

BNF category	Drug name	Brand Name	Responsible commissioner	Indication	Category	COMMISSIONING POLICY	BLUETEQ FORM REQUIRED	WHITE LIST CATEGORY (CCG DRUGS)	JOINT FORMULARY STATUS	NICE	NOTES
10.1.3	Abatacept	ORENCIA	CCG	RHEUMATOID ARTHRITIS - AFTER FAILUTE OF ANTI-TNF	Cytokine modulators	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 195	
10.1.3	Abatacept	ORENCIA	CCG	RHEUMATOID ARTHRITIS	Cytokine modulators	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 375	ADALIMUMAB BIOSIMILAR APPROVED LOCALLY AS THE FIRST LINE TREATMENT IN PATIENTS WITH RA. IF PATIENTS ARE TO BE STARTED ON AN ALTERNATIVE TREATMENT PRIOR APPROVAL MUST BE SOUGHT USING BLUETEQ
10.1.3	Abatacept	ORENCIA	CCG	JUVENILE ARTHRITIS	Cytokine modulators	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 373	NHSE COMMISSIONS FOR JUVENILE PATIENTS, PATIENTS WILL TRANSFER TO CCG'S WHEN THEY ARE DISCHARGED FROM PAEDIATRIC SERVICES BETWEEN AGE 16-19
1.5.3	Adalimumab	Humira, Hyrimoz, Imraldi, Amgevita, Hulio	CCG	CROHNS DISEASE	Cytokine modulators	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 187	
1.5.3	Adalimumab	Humira, Hyrimoz, Imraldi, Amgevita, Hulio	CCG	ULCERATIVE COLITIS	Cytokine modulators	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 329	
10.1.3	Adalimumab	Humira, Hyrimoz, Imraldi, Amgevita, Hulio	CCG	ANKYLOSING SPONDYLITIS AND NON RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS	Cytokine modulators	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 383	
10.1.3	Adalimumab	Humira, Hyrimoz, Imraldi, Amgevita, Hulio	CCG	PSORIATIC ARTHRITIS	Cytokine modulators	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 199	
10.1.3	Adalimumab	Humira, Hyrimoz, Imraldi, Amgevita, Hulio	CCG	RHEUMATOID ARTHRITIS - AFTER FAILUTE OF ANTI-TNF	Cytokine modulators	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 195	
10.1.3	Adalimumab	Humira, Hyrimoz, Imraldi, Amgevita, Hulio	CCG	JUVENILE ARTHRITIS	Cytokine modulators	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 373	NHSE COMMISSIONS FOR JUVENILE PATIENTS, PATIENTS WILL TRANSFER TO CCG'S WHEN THEY ARE DISCHARGED FROM PAEDIATRIC SERVICES BETWEEN AGE 16-19
10.1.3	Adalimumab	Humira, Hyrimoz, Imraldi, Amgevita, Hulio	CCG	RHEUMATOID ARTHRITIS	Cytokine modulators	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 375	ADALIMUMAB BIOSIMILAR APPROVED LOCALLY AS THE FIRST LINE TREATMENT IN PATIENTS WITH RA. IF PATIENTS ARE TO BE STARTED ON AN ALTERNATIVE TREATMENT PRIOR APPROVAL MUST BE SOUGHT USING BLUETEQ
13.5.3	Adalimumab	Humira, Hyrimoz, Imraldi, Amgevita, Hulio	CCG	PSORIASIS	Cytokine modulators	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 146	UHNM
13.5.3	Adalimumab	Humira, Hyrimoz, Imraldi, Amgevita, Hulio	CCG	PLAQUE PSORIASIS (FOLLOWING COMMENCEMENT AS A CHILD)	Cytokine modulators	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 455	
11.8.2	Aflibercept	EYLEA	CCG	MACULAR OEDEMA (RETINAL VEIN OCCLUSION)	Subfoveal choroidal neovascularisation	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 305 NICE HTA 409	
11.8.2	Aflibercept	EYLEA	CCG	WET AGE RELATED MACULAR DEGENERATION	Subfoveal choroidal neovascularisation	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 294	
11.8.2	Aflibercept	EYLEA	CCG	DIABETIC MACULAR OEDEMA	Subfoveal choroidal neovascularisation	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 346	
11.8.2	Aflibercept	EYLEA	CCG	Choroidal neovascularisation associated with pathological myopia	Subfoveal choroidal neovascularisation	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 486	
2.1	Alirocumab	PRALUENT	CCG	HYPERCHOLESTEROLEMIA	Lipid-regulating drugs	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 393	
13.5.1	Alitretinoin	TOCTINO	CCG	SEVERE CHRONIC HAND ECZEMA	Skin Conditions	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 177	
10.1.3	Apremilast	OTEZLA	CCG	PSORIATIC ARTHRITIS	Cytokine modulators	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	HTA 433	
10.1.3	Apremilast	OTEZLA	CCG	PSORIASIS	Cytokine modulators	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	HTA 419	
10.01.03	Baricitinib	-	CCG	RHEUMATOID ARTHRITIS SELECTIVE JAK1 AND JAK2 INHIBITOR	Immunomodulating drugs	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	Yes	Category 1 - NICE APPROVED	RED	HTA 466	ADALIMUMAB BIOSIMILAR APPROVED LOCALLY AS THE FIRST LINE TREATMENT IN PATIENTS WITH RA. IF PATIENTS ARE TO BE STARTED ON AN ALTERNATIVE TREATMENT PRIOR APPROVAL MUST BE SOUGHT USING BLUETEQ
4.9.3	Botulinum toxin	AZZALURE BOCOUTURE BOTOX DYSPORT VISTABEL XEOMIN	CCG	DYSTONIA BLEPHAROSPASM	Torsion dystonias and other involuntary movements	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 2 - COMMISSIONED	RED		Full commissioning arrangements to be clarified
4.9.3	Botulinum toxin	AZZALURE BOCOUTURE BOTOX DYSPORT VISTABEL XEOMIN	CCG	MIGRAINE	Torsion dystonias and other involuntary movements	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 260	

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10.1.3	Certolizumab Pegol	CIMZIA	CCG	RHEUMATOID ARTHRITIS	Cytokine modulators	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 375	ADALIMUMAB BIOSIMILAR APPROVED LOCALLY AS THE FIRST LINE TREATMENT IN PATIENTS WITH RA. IF PATIENTS ARE TO BE STARTED ON AN ALTERNATIVE TREATMENT PRIOR APPROVAL MUST BE SOUGHT USING BLUETEQ
10.1.3	Certolizumab Pegol	CIMZIA	CCG	ANKYLOSING SPONDYLITIS AND NON RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS	Cytokine modulators	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 383	
10.1.3	Certolizumab Pegol	CIMZIA	CCG	PSORIATIC ARTHRITIS	Cytokine modulators	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 445	
10.1.3	Certolizumab Pegol	CIMZIA	CCG	RHEUMATOID ARTHRITIS - AFTER FAILUTE OF ANTI-TNF	Cytokine modulators	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 415	
10.1.3	Certolizumab Pegol	CIMZIA	CCG	Psoriasis	Cytokine modulators	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 574	
5.1.7	Colistimethate sodium	COLOMYCIN PROMIXIN COLOBREATHE	CCG	NON-CF BRONCHIECTASIS	Antibacterial Drugs	APPROVED AT NMC	YES	Category 2 - COMMISSIONED	AMBER 2		LOCAL CCG APPROVAL FOR NON-CF BRONCHIECTASIS
10.1.3	Collagenase	XIAPEX	CCG	DUPUTRENS DISEASE	ENZYMES	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA459	
11.4.1	Dexamethasone intravitreal implant	OZURDEX	CCG	MACULAR OEDEMA (RETINAL VEIN OCCLUSION)	Macular Oedema	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 229	
11.4.1	Dexamethasone intravitreal implant	OZURDEX	CCG	DIABETIC MACULAR OEDEMA	Macular Oedema	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 346	
11.4.1	Dexamethasone intravitreal implant	OZURDEX	CCG	UVETITIS	Macular Oedema	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 460	
8.2.4	Dimethyl fumarate	SKILARANCE	CCG	PSORIASIS	Immunomodulating drugs	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	HTA 475	
9.1.4	Eltrombopag	REVOLADE	CCG	IDIOPATHIC THROMBOCYTOPENIC PURPURA (ITP)	Platelet Disorder Drugs	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 293	
10.1.3	Etanercept	ENBREL BENEPALI	CCG	ANKYLOSING SPONDYLITIS AND NON RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS	Cytokine modulators	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 383	BIOSIMILAR SHOULD BE USED IN PREFERENCE TO ENBREL
10.1.3	Etanercept	ENBREL BENEPALI	CCG	PSORIATIC ARTHRITIS	Cytokine modulators	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 199	BIOSIMILAR SHOULD BE USED IN PREFERENCE TO ENBREL
10.1.3	Etanercept	ENBREL BENEPALI	CCG	RHEUMATOID ARTHRITIS - AFTER FAILUTE OF ANTI-TNF	Cytokine modulators	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 195	BIOSIMILAR SHOULD BE USED IN PREFERENCE TO ENBREL
10.1.3	Etanercept	ENBREL BENEPALI	CCG	RHEUMATOID ARTHRITIS	Cytokine modulators	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 375	ADALIMUMAB BIOSIMILAR APPROVED LOCALLY AS THE FIRST LINE TREATMENT IN PATIENTS WITH RA. IF PATIENTS ARE TO BE STARTED ON AN ALTERNATIVE TREATMENT PRIOR APPROVAL MUST BE SOUGHT USING BLUETEQ
10.1.3	Etanercept	ENBREL BENEPALI	CCG	JUVENILE ARTHRITIS	Cytokine modulators	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 373	NHSE COMMISSIONS FOR JUVENILE PATIENTS, PATIENTS WILL TRANSFER TO CCG'S WHEN THEY ARE DISCHARGED FROM PAEDIATRIC SERVICES BETWEEN AGE 16-19
13.5.3	Etanercept	ENBREL BENEPALI	CCG	PLAQUE PSORIASIS (FOLLOWING COMMENCEMENT AS A CHILD)	Cytokine modulators	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 455	BIOSIMILAR SHOULD BE USED IN PREFERENCE TO ENBREL
13.5.3	Etanercept	ENBREL BENEPALI	CCG	PSORIASIS	Cytokine modulators	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 103	BIOSIMILAR SHOULD BE USED IN PREFERENCE TO ENBREL
2.1	Evolocumab	Repatha SureClick	CCG	HYPERCHOLESTEROLEMIA	Lipid-regulating drugs	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 394	
11.4.1	Fluocinolone acetonide	LUVIEN	CCG	CHRONIC MACULAR OEDEMA AFTER AN INADEQUATE RESPONSE TO PRIOR THERAPY	Macular Oedema	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 301	HTA 613 - Fluocinolone is not recommended as an option for treating chronic diabetic macular oedema that is insufficiently responsive to available therapies in an eye with a natural (phakic lens)
11.4.1	Fluocinolone acetonide	LUVIEN	CCG	Uveitis	Macular Oedema	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 590	
10.1.3	Golimumab	SIMPONI	CCG	ANKYLOSING SPONDYLITIS	Cytokine modulators	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 383	
10.1.3	Golimumab	SIMPONI	CCG	PSORIATIC ARTHRITIS	Cytokine modulators	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 220	
10.1.3	Golimumab	SIMPONI	CCG	RHEUMATOID ARTHRITIS - AFTER FAILUTE OF ANTI-TNF	Cytokine modulators	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 225	
10.1.3	Golimumab	SIMPONI	CCG	ULCERATIVE COLITIS	Cytokine modulators	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 329	

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10.1.3	Golimumab	SIMPONI	CCG	NON-RADIOGRAPHIC AXIAL SPONDYLITIS	Cytokine modulators	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 497	
10.1.3	Golimumab	SIMPONI	CCG	RHEUMATOID ARTHRITIS	Cytokine modulators	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 375	ADALIMUMAB BIOSIMILAR APPROVED LOCALLY AS THE FIRST LINE TREATMENT IN PATIENTS WITH RA. IF PATIENTS ARE TO BE STARTED ON AN ALTERNATIVE TREATMENT PRIOR APPROVAL MUST BE SOUGHT USING BLUETEQ
13.05.03	Guselkumab	-	CCG	PSORIASIS	Drugs affecting the immune response	NOT ROUTINELY COMMISSIONED	YES	Category 1 - NICE APPROVED	NON FORMULARY	NICE HTA 521	
1.5.3	Infliximab	REMICADE REMSIMA INFLECTRA	CCG	CROHNS DISEASE	Cytokine modulators	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 187	BIOSIMILAR SHOULD BE USED IN PREFERENCE TO REMICADE
10.1.3	Infliximab	REMICADE REMSIMA INFLECTRA	CCG	PSORIATIC ARTHRITIS	Cytokine modulators	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 199	BIOSIMILAR SHOULD BE USED IN PREFERENCE TO REMICADE
10.1.3	Infliximab	REMICADE REMSIMA INFLECTRA	CCG	RHEUMATOID ARTHRITIS - AFTER FAILUTE OF ANTI-TNF	Cytokine modulators	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 195	BIOSIMILAR SHOULD BE USED IN PREFERENCE TO REMICADE
10.1.3	Infliximab	REMICADE REMSIMA INFLECTRA	CCG	RHEUMATOID ARTHRITIS	Cytokine modulators	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 375	ADALIMUMAB BIOSIMILAR APPROVED LOCALLY AS THE FIRST LINE TREATMENT IN PATIENTS WITH RA. IF PATIENTS ARE TO BE STARTED ON AN ALTERNATIVE TREATMENT PRIOR APPROVAL MUST BE SOUGHT USING BLUETEQ
10.1.3	Infliximab	REMICADE REMSIMA INFLECTRA	CCG	ULCERATIVE COLITIS	Cytokine modulators	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE 329 NICE HTA 163	BIOSIMILAR SHOULD BE USED IN PREFERENCE TO REMICADE
10.1.3	Infliximab	REMICADE REMSIMA INFLECTRA	CCG	ANKYLOSING SPONDYLITIS	Cytokine modulators	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 383	BIOSIMILAR SHOULD BE USED IN PREFERENCE TO REMICADE
13.5.3	Infliximab	REMICADE REMSIMA INFLECTRA	CCG	PSORIASIS	Cytokine modulators	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 134	BIOSIMILAR SHOULD BE USED IN PREFERENCE TO REMICADE
13.05.02	Ixekizumab	TALTZ	CCG	PSORIASIS, PSORIATIC ARTHRITIS AND ANKYLOSING SPONDYLITIS	Cytokine modulators	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	HTA 442 and 537	
8.3.4.3	Lanreotide	SOMATULINE	CCG	NON CANCER INDICATIONS	Somatostatin Analogues	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES		Category 2 - COMMISSIONED	AMBER 2		ONLY FOR NON NHSE INDICATIONS
11.8.2	Ocriplasmin	JETREA	CCG	VITREMACULAR TRACTION	Retinal disorders/intracular lens replacement surgery	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 297	
8.3.4.3	Octreotide	SANDOSTATIN	CCG	NON CANCER INDICATIONS	Somatostatin Analogues	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES		Category 2 - COMMISSIONED	AMBER 2		ONLY FOR NON NHSE INDICATIONS
3.4.2	Omalizumab	XOLAIR	CCG	Chronic Spontaneous Urticaria	Allergen Immunotherapy	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 339	
11.8.2	Ranibizumab	LUCENTIS	CCG	DIABETIC MACULAR OEDEMA	Subfoveal choroidal neovascularisation	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 274	
11.8.2	Ranibizumab	LUCENTIS	CCG	MACULAR OEDEMA (RETINAL VEIN OCCLUSION)	Subfoveal choroidal neovascularisation	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 283	
11.8.2	Ranibizumab	LUCENTIS	CCG	WET AGE RELATED MACULAR DEGENERATION	Subfoveal choroidal neovascularisation	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 155	
11.8.2	Ranibizumab	LUCENTIS	CCG	Choroidal neovascularisation associated with pathological myopia	Subfoveal choroidal neovascularisation	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 298	
	Risankizumab		CCG	PLAQUE PSORIASIS	Cytokine modulators	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE 596	
10.1.3	Rituximab	MABTHERA	CCG	RHEUMATOID ARTHRITIS - AFTER FAILUTE OF ANTI-TNF	Cytokine modulators	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 195	
9.1.4	Romiplostim	NPLATE	CCG	IDIOPATHIC THROMBOCYTOPENIC PURPURA (ITP)	Platelet Disorder Drugs	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 221	
10.1.3	Sarilumab	-	CCG	RHEUMATOID ARTHRITIS	Cytokine modulators	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	HTA 485	ADALIMUMAB BIOSIMILAR APPROVED LOCALLY AS THE FIRST LINE TREATMENT IN PATIENTS WITH RA. IF PATIENTS ARE TO BE STARTED ON AN ALTERNATIVE TREATMENT PRIOR APPROVAL MUST BE SOUGHT USING BLUETEQ
10.1.3	Secukinumab	COSENTYX	CCG	PSORIASIS	Cytokine modulators	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 350 AND 407	
10.1.3	Secukinumab	COSENTYX	CCG	ANKYLOSING SPONDYLITIS	Cytokine modulators	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 407	
	Secukinumab	COSENTYX	CCG	PSORIATIC ARTHRITIS	Cytokine modulators	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 445	

BNF category	Drug name	Brand Name	Responsible commissioner	Indication	Category	COMMISSIONING POLICY	BLUETEQ FORM REQUIRED	WHITE LIST CATEGORY (CCG DRUGS)	JOINT FORMULARY STATUS	NICE	NOTES
6.5.1	Somatropin	GENOTROPIN, HUMATROPE, NORIDTROPIN, NUTROPIN AG, OMNITROPE, SAIZEN, ZOMACTON	CCG	GROWTH HORMONE DEFICIANCY (ADULTS AND CHILDREN) TURNER SYNDROME PRADER-WILLI SYNDROME CHRONIC RENAL INSUFFICIENCY BORN SMALL FOR GESTATIONAL AGE WITH SUBSEQUENT GROWTH FAILURE AT 4 YEARS OF AGE OR LATER, SHORT STATURE HOMEBOX CONTAINING (SHOX) DEFICIENCY	Growth Hormone and growth hormone receptor antagonist	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	AMBER 1	NICE HTA 64 AND 188	
6.6.1	Teriparatide	FORSTEO	CCG	POST MENOPAUSAL WOMEN WITH OSTEOPOROSIS	Drugs affecting bone metabolism	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 161	
6.6.1	Teriparatide	FORSTEO	CCG	Men and women with severe osteoporosis (previous or persisting T scores <-2.5 and multiple fractures) who continue to sustain fractures on either zoledronate or denosumab and meet the NICE criteria (HTA 161) with the exception of bone mineral density (BMD) readings, where BMD is unreliable due to the presence of vertebral fractures	Drugs affecting bone metabolism	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 2 - COMMISSIONED	RED		
13.5.1	Tildrakizumab	Ilumetri	CCG	CHRONIC PLAQUE PSORIASIS	Skin Conditions	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES		Category 1 - NICE APPROVED	Red		
5.1.4	Tobramycin	BRAMITOB TOBI	CCG	NON-CF BRONCHIECTASIS	Antibacterial Drugs	APPROVED AT NMC	YES	Category 2 - COMMISSIONED	AMBER 2		LOCAL CCG APPROVAL FOR NON-CYSTIC FIBROSIS
10.1.3	Tocilizumab	ROACTEMRA	CCG	RHEUMATOID ARTHRITIS - AFTER FAILURE OF ANTI-TNF	Cytokine modulators	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 247	
10.1.3	Tocilizumab	ROACTEMRA	CCG	JUVENILE ARTHRITIS	Cytokine modulators	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 373	NHSE COMMISSIONS FOR JUVENILE PATIENTS, PATIENTS WILL TRANSFER TO CCG'S WHEN THEY ARE DISCHARGED FROM PAEDIATRIC SERVICES BETWEEN AGE 16-19
10.1.3	Tocilizumab	ROACTEMRA	CCG	RHEUMATOID ARTHRITIS	Cytokine modulators	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 375	ADALIMUMAB BIOSIMILAR APPROVED LOCALLY AS THE FIRST LINE TREATMENT IN PATIENTS WITH RA. IF PATIENTS ARE TO BE STARTED ON AN ALTERNATIVE TREATMENT PRIOR APPROVAL MUST BE SOUGHT USING BLUETEQ
10.1.3	Tofacitinib	XELJANZ	CCG	RHEUMATOID ARTHRITIS	Cytokine modulators	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	HTA 480	ADALIMUMAB BIOSIMILAR APPROVED LOCALLY AS THE FIRST LINE TREATMENT IN PATIENTS WITH RA. IF PATIENTS ARE TO BE STARTED ON AN ALTERNATIVE TREATMENT PRIOR APPROVAL MUST BE SOUGHT USING BLUETEQ
10.1.3	Tofacitinib	XELJANZ	CCG	PSORIATIC ARTHRITIS	Cytokine modulators	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	HTA 543	
10.1.3	Tofacitinib	XELJANZ	CCG	ULCERATIVE COLITIS	Cytokine modulators	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	HTA 547	
6.5.2	Tolvaptan	JINARC	CCG	POLYCYSTIC KIDNEY DISEASE	Growth Hormone and growth hormone receptor antagonist	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE 358	
13.5.3	Ustekinumab	STELARA	CCG	PLAQUE PSORIASIS (FOLLOWING COMMENCEMENT AS A CHILD)	Cytokine modulators	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 455	
13.5.3	Ustekinumab	STELARA	CCG	PSORIASIS	Drugs affecting the immune response	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 180	
13.5.3	Ustekinumab	STELARA	CCG	PSORIATIC ARTHRITIS	Drugs affecting the immune response	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 340	
13.5.3	Ustekinumab	STELARA	CCG	CROHN'S DISEASE	Drugs affecting the immune response	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 456	
01.05.03	Vedolizumab	ENTYVIO	CCG	ULCERATIVE COLITIS	Drugs affecting the immune response	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 342	
01.05.03	Vedolizumab	ENTYVIO	CCG	CROHNS DISEASE	Drugs affecting the immune response	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED	NICE HTA 352	
11.8.2	Verteporfin	VISUDYNE	CCG	PHOTODYNAMIC THERAPY	Subfoveal choroidal neovascularisation	CCG COMMISSIONING POLICY ON THE FUNDING OF PBR EXCLUDED MEDICINES	YES	Category 1 - NICE APPROVED	RED		