<table>
<thead>
<tr>
<th>1 Drug, medicine or other substance</th>
<th>2 Patient</th>
<th>3 Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clobazam</td>
<td>Any patient</td>
<td>Treatment of epilepsy</td>
</tr>
<tr>
<td>Locabiotal Aerosol</td>
<td>Any patient</td>
<td>Treatment of infections and inflammation of the oropharynx</td>
</tr>
<tr>
<td>Niferex Elixir 30 ml Paediatric Dropper Bottle</td>
<td>Infants Born Prematurely</td>
<td>Prophylaxis and Treatment of Iron Deficiency</td>
</tr>
<tr>
<td>Nizoral Cream</td>
<td>Any patient</td>
<td>Treatment of Seborrhoeic Dermatitis and Pityriasis Versicolor</td>
</tr>
<tr>
<td>Alprostadil (Caverject), (MUSE), (Viridal)</td>
<td>(a) A man with erectile dysfunction who on 14th September 1998 was receiving treatment under the Act, the National Health Service Act 1977 or the Health and Personal Social Services (Northern Ireland) Order 1972(d) for this condition with any of the following drugs –</td>
<td>Treatment of erectile dysfunction</td>
</tr>
<tr>
<td>Apomorphine Hydrochloride (sublingual tablets) (Uprima)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moxisylyte Hydrochloride (Erecnos)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tadalafil (Cialis)</td>
<td>Alprostadil (Caverject), (MUSE), (Viridal)</td>
<td></td>
</tr>
<tr>
<td>Thymoxamine Hydrochloride (Erecnos)</td>
<td>Apomorphine Hydrochloride (sublingual tablets) (Uprima)</td>
<td></td>
</tr>
<tr>
<td>Vardenafil (Levitra)</td>
<td>Moxisylyte Hydrochloride (Erecnos)</td>
<td></td>
</tr>
<tr>
<td>Sildenafil (Viagra)</td>
<td>Tadalafil (Cialis)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Thymoxamine Hydrochloride (Erecnos)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Vardenafil (Levitra)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sildenafil (Viagra); or</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(b) a man who is a national of an EEA State who is entitled to treatment by virtue of Article 7(2) of Council Regulation 1612/68(a) as extended by the EEA Agreement or by virtue of any other enforceable Community right who has erectile dysfunction and was on 14th September 1998 receiving a course of treatment</td>
<td></td>
</tr>
</tbody>
</table>
under a national health insurance scheme of an EEA State for this condition with any of the drugs listed in sub-paragraph (a); or

(c) a man who is not a national of an EEA state but who is the member of the family of such a national who has an enforceable Community right to be treated no less favourably than the national in the provision of medical treatment and has erectile dysfunction and was being treated for that condition on 14th September 1998 with any of the drugs listed in sub-paragraph (a); or

(d) a man who is suffering from any of the following –

- diabetes
- multiple sclerosis
- Parkinson’s disease
- Poliomyelitis
- prostate cancer
- severe pelvic injury
- single gene neurological disease
- spina bifida
- spinal cord injury; or

(e) a man who is receiving treatment for renal failure by dialysis; or

(f) a man who has had the following surgery –

- prostatectomy
- radical pelvic surgery
- renal failure treated by transplant.

(g) a man who has been assessed by the relevant consultant and/or advised by the relevant consultant as suffering severe distress as a result of erectile dysfunction
<table>
<thead>
<tr>
<th><strong>1</strong></th>
<th><strong>2</strong></th>
<th><strong>3</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Drug, medicine or other substance</strong></td>
<td><strong>Patient</strong></td>
<td><strong>Purpose</strong></td>
</tr>
</tbody>
</table>
| Oseltamivir (Tamiflu) | (a) clinical priority group patients and at-risk patients where—  
(1) It has been determined in accordance with a community based virological surveillance scheme that influenza A or influenza B is circulating in the locality in which the patient resides or is present or was present at the time that the virus was circulating;  
(2) the patient has an influenza-like illness; and  
(3) the patient can start therapy within 48 hours of the onset of symptoms.  
(b) Any patient suffering from influenza during an outbreak of influenza. | Treatment of influenza |
| Oseltamivir (Tamiflu) | (a) clinical priority group patients and at-risk patients where—  
(1) It has been determined in accordance with a community based virological surveillance scheme that influenza A or influenza B is circulating in the locality in which the patient resides;  
(2) the patient has been exposed to an influenza-like illness through being in close contact with someone with whom the patient lives who is or has been suffering from an influenza-like illness;  
(3) the patient is not effectively protected by vaccination against influenza because the patient—  
   (i) has not been vaccinated because vaccination is contraindicated;  
   (ii) has not been vaccinated since the previous influenza season;  
   (iii) has been vaccinated but it has yet to take effect; or | Prophylaxis of influenza |
(iv) has been vaccinated but the vaccine is not well matched to the strain of influenza circulating in the locality in which the patient resides or is or has been present;

(4) the patient lives in a residential care establishment and another resident or member of staff of the establishment has an influenza-like illness; and

(5) the patient can start prophylaxis within 48 hours of exposure to an influenza-like illness.

(b) Any patient at risk from influenza during an outbreak of influenza.

Zanamivir (Relenza)

(a) clinical priority group patients and at-risk patients where—

(1) It has been determined in accordance with a community based virological surveillance scheme that influenza A or influenza B is circulating in the locality in which the patient resides or is present or was present at the time that the virus was circulating;

(2) the patient has an influenza-like illness; and

(3) the patient can start therapy within 48 hours of the onset of symptoms.

(b) Any patient at risk of or suffering from influenza during an outbreak of influenza.

Zanamivir (Relenza)

(a) clinical priority group patients and at-risk patients where—

(1) It has been determined in accordance with a community based virological surveillance scheme that influenza A or influenza B is circulating in the locality in which the patient resides;

(2) the patient has been exposed to an influenza-like illness through being in close

Treatment of influenza

Prophylaxis or treatment of influenza

Prophylaxis of influenza
contact with someone with whom the patient lives who is or has been suffering from an influenza-like illness;

(3) the patient is not effectively protected by vaccination against influenza because the patient—
   (i) has not been vaccinated because vaccination is contraindicated;
   (ii) has not been vaccinated since the previous influenza season;
   (iii) has been vaccinated but it has yet to take effect;
   or
   (iv) has been vaccinated but the vaccine is not well matched to the strain of influenza circulating in the locality in which the patient resides or is or has been present;

(4) the patient lives in a residential care establishment and another resident or member of staff of the establishment has an influenza-like illness; and

(5) the patient can start prophylaxis within 48 hours of exposure to an influenza-like illness.

In this Schedule –

‘clinical priority group’ means

- People aged over six months who are at risk-patients.
- All pregnant women;
- Those who have been or who are in close contact with people with compromised immune systems e.g. people in regular close contact with patients on treatment for cancer
- Frontline health and social care workers.

“at-risk” means a patient who falls into the ‘clinical risk category’ listed in the table below.
<table>
<thead>
<tr>
<th>Clinical Risk Category</th>
<th>Examples (but decisions should be based on clinical judgement)</th>
</tr>
</thead>
</table>
| Chronic respiratory disease, including asthma | • Chronic obstructive pulmonary disease (COPD) including chronic bronchitis and emphysema; bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis and bronchopulmonary dysplasia (BPD)  
• Asthma that requires continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission  
• Children who have previously been admitted to hospital for lower respiratory tract disease |
| Chronic heart disease | • Congenital heart disease  
• Hypertension with cardiac complications  
• Chronic heart failure  
• Individuals requiring regular medication and/or follow-up for ischaemic heart disease |
| Chronic renal disease | • Chronic renal failure  
• Nephrotic syndrome  
• Renal transplantation. |
| Chronic liver disease | • Cirrhosis  
• Biliary Atresia  
• Chronic hepatitis |
| Chronic neurological disease | • Cerebrovascular disease, principally stroke and transient ischaemic attacks (TIAs)  
• Multiple sclerosis and related conditions  
• Hereditary and degenerative disease of the central nervous system |
| Diabetes Mellitus | • Type 1 diabetes  
• Type 2 diabetes (including treatment by insulin, oral hypoglycaemic drugs or diet alone) |
| Immunosuppression | • Immunosupression due to disease or treatment  
• Patients undergoing chemotherapy leading to immunosuppression  
• Asplenia or splenic dysfunction  
• HIV infection  
• Individuals treated with or likely to be treated with systemic steroids for more than a month at a dose equivalent to prednisolone at 20mgs or more per day (any age) or for children under 20 kgs a dose of 1mg or more per kg per day.  
• Some immunocompromised patients may have a suboptimal immunological response to the vaccine |

“child” means any person under the age of 16;

“EEA Agreement” means the Agreement on the European Economic Area signed at Oporto on 2nd May 1992 (a) as adjusted by the Protocol signed at Brussels on 17th March 1993 (b);

“EEA State” means a state which is a contracting party to the EEA Agreement or Switzerland;

“residential care establishment” means a place where persons reside on a long term basis in order to receive continuing care.

(a) Cm 2073 and O.J. No. L1, 3.1.1994 p.3  
(b) Cm 2183 and O.J. No. L1, 3.1.1994 p.3
CRITERIA NOTIFIED UNDER THE TRANSPARENCY DIRECTIVE

Criteria notified to the European Commission under Article 7 of the Council Directive relating to the transparency of measures relating to the pricing of medicinal products for human use and their inclusion in the scope of the national health insurance schemes (89/105/EEC)

The following six criteria have been separately notified by the UK Government to the European Commission since 1989 to comply with Article 7 of the Transparency Directive.

First, under the Selected List Scheme, medicinal products in seventeen therapeutic categories which are excluded from prescription on the grounds that, on expert advice, they had no clinical or therapeutic advantage over other, cheaper drugs in the following categories:

- Mild to moderate painkillers
- Indigestion remedies
- Laxatives
- Cold and cough remedies
- Vitamins
- Tonics
- Benzodiazepine sedatives and tranquillisers
- Anti-diarrhoeal drugs
- Drugs for allergic disorders
- Hypnotics and anxiolytics
- Appetite Suppressants
- Drugs for vaginal and vulva conditions
- Contraceptives
- Drugs used in anaemias
- Topical anti-rheumatics
- Drugs acting on the ear and nose
- Drugs acting on the skin

Second, products may be considered as `borderline substances', which are not truly medicinal products with clinical or therapeutic value, and are excluded from NHS prescription on that ground.

Third, as well as being freely on sale over the counter to the general public the cost to the NHS if the product (s) were to be supplied on prescription could not be justified at any price likely to be economic to the manufacturer and that supply of the product is not considered a priority for the use of the limited resources available to the NHS.

Fourth, the products which nevertheless may meet a legitimate clinical or therapeutic need when properly prescribed, are subject to misuse by drug misusers, and such misuse, or the manner in which the product may be administered by drug misusers, gives rise to the risk of physical or mental morbidity and alternative products may be available to meet all legitimate clinical or therapeutic needs.

Fifth, a medicinal product or category of medicinal products may be excluded entirely from supply on NHS prescription. It may alternatively be excluded except in specified circumstances, or except in relation to specified conditions or categories of conditions, or specified categories of patients. A medicinal product or category of them may be so excluded where the forecast aggregate cost to the NHS of allowing the product (or category of products) to be supplied on NHS prescription, or to be supplied more widely than the permitted exceptions, could not be justified having regard to the relevant circumstances including in particular: the First Minister’s duties pursuant to the NHS (Scotland) Act 1978 and the priorities for the expenditure of NHS resources.

Sixth, products, which comprise an injection device prefilled with a drug may be excluded from supply on NHS prescription if the same drug is available and can be used more economically in a container which may be used in conjunction with a refillable injection device.