

NSFT Formulary

Traffic Light Status

Double Red – Not recommended for routine use/not commissioned.
These drugs have not been recommended for routine use at present.

Red – Hospital/Specialist only
Drugs for which the Trust is responsible for prescribing
GPs should not be expected or approached to prescribe these drugs.

Amber – Option for Shared Care Prescribing
Drugs for which it has been deemed reasonable to approach GPs to solicit their involvement in a shared care arrangement, with the GP being asked to prescribe the drug and subject to the good practice described above.

Green – GP prescribable at request of Consultant/Specialist
Drugs for which it has been deemed reasonable for GPs to prescribe outside a shared-care arrangement following recommendation by a Consultant/Specialist.

Double Green – Suitable for GPs to initiate and prescribe
Drugs for which it has been deemed reasonable for GPs to initiate and prescribe.

Non-Formulary – These are drugs which are not approved for general use within NSFT. If a clinician wishes to use a non-formulary medicine as a 'one-off' then a non-formulary request form must be completed.

Clinical Commissioning Groups

Great Yarmouth and Waveney CCG (GY&W)
Ipswich and East Suffolk CCG (I&ES)
North Norfolk CCG (NN)
Norwich CCG (N)
South Norfolk CCG (SN)
West Norfolk CCG (WN)
West Suffolk CCG (WS)

Typical Antipsychotics

The choice of antipsychotic medication should be made by the service user and healthcare professional together, taking into account the views of the carer if the service user agrees. Provide information (<http://www.choiceandmedication.org/nsft/>) and discuss the likely benefits and possible side effects of each drug, including:

- Metabolic (e.g. weight gain and diabetes)
- Extrapyramidal (e.g. akathisia, dyskinesia and dystonia)
- Cardiovascular (e.g. prolonging the QT interval)
- Hormonal (e.g. raising serum prolactin levels)
- Other e.g. unpleasant subjective experiences.

Do not initiate regular combined antipsychotic medication, except for short periods (for example, when changing medication).

Chlorpromazine						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications		<ul style="list-style-type: none"> • Psychotic conditions (especially paranoid), including schizophrenia, mania and hypomania. • An adjunct in the short-term management of anxiety psychomotor agitation excitement, violent or dangerously impulsive behaviour. 				

Flupentixol						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications		<ul style="list-style-type: none"> • NB may vary by preparation • Treatment of schizophrenia and other psychoses • Treatment of depression (with or without anxiety) 				

Flupentixol decanoate						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications		<ul style="list-style-type: none"> • The treatment of schizophrenia and other psychoses in those stabilised on oral therapy 				

Fluphenazine decanoate						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications		<ul style="list-style-type: none"> • Treatment and maintenance of schizophrenic patients and those with paranoid psychoses 				

Haloperidol Oral						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications		<ul style="list-style-type: none"> • Schizophrenia: treatment of symptoms and prevention of relapse • Other psychoses: especially paranoid • Mania and hypomania • Mental or behavioural problems such as aggression, hyperactivity and self mutilation in the mentally retarded and in patients with organic brain damage • As an adjunct to short term management of moderate to severe psychomotor agitation, excitement, violent or dangerously impulsive behaviour • Restlessness and agitation in the elderly (not in dementia) 				

Haloperidol short acting injection						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications		<ul style="list-style-type: none"> • An adjunct to short term management of moderate to severe psychomotor agitation, excitement, violent or dangerously impulsive behaviour 				

Haloperidol decanoate						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications		<ul style="list-style-type: none"> • Long term maintenance treatment where a neuroleptic is required; for example in schizophrenia, other psychoses (especially paranoid), and other mental or behavioural problems where maintenance treatment is clearly indicated 				

Perphenazine						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications		<ul style="list-style-type: none"> • NB may vary by preparation • Schizophrenia and other psychoses, mania • As an adjunct to the short term management of anxiety, severe psychomotor agitation, excitement, violent or dangerously impulsive behaviour, • Treatment of symptoms and prevention of relapse, other psychoses especially paranoid, mania and hypomania 				

Pipotiazine palpitae						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications		<ul style="list-style-type: none"> Maintenance treatment of schizophrenia and paranoid psychoses and prevention of relapse, especially where compliance with oral medication is a problem 				
Unlicensed Indications		<ul style="list-style-type: none"> Bipolar disorder. Use licensed options first. Specialist use only 				

Sulpiride						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications		<ul style="list-style-type: none"> Acute and chronic schizophrenia 				
Unlicensed Indications		<ul style="list-style-type: none"> Bipolar Disorder – Use licensed options first. Specialist use only Clozapine Augmentation¹ (Overall effect modest) 				

Trifluoperazine						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications		<ul style="list-style-type: none"> Treatment of symptoms and prevention of relapse in schizophrenia and in other psychoses, especially of the paranoid type, but not in depressive psychoses. An adjunct in the short-term management of severe psychomotor agitation and of dangerously impulsive behaviour in, for example, mental subnormality. An adjunct in the short-term management of anxiety states, depressive symptoms secondary to anxiety, and agitation 				
Unlicensed Indications		<ul style="list-style-type: none"> Bipolar Disorder – Use licensed options first. Specialist use only 				

Zuclophenthixol (oral)						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications		<ul style="list-style-type: none"> The treatment of psychoses, especially schizophrenia 				
Unlicensed Indications		<ul style="list-style-type: none"> Bipolar Disorder – Use licensed options first. Specialist use only 				

Zuclophenthixol decanoate (depot injection)						
GY&W	I&ES	NN	N	SN	WN	WS

Licensed Indications	<ul style="list-style-type: none"> The maintenance treatment of schizophrenia and paranoid psychoses 					
Unlicensed Indications	<ul style="list-style-type: none"> Bipolar Disorder – Use licensed options first. Specialist use only 					

Zuclopenthixol acetate						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications	<ul style="list-style-type: none"> Short term management of acute psychosis, mania or exacerbations of chronic psychosis 					
Unlicensed Indications	<ul style="list-style-type: none"> Initial treatment of acute psychoses including mania and exacerbation of chronic psychoses, particularly where a duration of effect of 2-3 days is desirable. 					

Atypical antipsychotics

The choice of antipsychotic medication should be made by the service user and healthcare professional together, taking into account the views of the carer if the service user agrees. Provide information (<http://www.choiceandmedication.org/nsft/>) and discuss the likely benefits and possible side effects of each drug, including:

- Metabolic (e.g. weight gain and diabetes)
- Extrapyramidal (e.g. akathisia, dyskinesia and dystonia)
- Cardiovascular (e.g. prolonging the QT interval)
- Hormonal (e.g. raising serum prolactin levels)
- Other e.g. unpleasant subjective experiences.

Do not initiate regular combined antipsychotic medication, except for short periods (for example, when changing medication).

Amisulpride						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications	<ul style="list-style-type: none"> Acute psychotic episodes Mixed positive and negative symptoms Predominant negative symptoms 					
Unlicensed Indications	<ul style="list-style-type: none"> Clozapine augmentation – may allow clozapine dose reduction. 					

Aripiprazole oral						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications	<ul style="list-style-type: none"> Treatment of schizophrenia in adults and in 					

	<p>adolescents 15 years and older.</p> <ul style="list-style-type: none"> • Treatment of moderate to severe manic episodes in Bipolar I Disorder and for the prevention of a new manic episode in adults who experienced predominantly manic episodes and whose manic episodes responded to aripiprazole treatment. • Treatment up to 12 weeks of moderate to severe manic episodes in Bipolar I Disorder in adolescents aged 13 years and older.
Unlicensed Indications	<ul style="list-style-type: none"> • Clozapine augmentation - very limited evidence of therapeutic benefit but improves metabolic parameters.

Aripiprazole rapid acting injection (RAI)						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications	<ul style="list-style-type: none"> • Rapid control of agitation and disturbed behaviours in patients with schizophrenia or in patients with manic episodes in Bipolar I Disorder, when oral therapy is not appropriate 					
Unlicensed Indications	<ul style="list-style-type: none"> • Rapid Tranquilisation 					

Aripiprazole Long Acting Injection (LAI)						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications	<ul style="list-style-type: none"> • Indicated for maintenance treatment of schizophrenia in adult patients stabilised with oral aripiprazole. 					

Asenapine- Non Formulary						
GY&W	I&ES	NN	N	SN	WN	WS
Double Red	Double Red	Double Red	Double Red	Double Red	Double Red	Double Red
Licensed Indications	<ul style="list-style-type: none"> • Indicated for the treatment of moderate to severe manic episodes associated with bipolar I disorder in adults. Bipolar I disorder is a chronic, typically cyclical, mood disorder. 					

Clozapine						
GY&W	I&ES	NN	N	SN	WN	WS
Red	Red	Red	Red	Red	Red	Red
Licensed Indications	<ul style="list-style-type: none"> • Treatment-resistant schizophrenic patients and in schizophrenia patients who have severe, untreatable neurological adverse reactions to other antipsychotic 					

	<p>agents, including atypical antipsychotics</p> <ul style="list-style-type: none"> Psychotic disorders occurring during the course of Parkinson's disease, in cases where standard treatment has failed
Unlicensed Indications	<ul style="list-style-type: none"> Bipolar disorder. Use licensed options first. Specialist use only.

Lurasidone- EIS only						
GY&W	I&ES	NN	N	SN	WN	WS
Green	Green	Green	Green	Green	Green	Green
Licensed Indications		<ul style="list-style-type: none"> Indicated for the treatment of schizophrenia in adults aged 18 years and over. 				
Unlicensed Indications		<ul style="list-style-type: none"> Bipolar Disorder – License extension expected ~ 2016. 				
Notes		<ul style="list-style-type: none"> Business Case for use in EIS approved No other business cases have been submitted, but would be considered 				

Olanzapine oral						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications		<ul style="list-style-type: none"> Schizophrenia Moderate to severe manic episode In patients whose manic episode has responded to olanzapine treatment, olanzapine is indicated for the prevention of recurrence in patients with bipolar disorder. 				
Unlicensed Indications		<ul style="list-style-type: none"> Anxiety disorders Dementia & BPSD. Specialist use only. 				

Olanzapine rapid acting injection (RAI)						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications		<ul style="list-style-type: none"> Rapid control of agitation and disturbed behaviours in patients with schizophrenia or manic episode, when oral therapy is not appropriate. 				
Unlicensed Indications		<ul style="list-style-type: none"> To establish therapy where oral olanzapine is refused Rapid Tranquilisation 				

Olanzapine long acting injection (LAI)- Non-Formulary						
GY&W	I&ES	NN	N	SN	WN	WS
Red	Red	Red	Red	Red	Red	Red
Licensed Indications		<ul style="list-style-type: none"> Maintenance treatment of adult patients with schizophrenia sufficiently stabilised during acute 				

	treatment with oral olanzapine.
Unlicensed Indications	<ul style="list-style-type: none"> In patients whose manic episode has responded to olanzapine treatment, olanzapine is indicated for the prevention of recurrence in patients with bipolar disorder

Paliperidone tablets- Non-Formulary						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications	<ul style="list-style-type: none"> Treatment of schizophrenia in adults and in adolescents 15 years and older. Treatment of schizoaffective disorder in adults. 					
Comments	<ul style="list-style-type: none"> 					

Paliperidone long acting injection						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications	<ul style="list-style-type: none"> Maintenance treatment of schizophrenia in adult patients stabilised with paliperidone or risperidone. In selected adult patients with schizophrenia and previous responsiveness to oral paliperidone or risperidone, Paliperidone LAI may be used without prior stabilisation with oral treatment if psychotic symptoms are mild to moderate and a long-acting injectable treatment is needed. 					
Unlicensed Indications	<ul style="list-style-type: none"> 4-weekly administration (Service user will therefore receive 13 injections (maintenance) instead of 12) or frequency other than monthly. 					

Quetiapine oral						
GY&W	I&ES	NN	N	SN	WN	WS
Green	Green	Green	Green	Green	Green	Green
Licensed Indications	<p>Immediate release (as Quetiapine IR. See SPC):</p> <ul style="list-style-type: none"> Schizophrenia Bipolar disorder: <ol style="list-style-type: none"> treatment of moderate to severe manic episodes in bipolar disorder treatment of major depressive episodes in bipolar disorder prevention of recurrence in patients with bipolar disorder, in patients whose manic or depressive episode has responded to quetiapine treatment. <p>Modified release (as Ebesque XL. See SPC):</p> <ul style="list-style-type: none"> Treatment of Schizophrenia, including: <ol style="list-style-type: none"> preventing relapse in stable schizophrenic 					

	<p>patients (who have been maintained on Ebesque XL)</p> <ul style="list-style-type: none"> • Treatment of bipolar disorder: <ol style="list-style-type: none"> 1. for the treatment of moderate to severe manic episodes in bipolar disorder 2. for the treatment of major depressive episodes in bipolar disorder 3. for the prevention of recurrence in patients with bipolar disorder, in patients whose manic or depressive episode has responded to quetiapine treatment • Add-on treatment of major depressive episodes in patients with Major Depressive Disorder (MDD) who have had sub-optimal response to antidepressant monotherapy. Prior to initiating treatment, clinicians should consider the safety profile of Ebesque® XL.
Unlicensed Indications	<ul style="list-style-type: none"> • As an adjunct to antidepressants in unipolar depression • As an adjunct in treatment resistant depression • Anxiety Disorder • BPSD – evidence is weak. Specialist use only or on advice from specialist. • For psychosis in Parkinson's Disease. Specialist use only or on advice from specialist. • For BPSD in Parkinson's Disease with Lewy Body Dementia - evidence base is weak and least effective for BPSD in other forms of dementia. Specialist use only or on advice from specialist. • Using IR as once daily

Risperidone oral						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications	<ul style="list-style-type: none"> • Schizophrenia • Moderate to severe manic episodes • Short-term treatment (up to 6 weeks) of persistent aggression in patients with moderate to severe Alzheimer's dementia unresponsive to non-pharmacological approaches and when there is a risk of harm to self or others. • Short-term symptomatic treatment (up to 6 weeks) of persistent aggression in conduct disorder. 					
Unlicensed Indications	<ul style="list-style-type: none"> • Longer than 6 weeks in dementia – Specialist use only or on advice from specialist. • Bipolar disorder (after other options have been tried as evidence is lacking) • Clozapine augmentation (Evidence is very modest) 					

Risperidone long acting injection (LAI)						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications		<ul style="list-style-type: none"> Maintenance treatment of schizophrenia in patients currently stabilised with oral antipsychotics. 				
Unlicensed Indications		<ul style="list-style-type: none"> Bipolar disorder 				

Mood Stabilisers

Carbamazepine						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications		<ul style="list-style-type: none"> Prophylaxis of manic-depressive psychosis in patients unresponsive to lithium therapy. 				
Unlicensed Indications		<ul style="list-style-type: none"> Occasional use in BPSD4 - Specialist use only or on advice from specialist. Disinhibition in dementia4 - Specialist use only or on advice from specialist. <p>Drug interactions and side effects may limit use.</p>				

Lamotrigine						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications		<ul style="list-style-type: none"> Prevention of depressive episodes in adults with bipolar I disorder who experience predominantly depressive episodes 				
Unlicensed Indications		<ul style="list-style-type: none"> Trigeminal neuralgia (often misdiagnosed as somatic depression) Specialist use only. Fast track only if initiation. 				

Lithium						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications		<ul style="list-style-type: none"> Management of acute manic or hypomanic episodes. Management of episodes of recurrent depressive disorders where treatment with other antidepressants has been unsuccessful. Prophylaxis against bipolar affective disorders. Control of aggressive behaviour or intentional self harm. 				
Unlicensed Indications		<ul style="list-style-type: none"> Refractory depression 				

Valproic Acid/valproate salts						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications	<ul style="list-style-type: none"> • May vary between preparations • Acute treatment of a manic episode associated with bipolar disorder 					
Unlicensed Indications	<ul style="list-style-type: none"> • Prophylaxis in bipolar disorder (second line) • Not for women of childbearing potential. If there is no effective alternative, the risks of taking valproate during pregnancy, and the importance of using adequate contraception, should be explained. 					

Antidepressants

Double Red Agomelatine- Non-Formulary						
GY&W	I&ES	NN	N	SN	WN	WS
Double Red	Double Red	Double Red	Double Red	Double Red	Double Red	Double Red
Licensed Indications	<ul style="list-style-type: none"> • Treatment of major depressive episodes in adults 					

Amitriptyline						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications	<ul style="list-style-type: none"> • Symptoms of depressive illness (especially where sedation is required) 					
Unlicensed Indications	<ul style="list-style-type: none"> • Neuropathic pain (side effect profile may limit use) • PTSD3 Specialist use only 					

Citalopram						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications	<ul style="list-style-type: none"> • Treatment of depressive illness in the initial phase and as maintenance against potential relapse/recurrence. • Treatment of panic disorder with or without agoraphobia. 					
Unlicensed Indications	<ul style="list-style-type: none"> • Generalised Anxiety Disorder – Use Sertraline first line. • Escitalopram is a licensed product and now generic. • Sexual Disinhibition in dementia if at point of physical sexual aggression to others. To be backed up with SHAG scale to define and measure 					

	<p>outcome. Specialist use only or on advice from a specialist</p> <ul style="list-style-type: none"> • Dementia and BPSD (rarely used). Specialist use only or on advice from a specialist. Maybe more commonly used for BPSD secondary to depression in dementia.
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Clomipramine						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications		<ul style="list-style-type: none"> • Symptoms of depressive illness especially where sedation is required. • Obsessional and phobic states. • Adjunctive treatment of cataplexy associated with narcolepsy. 				
Unlicensed Indications		<ul style="list-style-type: none"> • Anxiety with obsessional features • Panic Disorder 				

Dosulepin- Non-Formulary						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications		<ul style="list-style-type: none"> • Depressive illness, particularly where sedation is required 				
Unlicensed Indications		<ul style="list-style-type: none"> • Anxiety disorders 				

Duloxetine						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications		<ul style="list-style-type: none"> • Major depressive disorder. • Generalised anxiety disorder. 				
Unlicensed Indications		<ul style="list-style-type: none"> • Other anxiety disorders 				

Escitalopram						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications		<ul style="list-style-type: none"> • Major depressive episodes. • Panic disorder with or without agoraphobia. • Social anxiety disorder (social phobia). • Generalised anxiety disorder. • Obsessive-compulsive disorder 				

Fluoxetine						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications		<ul style="list-style-type: none"> Major depressive episodes in adults A complement of psychotherapy for the reduction of binge-eating and purging activity in Bulimia nervosa Obsessive compulsive disorder 				
Unlicensed Indications		<ul style="list-style-type: none"> Children and Adolescents aged 8 Years and above: moderate to severe major depressive episode, if depression is unresponsive to psychological therapy after 4-6 sessions. Antidepressant medication should be offered to a child or young person with moderate to severe depression only in combination with a concurrent psychological therapy 				

Imipramine						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications		<ul style="list-style-type: none"> Depressive illness 				
Unlicensed Indications		<ul style="list-style-type: none"> Panic disorder 				

Lofepramine						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications		<ul style="list-style-type: none"> Depressive illness 				

Mirtazapine						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications		<ul style="list-style-type: none"> Major depressive illness 				
Unlicensed Indications		<ul style="list-style-type: none"> Generalised Anxiety Disorder PTSD OCD – As adjunctive treatment with SSRI (e.g. citalopram) Specialist use only. 				

Moclobemide						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications		<ul style="list-style-type: none"> Major depression. Treatment of social phobia. 				
Unlicensed Indications		<ul style="list-style-type: none"> Other anxiety disorders 				

Paroxetine						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications		<ul style="list-style-type: none"> • Major depressive episode • Obsessive Compulsive Disorder • Panic Disorder with and without agoraphobia • Social Anxiety Disorders/Social phobia • Generalised Anxiety Disorder • Post-traumatic Stress Disorder 				

Phenelzine						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications		<ul style="list-style-type: none"> • Depressive illness clinically characterised as 'atypical', 'non endogenous', 'neurotic' or where treatment with other antidepressants has failed 				
Unlicensed Indications		<ul style="list-style-type: none"> • Post-Traumatic Stress Disorder (PTSD). Specialist use only. • Social phobia. Specialist use only. 				

Sertraline						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications		<ul style="list-style-type: none"> • Major depressive episodes • Panic disorder, with or without agoraphobia. • Obsessive compulsive disorder (OCD) in adults and paediatric patients aged 6-17 years • Social anxiety disorder • Post traumatic stress disorder (PTSD) 				
Unlicensed Indications		<ul style="list-style-type: none"> • Generalised Anxiety Disorder • Sexual Disinhibition in dementia if at point of physical sexual aggression to others. To be backed up with SHAG scale to define and measure outcome. Specialist use only or on advice from a specialist • Dementia and BPSD (rarely used). Maybe more commonly used for BPSD secondary to depression in dementia. Specialist use only or after advice from a specialist. 				

Tranlycypromine						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications		<ul style="list-style-type: none"> • Depressive illness 				

Trazodone						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications		<ul style="list-style-type: none"> Anxiety, depression, mixed anxiety and depression. 				
Unlicensed Indications		<ul style="list-style-type: none"> Dementia and BPSD. Although widely used, evidence is limited. Behavioural disturbances / agitation in dementia⁴ Sleep disturbance in dementia 				

Tryptophan						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications		<ul style="list-style-type: none"> Adjunctive therapy for depression resistant to standard antidepressants . 				
Unlicensed Indications		<ul style="list-style-type: none"> Discontinued in October 2012, but is still available as named patient only. Consultant will need to send the prescription to pharmacy. 				

Venlafaxine						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications		<ul style="list-style-type: none"> Major depressive episodes; Generalised anxiety disorder; Social anxiety disorder 				
Unlicensed Indications		<ul style="list-style-type: none"> Panic disorder 				

Vorioxetine						
GY&W	I&ES	NN	N	SN	WN	WS
Double Green	Green	Double Green	Double Green	Double Green	Double Green	Green
Licensed Indications		<ul style="list-style-type: none"> Major depressive episodes in adults. 				

Anxiolytics, benzodiazepines and hypnotics

Buspirone						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications		<ul style="list-style-type: none"> Short-term management of anxiety disorders and the relief of symptoms of anxiety with or without accompanying depression 				

Unlicensed Indications	<ul style="list-style-type: none"> As adjunctive therapy for those with SSRI-induced sexual problems.
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Clonazepam						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications	<ul style="list-style-type: none"> All clinical forms of epileptic disease and seizures in infants, children and adults – not licensed for any psychiatric indications 					
Unlicensed Indications	<ul style="list-style-type: none"> Experimental treatment of tardive dyskinesia. Use licensed option first. Specialist use only. As adjunctive treatment of antipsychotic-induced akathisia – if other strategies have failed. Mania (short term use). To control anxiety and/or agitation with aggression. 					

Diazepam Oral						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications	<ul style="list-style-type: none"> Short-term use in anxiety or insomnia 					
Unlicensed Indications	<ul style="list-style-type: none"> Experimental treatment of Tardive Dyskinesia¹. Use licensed option first. Specialist use only. Hypokinetic rigidity in Huntingtons disease¹. Specialist use only Antipsychotic induced Akathisia. Treatment of alcohol withdrawal. Treatment of benzodiazepine withdrawal. 					

Lorazepam Oral						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications	<ul style="list-style-type: none"> Short-term use in anxiety or insomnia 					
Unlicensed Indications	<ul style="list-style-type: none"> Rapid Tranquilisation. Acute Mania. Behavioural disturbance. Delirium Specialist use only. Catatonia Specialist use only. 					

Lorazepam short acting injection						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications	<ul style="list-style-type: none"> The treatment of acute anxiety states, acute excitement or acute mania 					

Nitrazepam						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications		<ul style="list-style-type: none"> • Short-term treatment of insomnia when it is severe, disabling or subjecting the individual to unacceptable distress, where daytime sedation is acceptable. 				

Pregabalin-						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications		<ul style="list-style-type: none"> • Generalised Anxiety Disorder (GAD) in adults. • Epilepsy • Neuropathic pain 				

Promethazine						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications		<ul style="list-style-type: none"> • Sedation and treatment of insomnia in adults (short term use) 				
Unlicensed Indications		<ul style="list-style-type: none"> • Reducing high levels of anxiety in anorexia: Specialist use only Eating Disorder unit • Rapid Tranquilisation • Hypnotic (oral) 				

Promethazine short acting injection						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications		<ul style="list-style-type: none"> • Sedation and treatment of insomnia in adults 				
Unlicensed Indications		<ul style="list-style-type: none"> • Rapid tranquilisation 				

Propranolol						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications		<ul style="list-style-type: none"> • NB May vary by formulation (m/r or IR) • Relief of situational anxiety and generalised anxiety symptoms, particularly those of somatic type 				
Unlicensed Indications		<ul style="list-style-type: none"> • Akathisia 				

Temazepam (Controlled Drug)						
GY&W	I&ES	NN	N	SN	WN	WS

Licensed Indications	<ul style="list-style-type: none"> Short-term treatment of insomnia in cases where it is severe, disabling or subjecting the individual to extreme distress. 					
Unlicensed Indications	<ul style="list-style-type: none"> Use beyond 4 weeks. 					

Zaleplon						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications	<ul style="list-style-type: none"> Treatment of patients with insomnia who have difficulty falling asleep only when the disorder is severe, disabling or subjecting the individual to extreme distress (maximum 2 weeks). 					
Unlicensed Indications	<ul style="list-style-type: none"> Use beyond 2 weeks. 					

Zolpidem						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications	<ul style="list-style-type: none"> Short-term treatment of insomnia in situations where the insomnia is debilitating or is causing severe distress (maximum 4 weeks) 					
Unlicensed Indications	<ul style="list-style-type: none"> Use beyond 4 weeks. 					

Zopiclone						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications	<ul style="list-style-type: none"> Short term treatment of insomnia, including difficulties in falling asleep, nocturnal awakening and early awakening, transient, situational or chronic insomnia, and insomnia secondary to psychiatric disturbances, in situations where the insomnia is debilitating or is causing severe distress (maximum 4 weeks). 					
Unlicensed Indications	<ul style="list-style-type: none"> Use beyond 4 weeks. 					

Melatonin Tablets- Licensed Indications Non-Formulary						
GY&W	I&ES	NN	N	SN	WN	WS
Double Red	Double Red	Double Red	Double Red	Double Red	Double Red	Double Red
Melatonin Tablets- CAMHs Shared Care						
GY&W	I&ES	NN	N	SN	WN	WS

Amber	Amber	Amber	Amber	Amber	Amber	Amber
Licensed Indications	<ul style="list-style-type: none"> Melatonin m/r (Circadin®) is indicated as monotherapy for the short-term treatment of *primary insomnia characterised by poor quality of sleep in patients who are aged 55 or over. *Primary insomnia is sleeplessness that is not attributable to a medical, psychiatric or environmental cause. 					
Unlicensed Indications	<ul style="list-style-type: none"> Where sleeplessness may be attributable to psychiatric cause Those under 55 years of age CAMHs Shared Care 					
Comments	<ul style="list-style-type: none"> 					

Drugs used in dementia

Donepezil Tablets (excluding starter pack)						
GY&W	I&ES	NN	N	SN	WN	WS
Amber	Amber	Amber	Amber	Amber	Amber	Amber
Licensed Indications	<ul style="list-style-type: none"> Symptomatic treatment of mild to moderately severe Alzheimer's dementia. 					
Unlicensed Indications	<ul style="list-style-type: none"> Use in other dementias - Specialist use only. 					
Notes	<ul style="list-style-type: none"> Starter pack not available as a generic and is non-formulary 					

Galantamine						
GY&W	I&ES	NN	N	SN	WN	WS
Amber	Amber	Amber	Amber	Amber	Amber	Amber
Licensed Indications	<ul style="list-style-type: none"> Symptomatic treatment of mild to moderately severe dementia of the Alzheimer type. 					
Unlicensed Indications	<ul style="list-style-type: none"> Use in other dementias - Specialist use only. 					

Memantine						
GY&W	I&ES	NN	N	SN	WN	WS
Amber	Amber	Amber	Amber	Amber	Amber	Amber
Licensed Indications	<ul style="list-style-type: none"> Treatment of patients with moderate to severe Alzheimer's disease 					
Unlicensed Indications	<ul style="list-style-type: none"> Use for 'Behavioural and Psychological Symptoms in persons with Dementia (BPSD)' 					

Rivastigmine oral & topical patches						
GY&W	I&ES	NN	N	SN	WN	WS

Amber	Amber	Amber	Amber	Amber	Amber	Amber
Licensed Indications	<ul style="list-style-type: none"> • May vary depending on preparation (see below). • Symptomatic treatment of mild to moderately severe Alzheimer's dementia • Symptomatic treatment of mild to moderately severe dementia in patients with idiopathic Parkinsons disease. 					
Unlicensed Indications	<ul style="list-style-type: none"> • The Patches are not licensed in 'dementia with Parkinsons disease'. 					

Drugs used in drug and alcohol services

Acamprosate						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications	<ul style="list-style-type: none"> • Therapy to maintain abstinence in alcohol-dependent patients. It should be combined with counselling. 					
Unlicensed Indications	<ul style="list-style-type: none"> • Non abstinence. • Treatment of alcohol withdrawal (short term) 					

Buprenorphine						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications	<ul style="list-style-type: none"> • Substitution treatment for opioid drug dependence, within a framework of medical, social and psychological treatment. 					
Unlicensed Indications	<ul style="list-style-type: none"> • Opioid detoxification 					

Suboxone® (Buprenorphine/Naloxone)						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications	<ul style="list-style-type: none"> • Substitution treatment for opioid drug dependence, within a framework of medical, social and psychological treatment. 					
Unlicensed Indications	<ul style="list-style-type: none"> • Opioid detoxification 					

Chlordiazepoxine						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications	<ul style="list-style-type: none"> • Symptomatic relief of acute alcohol withdrawal 					

	<ul style="list-style-type: none"> Short-term (2-4 weeks) symptomatic treatment of anxiety that is severe, disabling or subjecting the individual to unacceptable distress, occurring alone or in association with insomnia or short-term psychosomatic, organic or psychotic illness.
Unlicensed Indications	<ul style="list-style-type: none"> Treatment lasting longer than 4 weeks.

Diazepam						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications	<ul style="list-style-type: none"> Management of acute alcohol withdrawal symptoms. 					
Unlicensed Indications	<ul style="list-style-type: none"> Treatment of alcohol withdrawal Treatment of benzodiazepine withdrawal 					

Disulfiram (Anatabuse®)						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications	<ul style="list-style-type: none"> Alcohol deterrent compound: an adjuvant in the treatment of carefully selected and co-operative patients with drinking problems. Use must be accompanied by appropriate supportive treatment 					
Unlicensed Indications	<ul style="list-style-type: none"> Do not use if still drinking alcohol (Contraindication) 					

Lofexidine						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications	<ul style="list-style-type: none"> To relieve symptoms in patients undergoing opiate detoxification. 					

Methadone Mixture 1mg/mL						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications	<ul style="list-style-type: none"> The treatment of opioid drug addiction as a narcotic abstinence syndrome suppressant. 					

Nalmefene (Selincro®)						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications	<ul style="list-style-type: none"> Nalmefene is indicated for the reduction of alcohol consumption in adult patients with alcohol 					

	dependence who have a high drinking risk level (DRL) without physical withdrawal symptoms and who do not require immediate detoxification.
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Naloxone Injection (Prenoxad®) 400micrograms/mL						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications		<ul style="list-style-type: none"> • Emergency use in the home or other non-medical setting by appropriate individuals or in a health facility setting for the complete or partial reversal of respiratory depression induced by natural and synthetic opioids, including methadone, diamorphine (diacetylmorphine (INN)) and certain other opioids such as dextropropoxyphene and certain mixed agonist/antagonist analgesics: nalbuphine and pentazocine. • For this reason Prenoxad® Injection should be carried by persons at risk of such events. • It may also be used for the diagnosis of suspected acute opioid overdose. 				

Naltrexone for opiates and alcohol						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications		<ul style="list-style-type: none"> • For use as an additional therapy within a comprehensive treatment program including psychological guidance for detoxified patients who have been opioid-dependent & alcohol dependence to support abstinence. 				
Unlicensed Indications		<ul style="list-style-type: none"> • An adjunctive prophylactic therapy in the maintenance of detoxified, formerly crack-dependent patients, who need to use opioids to cope with the come down from the crack. • In combination with buprenorphine, either to reduce opioid agonist effect or in preparation for stopping buprenorphine. • When patient has relapsed / still drinking. 				

Smoking cessation

Bupropion (Zyban®)						
GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications		<ul style="list-style-type: none"> • Indicated as an aid to smoking cessation in 				

	combination with motivational support in nicotine-dependent patients.
Unlicensed Indications	<ul style="list-style-type: none"> • Depression (in the UK) • Depressed cocaine/crack dependent service users.

Varenicline (Champix®)

GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications	• .					
Unlicensed Indications	•					

Other drugs

Cod Liver Oil

GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications	• .					
Unlicensed Indications	• .					

Multivitamins

GY&W	I&ES	NN	N	SN	WN	WS
Licensed Indications	• .					
Unlicensed Indications	• .					