HUTH is not a specialist centre
TA915: Pegunigalsidase alfa for treating Fabry disease	HUTH is not a specialist centre
TA984: Tafamidis for treating transthyretin amyloidosis with cardiomyopathy	HUTH is not a specialist centre
TA993: Burosumab for treating X-linked hypophosphataemia in adults	HUTH is not a specialist centre
TA1000: Iptacopan for treating paroxysmal nocturnal haemoglobinuria	HUTH is not a specialist centre

TA1002: Evinacumab for treating homozygous familial hypercholesterolaemia in people 12 years and over	HUTH is not a specialist centre
TA1003: Exagamglogene autotemcel for treating transfusion-dependent beta-thalassaemia in people 12 years and over	HUTH is not a specialist centre