**Chapter 5: Infections**

**KEY**

|  |  |
| --- | --- |
| **Status** | **Description** |
| http://tmpnlg.formulary.co.uk/images/TrafficLight.gifGreen | Green -Medicines suitable for routine use within primary care and Secondary care Can be initiated within primary care within their licensed indication, in accordance with nationally recognised formularies |
| http://tmpnlg.formulary.co.uk/images/TrafficLight.gifAmber | Amber- Medicines suitable to be prescribed in primary care after specialist /Consultant recommendation or initiation. A supporting prescribing guideline may be requested which must have been agreed by the relevant secondary care trust Medicines and Therapeutic Committee and approved by the Area Prescribing Committee. |
| http://tmpnlg.formulary.co.uk/images/TrafficLight.gifRed | Red-Hospital initiation and continuation only |
| http://tmpnlg.formulary.co.uk/images/TrafficLight.gifAmber Shared Care Protocol | AMBER SHARE CARE PROTOCOL- Medicines that should be initiated by a specialist and prescribed by primary care prescribers only under a shared care protocol, once the patient has been stabilised |
| http://tmpnlg.formulary.co.uk/images/TrafficLight.gifGreen 2 | GREEN 2- to be prescribed by primary care only |
| http://tmpnlg.formulary.co.uk/images/TrafficLight.gifGrey | GREY- NON FORMULARY |

**5.1 Antibacterial Medicines**

**5.1.1 Penicillins**

**5.1.1.1 Benzylpenicillin and phenoxymethylpenicillin**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Remain** | **Remove** | **Additional Information** |
| i. Phenoxymethylpenicillin Tablets, Syrup | Green |  |  |
| ii. Benzylpenicillin Injection | Green |  | Potentially green in view of use for suspected meningococcal disease |
| iii. Procaine benzylpenicillin. Centre for Sexual Health Only | Red |  |  |
| iv. Benzathine penicillin. Centre for Sexual Health Only | Red |  | To include for paediatrics- consultants only |

**5.1.1.2 Penicillinase-resistant penicillins**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Remain** | **Remove** | **Additional Information** |
| Flucloxacillin Capsules, Syrup | Green |  |  |
| Flucloxacillin Injection |  |  |  |
| Temocillin sodium Injection. Hospital Only | Red | Group 3 restricted | Microbiologist authorisation only |

**5.1.1.3 Broad-spectrum penicillins**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Remain** | **Remove** | **Additional information** |
| **Amoxicilin Capsules, syrup, sachets** |  |  |  |
| **Amoxicillin Injection** |  |  |  |
| **Co-amoxiclav tablets, dispersible tablets and suspension,** |  |  | annotate to say that this should not be used first line and that use should be in accordance with HPA / antimicrobial guidelines |
| **Co-amoxiclav Injection** |  |  |  |

**5.1.1.4 Antipseudomonal Penicillins**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Remain** | **Remove** | **Addition Information** |
| i. Piperacillin/Tazobactam Injection | Red | Group 3 restricted | Microbiologist authorisation only |
| ii. Ticarcillin Injection. Hospital Only | Red | Group 3 restricted | Microbiologist authorisation only |

**5.1.1.5 Mecillinams**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Remain** | **Remove** | **Additional Information** |
| i. Pivmecillinam Tablets | Green | Resistant UTI | Group 2 restricted to UTI shown by microbiological culture and sensitivities. |

**5.1.2 Cephalosporins and other beta lactams**

**5.1.2.1 Cephalosporins**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **remain** | **Remove** | **Additional Information** |
| i. Cefalexin Capsules, Syrup, Tablets | Green |  |  |
| ii. Cefixime Tablets. Centre for Sexual Health Only | Red (service provider only) |  |  |
| iii. Cefotaxime Injection. Hospital Only/Meningitis & Neonatal use Only and epiglottitis | Red |  |  |
| iv. Ceftriaxone Injection. Hospital Only | Red | |  | | --- | | Epididymo-orchitis, Meningitis, Pelvic Inflammatory Disease | |  |
| vi. Ceftazidime Injection. Hospital Only | Red | IV for Pseudomonal infection, intravitreal for endophthalmitis |  |
| vii. Ceftobiprole Injection.  Hospital Only | Red |  | Microbiologist authorisation only |

**5.1.2.2 Carbapenems**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Remain** | **Remove** | **Additional Information** |
| i. Meropenem Injection. Hospital Only | Red  Currently group 2( because of 9 permitted indications) can potentially Group 3 restricted, except in severe and neutropenic |  | (when the guidance is reviewed in a couple of months it will potentially turn group 3) |
| ii. Imipenem/Cilastatin Injection. Hospital Only | Red | Group 3 restricted | Microbiologist authorisation only |
| iii. Ertapenem Injection. Hospital Only | Red | Group 3 restricted | Microbiologist authorisation only |

**5.1.2.3 Other beta-lactam antibiotics**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Remain** | **Remove** | **Additional information** |
| i. Aztreonam Injection. Hospital Only | Red | Group 3 | Microbiologist authorisation only |

**5.1.3 Tetracyclines**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Remain** | **Remove** | **Additional Information** |
| Doxycycline Capsules, Dispersible Tablets | Green |  |  |
| Oxytetracycline Tablets | Green |  |  |
| Lymecycline Capsules | Green |  | Check ascribe data |
| Minocycline Tablets | Review from skin dermatology stating it indicated for acne treatment |  | Huge Safety side effect profile-  Not recommended as per NICE CKS and advice from NICE 2015 was to review use and, if appropriate, revise prescribing of minocycline in light of its potential harms. Document goes on to say that alternative once-daily treatments such as doxycycline and lymecycline are available. Should minocycline therefore be considered RED or non-formulary?  Non-formulary |
| Demeclocycline Capsules | RED - | Not used as an antibiotic used for SIADH | Not used as an antibiotic – possibly place in another chapter |

**5.1.4 Aminoglycosides**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Remain** | **Remove** | **Additional Information** |
| Neomycin Tablets, Syrup | GP can prescribe it for maintenance of gut sterilisation- not absorbed systemically |  | Gut sterilisation to prevent hepatic encephalopathy – ask joy ekpeh  Time limited- therefOre RED |
| Tobramycin Injection | red |  |  |
| Amikacin Injection. Hospital Only | red |  |  |
| Gentamicin Injection | red |  | Info on loading doses |
| Tobramycin Nebuliser Solution. Hospital Consultant Only, Restricted Use | red |  |  |
| Tobramycin Inhaler (Tobi Podhaler). As Per NICE TA276 | red |  |  |

**5.1.5 Macrolides**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Remain** | **Remove** | **Additional Information** |
| Clarithromycin Injection, Tablets, Suspension, Sachets |  |  | 1st line |
| Erythromycin Tablets – Hospital: Use in pregnancy or intolerance to clarithromycin only |  | Restricted | Use in pregnancy/paediatrics and sexual health |
| Erythromycin ethylsuccinate Mixture |  |  |  |
| Azithromycin Capsules, Suspension |  |  | Restricted with hospital acute settings-group 2 |
| Erythromycin lactobionate Injection. Hospital Only, GI motility Agent Only |  |  |  |

**5.1.6 Clindamycin**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Remain** | **Remove** | **Additional Information** |
| Clindamycin Capsules | Oral –green- clarify use with primary care |  | Injection hospital only |
| Clindamycin Injection |  | Red |  |
| Clindamycin Suspension. Hospital Only, Paediatric Use Only (U) | red |  |  |

**5.1.7 Other Antibiotics**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Remain** | **Remove** | **Additional Information** |
| Colistimethate Sodium. Hospital Only |  | Red  Cf  Red- bronchieesteasis |  |
| Sodium Fusidate | red |  | Discontinued in 2012 ? |
| Vancomycin Capsules | Capsule green |  | RED? PB  As per HPA guidance |
| Vancomycin Injection |  |  |  |
| Linezolid Tablets, Infusion | red |  | Weekly monitoring of full counts  Microbiologist approval required in all cases |
| Chloramphenicol Capsules, Injection | red |  | Microbiology approval- group 2 for meningitis in severe penicillin allergy |
| Daptomycin Injection. Hospital Only |  |  | Micro approval |
| Teicoplanin Injection | red |  | Restricted group 2 |
| Tigecycline Injection. Hospital Only |  |  | Microbiology only |
| Fosfomycin 3g Oral Sachets. | Oral sachets – resistant UTI licenced for women -green  Doses change as per gender (support with culture sensitivity tests)- ask primary |  | Injection red  Not first line. Use in accordance with culture and sensitivity results |
| Fosfomycin injection |  |  | Unlicensed ? |
| Spectinomycin. Centre for Sexual Health Only |  |  |  |
| Fidaxomicin 200mg Tablets. Hospital Consultant Microbiologist Only | Propose amber –authorisation by consultant microbiologist |  | GP can prescribe if authorised microbiologist  As per APC decisions in NOVEMBER 2017 |
| Rifaximin 550mg Tablets. Including use as per [NICE TA337](https://www.nice.org.uk/guidance/ta337). Hospital Only, Consultant Initiation Only | 550mg is for prophylaxis to hepatic encephalopathy |  | Propose amber – GP should be able to prescribe this  APC concurred this to be red during March meeting 2018 |
| Tedizolid 200mg Tablets. Consultant Microbiologist Only |  |  |  |
| Tedizolid 200mg Powder for Infusion. Consultant Microbiologist Only |  |  |  |

**5.1.8 Sulphonamides and Trimethoprim**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Remain** | **Remove** | **Additional Information** |
| Trimethoprim Tablets, Suspension, |  |  |  |
| Trimethoprim injection |  |  |  |
| Sulfadiazine Tablets. Hospital Only |  |  |  |
| Co-trimoxazole Tablets, Suspension, Injection |  |  | Red – injection |
| Co-Trimoxazole Injection |  |  |  |

**5.1.9 Anti-tuberculosis Drugs**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Remain** | **Remove** | **Additional Information** |
| Ethambutol Tablets |  |  |  |
| Rifampicin Capsules, Syrup, Injection |  |  | Injection red |
| Rifampicin Combined Preparations (Rifater & Rifinah Tablets Only) |  |  |  |
| Isoniazid Tablets, Elixir, Injection |  |  | Injection red |
| Pyrazinamide Tablets |  |  |  |
| Streptomycin Injection |  |  |  |
| Ethambutol Liquid. Consultant Paediatrician Only (U,S) |  |  |  |
| Pyrazinamide Liquid. Consultant Paediatrician Only (U, |  |  |  |
| Voractiv® Tablets (Rifampicin 150mg, Isoniazid 75mg, Pyrazinamide 400mg, Ethambutol hydrochloride 275mg)S) |  |  |  |

**5.1.10 Antileprotics**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Remain** | **Remove** | **Additional Information** |
| Dapsone Tablets |  |  |  |

**5.1.12 Quinolones**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Remain** | **Remove** | **Additional Information** |
| Ciprofloxacin Tablets, Syrup, | Tablets , syrup – green  Quinolones should not generally be used first line. Use in accordance with HPA / antimicrobial guidelines |  | Injection –red  Hospital; group 2 |
| Ciprofloxacin Injection |  |  |  |
| Levofloxacin Tablets. Note Hospital Restrictions |  |  |  |
| Ofloxacin Tablets | CIPRO 1ST LINE  OFLOX –2ND LINE |  | Pelvic inflammatory disease –group 2  Sexual health use – urology  GREEN SECOND LINE QUINOLONE AS SOMETIMES USED FOR EPIDIDYMITIS/ ORCHITIS? BETTER TOLERATED USUALLY? PB |
| Moxifloxacin Tablets |  |  |  |
| Moxifloxacin Injection. Note Hospital Restrictions |  |  |  |
| Levofloxacin Infusion 500mg/100ml. Note Hospital Restrictions |  |  |  |

**5.1.13 Urinary-tract Infections**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Remain** | **Remove** | **Additional Support information** |
| Nitrofurantoin Tablets, Capsules, Suspension | Green |  | 1st line for simple cystitis |
| Methenamine hippurate (Hiprex) Tablets – Urologist recommendation only | Propose amber |  | Features in Primary care document |

**5.2 Antifungal Drugs**

**5.2.1 Triazole antifungals**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Remain** | **Remove** | **Additional Information** |
| Fluconazole Capsules, Suspension |  |  | Injection – red |
| Fluconazole injection |  |  |  |
| Itraconazole Capsules, Liquid |  |  | Mhra alert |
| Voriconazole Tablets, Injection. Hospital Only |  |  |  |

**5.2.2 Imidazole antifungals**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Remain** | **Remove** | **Additional information** |
| Ketoconazole | CREAM AND SHAMPOO- GREEN  ORAL OR SYSTEMIC FORMULATION RED |  | ? shampoo  Ascribe data |

**5.2.3 Polyene antifungals**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Remain** | **Remove** | **Additional information** |
| Nystatin Suspension | Green |  |  |
| Amphoteracin (Liposomal) Infusion. Hospital Only |  |  |  |

**5.2.4 Echinocandin antifungals**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Remain** | **Remove** | **Additional Information** |
| Caspofungin Injection. Hospital Only |  |  |  |
| Anidulafungin  Injection Hospital Only |  |  |  |

**5.2.5 Other antifungals**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Remain** | **Remove** | **Additional Information** |
| Terbinafine Tablets |  |  |  |
| Griseofulvin Tablets |  |  | NON FORMYULARY |

**5.3 Antiviral Drugs**

**5.3.1 HIV infection (No particular order – use most clinically appropriate)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Remain** | **Remove** | **Additional Information** |
| Lamivudine Tablets |  |  |  |
| Abacavir Tablets |  |  |  |
| Atazanavir Capsules |  |  |  |
| Atripla Tablets |  |  |  |
| Combivir Tablets |  |  |  |
| Darunavir Tablets |  |  |  |
| Didanosine Tablets |  |  |  |
| Fosamprenavir Tablets |  |  |  |
| Kivexa Tablets |  |  |  |
| Lamivudine Solution |  |  |  |
| Kaletra (Lopinavir & Ritonavir) Tablets, Solution |  |  |  |
| Maraviroc (Celentri) |  |  |  |
| Nevirapine Tablets |  |  |  |
| Raltegravir Tablets |  |  |  |
| Ritonavir Capsules |  |  |  |
| Saquinavir Capsules |  |  |  |
| Stavudine Capsules |  |  |  |
| Truvada Tablets |  |  |  |
| Emtricitabine |  |  |  |
| Abacavir, lamivudine and zidovudine Tablets (Trizivir) |  |  |  |
| Efavirenz |  |  |  |
| Etravirine Tablets |  |  |  |
| Rilpivirine Tablets |  |  |  |
| Triumeq Tablets |  |  |  |
| Tivicay (dolutegravir) |  |  |  |
| Stribild (tenofovir/emtricitabine/elvitagravir/cobicistat) |  |  |  |
| Tybost (Cobicistat) |  |  |  |
| Eviplera (Rilpivirine/tenofovir/emtricitabine) |  |  |  |

**5.3.2 Herpesvirus infections**

**5.3.2.1 Herpes simplex and varicella–zoster infection**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Remain** | **Remove** | **Additional Information** |
| Aciclovir Dispersible Tablets, Suspension, Infusion |  |  | Infusion – green |
| Famciclovir. | Green 2 | NON-FORMULARY |  |
| Valaciclovir Tablets | Amber | Restricted - only to be prescribed on microbiologist advice.  Indicated for the treatment of HSV PCR positive viral meningitis (not encephalitis for which IV aciclovir must be used) | Check epact data – ask primary care |

**5.3.2.2 Cytomegalovirus infection**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Remain** | **Remove** | **Additional Information** |
| Ganciclovir Injection. Hospital Only, Strictly CMV Only |  |  |  |
| Valganciclovir Tablets. Hospital Only, Strictly CMV Only |  |  |  |

**5.3.3 Viral hepatitis**

**5.3.3.1 Chronic hepatitis B**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Remain** | **Remove** | **Additional Information** |
| Adefovir Tablets. Hospital Only |  |  |  |
| Entecavir. Hospital Only, As per [NICE TA153](https://www.nice.org.uk/guidance/ta153) |  |  |  |

**5.3.3.2 Chronic hepatitis C**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Remain** | **Remove** | **Additional information** |
| Tenofovir disoproxil Tablets. Hospital Only, As per NICE guidance |  |  |  |
| Simeprevir as per TA331. Hospital Only |  |  |  |
| Boceprevir Capsules. Hospital Only |  |  |  |
| Telaprevir Tablets. Hospital Only |  |  |  |
| Daklinza Tablets. Hospital Only |  |  |  |
| Exviera Tablets. Hospital Only |  |  |  |
| Harvoni Tablets. Hospital Only |  |  |  |
| Sovaldi Tablets. Hospital Only |  |  |  |
| Viekirax Tablets. Hospital Only |  |  |  |
| Ledipasvir-sofosbuvir. Hospital Only, As per [NICE TA363](https://www.nice.org.uk/guidance/ta363) |  |  |  |
| Daclatasvir Tablets. Hospital Only, As per [NICE TA364](https://www.nice.org.uk/guidance/ta364) |  |  |  |
| Ombitasvir–paritaprevir–ritonavir with or without dasabuvir. Hospital Only, As per [NICE TA365](https://www.nice.org.uk/guidance/ta365) |  |  |  |
| Pembrolizumab Injection. Hospital Only, As per [NICE TA366](https://www.nice.org.uk/guidance/ta366) |  |  |  |
| Sofosbuvir/Velpatasvir (Epclusa) 400 mg/100 mg Tablet (Bluteq registration) |  |  |  |

**5.3.4 Influenza**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Remain** | **Remove** | **Additionall Information** |
| Oseltamivir Suspension, Capsules. Outbreak Only & Current Guidelines | **GREEN- ONLY TO BE USED IN LINE WITH GUIDELINE** |  | primary care can prescribe as per PHE advicePROBABLY SHOULD BE RED AS USUALLY PT SHOULD BE SEEN IN HOSPITAL IF NEEDING ORAL INFLUENZA TREATMENT? PB |

**5.3.5 Respiratory syncytial virus**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Remain** | **Remove** | **Additional Information** |
| Palivizumab Injection |  |  |  |
| Ribavirin. Hospital Only, [NICE TA75](https://www.nice.org.uk/guidance/ta75), [TA105](https://www.nice.org.uk/guidance/ta105) & [TA200](https://www.nice.org.uk/guidance/ta200) |  |  |  |

**5.4 Antiprotozoal drugs**

**5.4.1 Antimalarials**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Remain** | **Remove** | **Additional Information** |
| Mefloquine |  |  |  |
| Chloroquine Tablets, Syrup, |  |  |  |
| Chloroquine Injection |  |  |  |
| Pyrimethamine with sulfadoxine Tablets. |  |  |  |
| Proguanil Tablets |  |  |  |
| Quinine dihydrochloride Tablets |  |  |  |
| Quinine dihydrochloride Injection |  |  |  |
| Riamet (artemether with lumefantrine) tablets (treatment of uncomplicated Falciparum) Secondary Care Only |  |  |  |

**5.4.2 Amoebicides**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Remain** | **Remove** | **Additional Information** |
| Metronidazole Tablets, Suspension, Suppositories |  |  |  |
| Metronidazole Infusion |  |  |  |
| Diloxanide Furoate Tablets 500mg |  |  | Check if used in primary care I HAVE NEVER USED IT PB |

**5.4.3 Trichomonacides**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Remain** | **Remove** | **Additional Information** |
| Metronidazole Tablets, Suspension, Suppositories |  |  |  |

**5.4.4 Antigiardial drugs**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Remain** | **Remove** | **Additional Information** |
| Mepacrine Tablets |  |  | Gps treat giardiasis USUALLY TEAT GIARDIASIS WITH MICROBIOLOGY ADVICE, NEVER USED THIS BEFORE PB |

**5.4.8 Drugs for pneumocystis pneumonia**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Remain** | **Remove** | **Additional information** |
| Pentamidine Isetionate Injection, Nebuliser solution. Hospital Only |  |  |  |

**5.5 Anthelmintics**

**5.5.1 Drugs for threadworms**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Remain** | **Remove** | **Additional Information** |
| Mebendazole Tablets |  |  |  |
| Mebendazole Suspension |  |  |  |
| Piperazine and Sennosides Sachets | NON-FORMULARY |  | Discontinued product |

**5.5.2 Ascaricides**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Remain** | **Remove** | **Additional Information** |
| Mebendazole Tablets |  |  |  |
| Mebendazole Suspension |  |  |  |
| Levamisole Tablets. Hospital Only (U) (S) |  |  |  |

**5.5.3 Drugs for tapeworm infections**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Remain** | **Remove** | **Additional Information** |
| Praziquantel Tablets. Hospital Only (U) (S) |  |  |  |
| Albendazole. Hospital Only (U) (S) |  |  |  |

**5.5.4 Drugs for hookworms**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Remain** | **Remove** | **Additional Information** |
| i. Mebendazole Tablets, Suspension |  |  |  |

**5.5.5 Schistosomicides**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Remain** | **Remove** | **Additional information** |
| **Praziquantel Tablets. Hospital Only (U) (S)** |  |  |  |

**5.5.6 Filaricides**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Remain** | **Remove** | **Additional information** |
| Diethylcarbamazine Tablets. Hospital Only (U) (S) |  |  |  |
| Ivermectin Tablets. Hospital Only (U) (S) |  |  |  |

**5.5.7 Drugs for cutaneous larva migrans**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Remain** | **Remove** | **Additional information** |
| Albendazole Tablets. Hospital Only (U) (S) |  |  |  |
| Ivermectin Tablets. Hospital Only (U) (S) |  |  |  |
| Tiabendazole Tablets. Hospital Only (U) (S) |  |  |  |

**5.5.8 Drugs for strongyloidiasis**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Remain** | **Remove** | **Additional Information** |
| Albendazole Tablets. Hospital Only (U) (S) |  |  |  |
| Ivermectin Tablets. Hospital Only (U) (S) |  |  |  |
| Tiabendazole Tablets. Hospital Only (U) (S) |  |  |  |

**Miscellaneous**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Remain** | **Remove** | **Additional Information** |
| Octenisan Antimicrobial wash. Hospital Only, Used in accordance with MRSA policy |  |  | Can gps prescribe in pre admission clinics |
| Prontoderm Gel Light. Hospital Only, Used in accordance with MRSA policy |  |  |  |
| Prontosan Antimicrobial wash. Hospital Only, Used in accordance with MRSA policy |  |  |  |
| Hibiscrub Plus. Hospital Only, Used in accordance with MRSA policy |  |  |  |