



Report to:	SINGLE COMMISSIONING BOARD
Date:	6 September 2016
Reporting Officer of Single Commissioning Board	Clare Watson, Director of Commissioning
Subject:	ENHANCED SYSTEM FOR SUPPORT TO PRESCRIBERS AROUND PROMOTION AND ENFORCEMENT OF DNP, GREY AND RED LISTS APPROACHES.
Report Summary:	<p>Whilst T&G CCG seeks to ensure that all patients have access to the most appropriate medicines and treatments to maintain their health and wellbeing some medicines have been identified as not providing adequate value for the local health economy and the prescribing of any such medicines or appliances may be restricted. This may be as a general 'Do Not Prescribe' (DNP) message, prescribe under limited circumstances (Grey list) or not to be prescribed in primary care (red status).</p> <p>This paper sets out the proposed approach for the application of prescribing guidance in the local health economy.</p>
Recommendations:	SCB are asked to consider and approve the approach included in this paper, and to support the proposal that the single commission management team (via medicines management teams) works with prescribers in the local economy to implement this.
Financial Implications: <i>(Authorised by the statutory Section 151 Officer & Chief Finance Officer)</i>	<p>Finance support the idea of a clear and unambiguous list of drugs we do not prescribe, which will reduce prescribing spend without any requirement for upfront funding.</p> <p>However, assurance would be required regarding the monitoring of compliance with the new policies and how this would link with the support systems above, i.e. can they electronically prevent scripts being written. In addition, regular performance monitoring of progress against this new policy and a quantification of savings must form part of on-going QIPP reporting.</p>
Legal Implications: <i>(Authorised by the Borough Solicitor)</i>	Given this is a voluntary code it will be important that effective communication to achieve the benefits set out in the report. As well as medical professionals it will also need to include the public. It is not clear how much some of these medications cost to prescribe or to purchase where no prescription is necessary and this information may also be helpful for patients in making choices.
How do proposals align with Health & Wellbeing Strategy?	Reduced variation in health, better financial return on CCG investment in current economic climate.
How do proposals align with Locality Plan?	Elements of healthy lives and planned care services.
How do proposals align with the Commissioning Strategy?	Support CCG cost-efficiencies in current economic climate. Implications for prescribing in LTC, mental health, end of life

Recommendations / views of the Professional Reference Group:	PRG supported the finance recommendation. To initiate this system of designation and put the lists and backing documents on the CCG website.
Public and Patient Implications:	Changes to the list of drugs prescribed to our population, to bring in line with national and GM guidance.
Quality Implications:	Improved patient safety at point of prescribing.
How do the proposals help to reduce health inequalities?	Ensuring all patients receive a standard approach to prescribing of DNP, Grey and Red list medicines.
What are the Equality and Diversity implications?	Equality and Diversity implications have been addressed in the development of the guidelines on which this proposal is based, and will continue to be monitored / considered in the implementation and delivery.
What are the safeguarding implications?	All T&G prescribers are bound by safeguarding standards and policies. We will ensure through the implementation of this model that these are in place and that any new providers / partners understand their responsibilities.
What are the Information Governance implications? Has a privacy impact assessment been conducted?	Existing prescribers, who will be affected by the implementation of this proposal, are already bound by existing information governance through our primary care contracting processes (CCG and NHSE)
Risk Management:	Risks related to this prescribing support proposal will be reported and monitored through existing Medicines Management governance and reported or escalated via Single Commission Board where required.
Access to Information :	Clare Watson, Director of Commissioning  Telephone: 0161 3045300  e-mail: clarewatson2@nhs.net

1. BACKGROUND

- 1.1 Whilst T&G CCG seeks to ensure that all patients have access to the most appropriate medicines and treatments to maintain their health and wellbeing some medicines have been identified as not providing adequate value for the local health economy and the prescribing of any such medicines or appliances may be restricted. This may be as a general 'Do Not Prescribe' (DNP) message, prescribe under limited circumstances (Grey list) or not to be prescribed in primary care (red status).
- 1.2 The NHS Act and the NHS Constitution in line with the NHS Standard Contract sets a number of broad principles in place when considering the use of any treatment within the NHS:
- a) Clinical Commissioning Groups have legal responsibility for NHS healthcare budgets. Their primary duty is to commission service to meet the healthcare needs of the whole population rather than individuals and to live within the budget allocated to them.
 - b) The NHS should only invest in treatments which are of proven effectiveness unless it does so in the context of well designed, sufficiently powered and properly conducted clinical trials.
 - c) All NHS commissioned care should be provided as a result of a specific policy or decision to support the proposed treatment. A third party has no mandate to pre-commit resources from T&G CCG budgets unless directed by the Secretary of State.
 - d) The priority for an individual patient or group of patients to receive NHS funding for healthcare to meet their needs must always be assessed against other competing demands and within the resources available.
 - e) The NHS must ensure it demonstrates value for money and appropriate use of NHS funding based on the needs of the population it serves.
 - f) T&G CCG commissioners have a responsibility to make rational decisions in determining the way in which they allocate resources and to act fairly between patients.
 - g) T&G CCG should strive to commission the provision of equal treatment in the same clinical circumstance and should not, therefore, offer to one patient a treatment which cannot be afforded for all patients in the same clinical circumstance.
 - h) Interventions of proven effectiveness should be prioritised above funding research and evaluation.
 - i) Acknowledgement: East Midlands Specialised Commissioning Group. (EMSCGN003V1): Key Principles for the development of commissioning policies by the EMSCCG. <http://www.emscg.nhs.uk/Library/EMSCGN003V1EMSCGKeyPrinciples.pdf>
- 1.3 There are many medicines commonly viewed as of DNP, Grey and Red status both across GM and nationally. T&G CCG is in agreement with such classification however inadvertently some medicines from these categories are prescribed within practices across the CCG often, though not always, at request of secondary care.
- 1.4 Though patients are reviewed with regard to removing/ changing inappropriate prescribing it is often quite difficult and takes time to effect such change once prescribing has been initiated.
- 1.5 The aim of this piece of work is to promote recognition of DNP, Grey, Red requests at time of requesting so they can be highlighted and challenged before any GP prescribing occurs. Often it is practice staff who are the first point of contact for these requests and having a reference point which can be checked in the first instance would be of benefit. Similarly having such a reference point available for GPs to back up their decisions not to prescribe would help prevent prescribing contra to the DNP, Grey, Red prescribing lists.

- 1.6 Though such lists are available on the GMMMG website the information is not always easy to find and the proposal is to have a localised version of these list accessible for the public and GPs/ practice staff on the CCG website. This is part of an approach which has been taken by Stockport CCG and has seen them be one of the lower prescribers within GM of the three categories of medicines.
- 1.7 Any prescriber would be able to input ideas into the development of the DNP and Grey list which would be reviewed on a regular basis. The form in Appendix 1 would be completed and submitted for consideration to the MMC. It is proposed that those medicines or appliances which are agreed as going forward for inclusion would then be signed off for such by the Quality Committee and then after updated on the CCG website.
- 1.8 The proposed policy for consideration for inclusion in DNP, Grey list is in **Appendix 1**.

APPENDIX 1

CONSIDERATION OF ITEMS FOR INCLUSION IN T&G CCG DNP OR GREY LISTS

T&G CCG is highlighting on its website those medicines which have a DNP or Grey List criteria. The aim is to heighten practice staff awareness of the status of these medicines and support GPs in applying these statuses so that inappropriate prescribing is reduced.

Medicines may be considered for addition to any of these lists via the form below. There will be a standing item on Medicines Management Agenda each month to discuss submissions.

Any product considered for addition to the Do Not Prescribe or Grey lists produced by the GMMMG Formulary Group should also be considered for inclusion.

Name of product to be considered

Product nominated by

Date of review

Criteria for Inclusion on the T&G CCG DNP or Grey list

(There does not need to be agreement with all statements but they need to be considered)

Criteria Statement	Yes	No	Comment
The drug has an absolute 'not recommended' drug by GMMMG IPNTS from January 2011 as it has limited clinical effectiveness (and data is against placebo) or cost effectiveness data.			
There is no instance where this drug would be appropriate to use from a safety or efficacy point of view, over existing treatments. This may mean there are no further drug options for that patient group*			
There is a only a narrow, defined place for use of the drug. Such drugs will be grey listed to allow use only within this defined situation			
There are more appropriate evidence based alternative(s) available that means this drug should not be prescribed in any situation*			
The evidence base is so poor that it is not an appropriate use of NHS resources to prescribe this drug in any situation. This may include lack of robust, published phase III RCTs, or poor evidence only such as limited benefit in trials against placebo or opinion only*			

There is sufficient concern over safety that it is not appropriate for this drug to be prescribed*			
There is a negative NICE Technology Appraisal not recommending its use at any stage. If NICE has not considered a drug then SMC and AWMSG decisions can be considered.			
The drug is a 'me too' drug that doesn't offer any additional proven benefit over the existing drug or other therapies.			
The drug is considered by the BNF Joint Formulary Committee to be less suitable for prescribing			

* Whilst prescribers should think very carefully before prescribing or recommending any of the DNP products, there may be exceptional instances when the use of one of these products is necessary for a particular patient. A patient may be deemed exceptional if the patient has a clinical picture that is significantly different to the general population of patients with that condition and as a result of that difference; the patient is likely to derive greater benefit from the intervention than might normally be expected for patients with that condition. Before prescribing clinicians should seek approval to prescribe from the CCG to ensure the CCG agrees the exceptionality and approves prescribing outside of the policy.

(acknowledgement to Stockport CCG for sharing this methodology)

Review outcome

Recommendation to MMC for Black Listing Yes/ No

Recommendation to MMC for Grey Listing Yes/ No

Criteria for permissible grey list use

Signed by (Chair of MMC).

MMC decisions will be presented as part of the minutes to PRG, once ratified at PRG they will be incorporated into the DNP, Grey, Red list on the CCG website.

Date at PRG

Outcome

Items not to be prescribed at T&G CCG expense (DNP list) or only in limited circumstances (Grey list)

Please note that in addition to the items listed here there should be no prescribing of any medicine **listed** in Part XVIII A (Black List) of the Drug Tariff or in the case of appliances any **not listed** in Part IX. of the Drug Tariff.

1.1 There are a number of medications that T&G CCG believes should not be used (**DNP List**) or should only be used in limited circumstances (**Grey List**). Grey listed items will only be funded for patients who meet the specified criteria. The reasons for medicines being included on the lists are as given in the tables below and in line with the GMMMG and national guidance.

In addition there are medicines classed as **Red drugs**. These are medicines which should only be prescribed in a specialist setting (usually a hospital) rather than by a GP. The lists below include some of the more commonly requested Red drugs. **It should be noted this is not the whole list of Red drugs which can be found on the GMMMG website linked here <http://gmmmg.nhs.uk/html/rag.php>**

T&G CCG recognises that there may be exceptional patients or situations where prescribing of **DNP or Grey** list items may be necessary though such situations should rare. A patient may be deemed exceptional if the patient has a clinical picture that is significantly different to the general population of patients with that condition and, as a result of that difference; the patient is likely to derive greater benefit from the intervention than might normally be expected for patients with that condition

Red drugs should only be prescribed in the specialist setting

ITEM	RATIONALE	STATUS
Aglomelatine	Monitoring and control remain within secondary care	RED
Albiglutide*	As per Liraglutide	GREY
Alendronate plus vitamin D (Fosavance®) tablets	GMMMG Do Not Prescribe list on basis of poor cost effectiveness	DNP
Anastrozole as branded preparations e.g. Arimidex®*	Branded preparations can be significantly more expensive than the generic. Generic prescribing is required. Seek approval for patients who cannot tolerate the generic.	DNP
Anhydrol Forte*	Product for Cosmetic Purpose. Use prior to referral for botulinum toxin therapy in line with EUR policy is appropriate	GREY
Apixaban (Eliquis®)*	For use as per NICE criteria. Use outside of this requires an approval request to be completed. FOR use in AF a Record of initiation needs to be completed and stored on clinical system for audit purposes. NB For Post operative thromboprophylaxis the full course will be provided by the hospital and it should not need to be prescribed by primary care for this indication.	GREY
Armour Thyroid Preparations	GMMMG Do Not Prescribe list on basis of significant safety concerns and poor evidence base.	DNP
Bio-Oil®	Cosmetic product for the treatment of minor scars, not an appropriate use of NHS resources	DNP

ITEM	RATIONALE	STATUS
BioXtra [®] toothpaste & mouth rinse (this does not include BioXtra [®] oral gel)	GMMMGM DNP list – efficacy not proven	DNP
Branded preparations containing latanoprost as a single active ingredient*	Branded preparations are significantly more expensive and offer no added value over the generic. Generic prescribing is required. Preservative free drops should be considered before requesting approval to prescribe a brand	DNP
Calcium 500mg /colecaliferol 200iu e.g.Calcichew D3 [®] . Products that provide 800iu daily with less than 2g Ca ²⁺ are appropriate	Daily dose of 800 iu Vitamin D is required for bone protection which cannot be provided by these products without giving a high dose of calcium. Given the possibility of this having a negative impact use of these combinations is not supported	DNP
Cannabis extract (Sativex [®])	Added to GMMMGM DNP list. Local policy already in place not to fund.	DNP
Chlorpropamide	Long half life and may contribute to hypoglycaemia, especially in the elderly	DNP
Cilostazol	GMMMGM assessed this as not suitable for prescribing as the patient group in trials were not representative of the groups seen in clinical practice. NICE does not endorse its use.	DNP
Circadin [®] M/R tablets 2mg*	Only for use within an approved shared care protocol	GREY
Clomifene	An infertility drug, part of on going specialist package of care	RED
Co-careldopa intestinal gel (Duodopa [®])	NTS deemed it low priority due to limited efficacy. Click here to view statement. NHSE may commission	DNP
Cod liver oil	Limited evidence of effectiveness. For OTC use patients should be advised that if not effective after a 3 month trial no benefit is likely to be gained.	DNP
Co-enzyme Q10 including ubiquinone and ubiquinol	GMMMGM GREY List only permits use in mitochondrial disorders under the care of a specialist (NICE CG 181)	GREY
Compound preparations of aspirin -Co-codaprin, Aspav [®]	Single dose compound preps don't support effective dose titration Prescribe drug individually	DNP
Co-proxamol tablets	Now unlicensed due to concerns over toxicity. Banned in the US. Approval requires proof of exceptionality and failure to respond to all other pain killers to continue prescription beyond December 2010	DNP
Cyanocobalamin	Use tablets where a patient is unable to have B12 Injections. Hydroxycobalamin is the preferred therapy for B12 deficiency	GREY
Dabigatran (Pradaxa [®])*	See Apixaban	GREY

ITEM	RATIONALE	STATUS
Dapoxetine	NTS recommendation does not support use. Click here to view statement	DNP
Darbapoetin	Part of on going specialist care	RED
Deferasirox	Part of on going specialist care	RED
Desferrioxamine	Part of on going specialist care	RED
Desloratadine*	Pro drug of loratadine which is cheaper. Desloratadine offers no added benefit	DNP
Diuretics with potassium	Most patients do not require potassium supplements and many of the preparations have low levels of potassium insufficient for those who do require supplementation.	DNP
Dosulepin preparations	NICE states specifically not to use this drug.	DNP
Dulaglutide*	As per Liraglutide	GREY
Duraphat® Toothpaste	Dental preparations are best assessed and monitored by a dental practitioner. Not prescribable by General Practitioners.	DNP
Dymista® (Fluticasone /azelastine nasal spray)	NTS does not recommend use. Reserved for patients in whom other medical treatments have failed before referral to secondary care (listing under review)	GREY
Edoxaban*	As per Apixaban	GREY
Eicosapentaenoic acid preparations e.g. Omacor®/Maxepa® or Prestylon®)	Only prescribable for hyper-triglyceridaemia on specialist advice. Review in line with the Standard Operating Procedure	GREY
Ergotamine all preparations	Poorly absorbed with a high incidence of side effects and complex dose regimen	DNP
Erythropoetin Alpha and Beta	Part of on going specialist care	RED
Esomeprazole tablets - as a branded preparation e.g. Nexium®*	Branded preparations are significantly more expensive and offer no added value over the generic. Generic prescribing is required.	DNP
Exenatide*	As per Liraglutide	GREY
Exenatide MR*	As per Liraglutide	GREY
Fidaxomicin (Dificlir®)*	Use only on advice of microbiologist Use restricted to preserve the effectiveness of this drug against C Diff.	GREY
Fluoride supplements (inc. tablets, mouthwashes and toothpastes)	These products should only be prescribed at CCG expense by a qualified Dental Practitioner who can assess the individuals fluoride status.	GREY
Fulvestrant (Faslodex®)	Only for patients treated with this drug before 30/11/2011 Negative NICE TA 239.	GREY

ITEM	RATIONALE	STATUS
Gabapentin topical*	GMMMGM DNP list – efficacy not proven	DNP
Gamolenic acid (all preparations)	GMMMGM DNP list – efficacy not proven	DNP
Gliclazide MR tablets any strength	Similar effect to standard release formulations which are much cheaper at equivalent doses. 30mg MR ~80mg standard release	DNP
Glucosamine any salt	Poor Evidence of efficacy in osteoarthritis.	DNP
Glucosamine with Chondroitin	Poor Evidence of efficacy in osteoarthritis.	DNP
Grass Pollen extract (Grazax [®])	NHS Stockport do not fund and NTS do not recommend. Click Here to view statement.	DNP
Icaps [®] products	See Multivitamin Preps for eye health	DNP
Idoxuridine in dimethyl sulfoxide Herpid [®]	Of little value. Superseded by more effective agents.	DNP
Inositol (Hexopal [®])	Efficacy in peripheral vascular disease is not established	DNP
Iron –all modified release preparations	Offer little added benefit and greatly increased cost.	DNP
Ketoconazole oral products	Safety concern and MHRA warning. Click here to view the safety alert	DNP
Lactase e.g.Colief [®]	Lacks supporting evidence base. Can be bought OTC	DNP
Lanolin cream (Lansinoh HPA)	Lacks evidence to support use. Can be bought OTC	DNP
Latisse [®] eye drops (bimatoprost 0.03%)*	Cosmetic use, product is licensed to thicken eye lashes. This restriction does not apply to 0.3% drops for treatment of Glaucoma.	DNP
Levocetirizine	Pro-drug of cetirizine which is better value for the NHS. Levocetirizine offers no added benefit	DNP
Lidocaine (Versatis [®]) patches/plasters for post herpetic neuralgia	NTS does not recommend this product for this indication as they felt that efficacy and cost effectiveness of the product in comparison to other agents had yet to be proven.	DNP
Lidocaine Patches (Versatis [®])	The group is aware that lidocaine plaster is also currently used 'off label' for indications other than treatment of post-herpetic neuralgia and the group do not recommend this 'off label' use for the reasons outlined above. All alternatives must have been dried to evidence exceptionality	DNP
Linaclotide*	For use with in NICE TA	GREY
Liothyronine extracts including Armour thyroid preparations	National Guidance not to prescribe in hypothyroidism	DNP
Liraglutide*	Only to be used for people with type 2 diabetes within the NICE guideline see sections 1.6.28 1.6.29 https://www.nice.org.uk/guidance/ng28/resources/type-2-diabetes-in-adults-management-1837338615493	GREY
Lixisenatide	As per Liraglutide	GREY
Meprobamate all preparations	Less effective than benzodiazepines and greater hazard in overdose	DNP
Montelukast- as branded preparations*	Branded preparations can be significantly more expensive and offer no added value over the generic. Generic	DNP

ITEM	RATIONALE	STATUS
	prescribing is required.	
Moxisylyte (Opilon [®])	Efficacy in peripheral vascular disease is not established	DNP
Multivitamin & mineral preps marketed for eye health or for AMD including	There is no instance where these products are appropriate to use from a safety or efficacy point of view, over existing treatments. The list of preparations is not exhaustive due to the large number of supplements marketed.	DNP
Nalmefene*	For use within the NICE TA within the agreed local pathway	GREY
Naltrexone / Bupropion (Mysimba [®])	NTS Statement not recommended Click here to view the statement	DNP
Naproxen + Esomeprazole (Vimovo [®])	IPNTS deemed inappropriate. Agents may be prescribed separately.	DNP
Omega 3 preparations	See Eicosapentanoic acid	
Omeprazole- as a branded preparation e.g. Losec ^{®*}	Branded preparations are significantly more expensive and offer no added value over the generic. Generic prescribing is required by policy.	DNP
Ondansetron	Part of limited secondary care package of care	RED
Oxycodone with Naloxone* (Targinact [®])	NTS – failed to demonstrate sufficient and clinical/cost effectiveness data. Click here to view statement	DNP
Paracetamol/ tramadol tablets (Tramacet [®])	Single dose compound preps do not allow for effective dose titration and the advantages of using a compound formulation have not been substantiated. This is a fixed dose combination is particularly poor value to the NHS Prescribe drug individually	DNP
Pentoxifylline (Trental [®])	Efficacy in peripheral vascular disease is not established	DNP
Piroxicam (oral preps)	Use on Specialist recommendation only due to safety concerns	GREY
Pollinese Quatro	GMMMGM DNP list – efficacy not proven	DNP
Prednisolone EC tablets	Now on the GMMMGM do not prescribe list	DNP
Prednisolone MR tablets (Lodotra [®])	NTS determined inappropriate to prescribe. Click here to view statement.	DNP
Pregabalin	For neuropathic pain only after If the maximum dose of amitriptyline (or alternatives) is unsuccessful and Gabapentin tried and is effective but not tolerated due to side effects	GREY
RESPeRate [®]	GMMMGM EUR group supported NICE recommendation not to routinely provide relaxation treatments	DNP
Rivaroxaban (Xarelto [®])*	See Apixaban	GREY
Roflumilast (Daxas [®])	Negative NICE TA. Patients prescribed the drug before 31/12/11 can continue provided they are getting benefit.	DNP
Sildenafil as a branded preparation e.g. Viagra ^{®*}	Branded preparations are significantly more expensive and offer no added value over the generic. Generic prescribing is required but only within CCG policy	DNP
Silk Garments e.g. Dermasilk [®] , Skinnies [®]	NTS determined as not appropriate to prescribe due to a poor evidence of clinical benefit	DNP

ITEM	RATIONALE	STATUS
and Dreamskin [®]		
Simvastatin with ezetimibe (Inegy [®])	Not cost effective. Ingredients can be prescribed separately and dose titrated.	DNP
Sodium Oxybate Xyrem ^{®*}	NTS deemed low priority for funding due to limited efficacy data. Click here to view statement.	DNP
Spatone [®] 100% natural iron supplement. Spatone [®] liquid iron supplement with vitamin C*	The supplement contains a limited amount of iron (5mg) that could easily be got from other food sources or by using a small dose of a licensed iron 5mg ferrous iron= 10 drops Nifrex [®] or 1 ml Sytron [®] or supplement. 0.5ml of Fersamal [®] or Galfer [®] syrup	DNP
Sunscreens listed under ACBS rules* LA Roche-Posay Anthelios XL SPF 50+ Sunsense Ultra (Ego) SPF 50+ Uvistat Lipscreen SPF 50 Uvistat Suncream SPF 30 Uvistat Suncream SPF 50	Nationally these are only permitted for protection from UV radiation in abnormal cutaneous photosensitivity resulting from genetic disorders or photodermatoses, including those resulting from radiotherapy and chronic or recurrent herpes simplex labialis.	GREY
Sunscreens not listed above*	Not permitted under ACBS rules	DNP
Synovial fluid injections including Hyaluronan and sodium hyaluronate for osteoarthritis of the knee.	There is limited evidence of effectiveness and NICE CG59 Osteoarthritis R32 recommendation states "Intra-articular hyaluronan injections are not recommended for the treatment of osteoarthritis.	DNP
Tadalafil 2.5mg and 5mg tablets*	Stockport CCG policy does not support the use of daily treatment for ED and there is an NTS statement which does not recommend this product for the 2 nd licensed indication of benign prostatic hyperplasia	DNP
Tadalafil 10mg and 20mg tablets*	Use is only permitted to a maximum of 4 treatments per month in line with NHS Stockport CCG policy on the treatment of erectile dysfunction	GREY
Tapentadol M/R tablets	Restricted to those requiring treatment of severe chronic pain which can be adequately managed only with opioid therapies. Other alternatives should be tried first	GREY
Testosterone Patches for hypoactive sexual desire (Intrinsa [®])*	Marketing licence in the UK was withdrawn. Listed to prevent supply of imported products	DNP
Tobramycin – inhaled and nebulised	Primary care can't monitor therapy sufficiently to oversee treatment or adjust the dose where necessary to ensure safety.	RED
Topiramate capsules	Capsules are not good value for the NHS please use tablets instead for new patients and change existing prescriptions to tablets where clinically appropriate	DNP for new initiations
Trandolapril/ Verapamil (Tarka [®])	No flexibility for dose titration. Use separate agents as not licensed in UK	DNP

ITEM	RATIONALE	STATUS
Ulipristal acetate 5mg (Esmya®) * (Please note 30mg tablets for emergency hormonal contraception are not affected.)	Surgeon responsible for arranging the surgery should prescribe the full course only for use in secondary care within a commissioned pathway as per NTS recommendation. Click here to view statement.	DNP
Unlicensed vitamins minerals & supplements for any indications	NTS not advise due to lack of a licensed preparation and absence of proven benefit but with potential for harm. Click here to view statement	DNP
Vitamin B Compound & Vitamin B Compound Strong Tablets	Should only be used on the advice of a dietician or in secondary care to prevent "re-feeding syndrome	GREY
Yohimbine	NTS deemed inappropriate due to lack of robust evidence of efficacy/safety.	DNP