Humber Teaching
NHS Foundation Trust

GUIDELINE FOR UNLICENSED PRESCRIBING IN MENTAL HEALTH CONDITIONS

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VALIDITY – Documents should be accessed via the Trust intranet to ensure the current version is used.

CHANGE RECORD

Version	Date	Change details
1.00	*Sept 10*	*New Guideline.*
2.00	*25/1/12*	*Changes in response to the change in licenses for citalopram and escitalopram*
2.01	*4/2/13*	*Removed invalid supporting information reference on page 4 and updated to an e-mail hyperlink*
3.00	*May 2013*	*Review of expired document*
3.01	*Sep 2013*	*Changes in status of pirenzapine for clozapine induced hypersalivation, clozapine for borderline personality disorder and zotepine for all indications*
3.02	*May 2017*	*Significant changes- Drugs available for clozapine induced hypersalivation, made available for hypersalivation. Clozapine recatergorised as named patient medication for all but licensed indications. Additional information added to highlight licensed medicines to facilitate first lince choice.Information on midazolam for status epilepticus updated.*
3.03	*January 2022*	*Reviewed with no changes. A new guideline is being developed to include CAMHS services. When new guideline is available, a communition will be circulated and will superseede this guidance (expected by end 2022)*
3.04	*May 2023*	*Minor amend.Statement to support CAMHS use of unlicensed drugs for age group following NICE/BAP/BNFc guidelines and recommendations. Approved at Drugs and Therapeutics Group (30 May 2023).*

Contents

1. INTRODUCTION

In the UK, licensed medicines are those that have received a UK Marketing Authorisation (previously called a product licence). Licensing arrangements are determined by the Medicines Act 1968 and are currently implemented through the Medicines and Healthcare products Regulatory Agency. For each medicine, the doses, indications, cautions, contraindications, route and side effects given in the British National Formulary (BNF), which is published by the British Medical Association & Royal Pharmaceutical Society of Great Britain, reflect those in the manufacturer's data sheets or Summary of Product Characteristics, which is a reflection those in the corresponding Marketing Authorisation.

Prescribing of any medicine other than in accordance with its UK Market Authorisation is generally termed off license or off label. If any medicine is prescribed that does not hold a UK Market Authorisation its use is generally termed unlicensed.

It is generally accepted that if practitioners act within what is considered to be in accordance with 'a responsible body of medical opinion' that they would be unlikely to be found negligent in their actions.
(Bolam Test-Under the rule the defendant will be held to have exercised reasonable care if what was done was in accordance with 'a responsible body of medical opinion')

Where possible patients should be treated with medicines that hold a UK Market Authorisation, within the criteria specified therein.
Patients should only be treated with unlicensed or off license medicines in accordance with this guideline or a recognised national guideline. Patients should be informed when they are being treated with such medicines and provide informed consent. If it is not possible to gain informed consent the reasons for continuing treatment should be clearly documented in the notes and the involvement of a carer or advocate explored.
Unlicensed or off license medicines should not be prescribed to treat physical illnesses unless they are used in accordance with the HEY Formulary (e.g. generic clopidogrel)

Medicines are classified using the following scheme for the particular condition specified:

- **Class A**- Medicines may be prescribed by any prescriber
- **Class C**- Medicines that must be initiated by or under the direct supervision of a consultant psychiatrist or neurologist
- **Class N**- Medicines that may only be prescribed by or under the supervision of a consultant psychiatrist for a specific patient after authorisation from Humber NHS Foundation Trust Drug and Therapeutics Committee. (These are medicines that are either unlicensed in the UK, have a poor risk/benefit profile or have limited amount of evidence of efficacy)
- **If a medicine is used outside its license but is not included in the list it may only be used on a named patient basis within HFT**

2. SCOPE

This guideline states clearly which medicines may be used off license to treat **mental health** conditions in **adults**, the specific conditions for which they may be used to treat and which type of prescriber may initiate them. Further information may be sought from the Humber NHS Foundation Trust (HFT) Medicines Information Department.

CAMHS use of unlicensed medicines for children recommended on BNFc or NICE/BAP guidelines, do not require a Named Patient Application until a review of the current guideline is in line with current recommendations for this Age Group.

These guidelines apply to all prescribers who work for or on behalf of Humber NHS Foundation Trust and relate to the prescribing of medicines for mental health conditions in adults. All staff concerned with the prescribing and administration of medicines should be aware of the licensed status of treatments they are prescribing or administering.

This guideline does not apply to unlicensed prescribing for **mental health** conditions in **children** where many medications do not include a licence for the use in children.

Medications included in the BNF for Children may be used in children for the conditions and within the doses specified. Any prescribing in children which does not adhere to this requires a named patient application to be submitted to the Drug and Therapeutics Committee

Off licence prescribing in people over 65years is not infrequent as medicines are often not trialled in this group due to the incidence of co-morbidities. Prescribers should additionally be aware that this guideline does not aim to cover the off licence use of medicines in people over 65yeras. Additionally, any suggested doses within the guideline are for adults under 65years. When prescribing for adults over 65years, prescribers should check the most up to date BNF for guidance.

3. PROCEDURES

Procedure for Application to Use a Medication on a Named Patient Basis

- All applications should be discussed with the Unit Clinical Pharmacist prior to submission
- Application to use a medication on a named patient basis should be made using the form included in Appendix 1
- The form is also downloadable on the Forms section of the HFT intranet
- The form should be completed and submitted for scrutiny by the Medicines Information Service, Pharmacy Department at HFT preferably via email to: HNF-TR.MedicinesInformation@nhs.net
- A copy of the application should also be sent to the Unit Clinical Pharmacist
- Patients cannot be commenced on medication until approval
- All applications will be subject to final approval by the DTC

Although the form gives approval for a named prescriber to treat the patient, should the patient change consultant it is not necessary to seek formal re-approval. The new consultant should review the notes to ascertain that continued treatment with the unlicensed treatment is necessary and make a record of this in the notes

Unlicensed medicines should be reviewed in the same way as other medicines (including any specific monitoring requirements), dependant on clinical need

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Appendix 1 - Request and Risk Assessment Form

Request and Risk Assessment Form for Named Patient Medication Approval

Consultants completing this form should be aware of their responsibilities when using unlicensed medicines and complete this form taking into consideration Appendix 3 of the Procedures for Safe and Secure Handling of Medicines and the HFT Guidelines for Unlicensed Prescribing. Completed forms should be sent to the Medicines Information Department, Pharmacy, HFT preferably by email to HNF-TR.MedicinesInformation@nhs.net

Patient NHS No:

Medication Details

British Approved Name (BAN):

Proprietary Name:

Form: Strength:

Manufacturer:

Indication:

Dose: Frequency:

Route: Duration of Treatment:

Approx. no. of patients per annum:

Why is an unlicensed or off license medication being considered? *Please tick as appropriate*

☐ Equivalent licensed product temporarily unobtainable
☐ Equivalent licensed product unavailable/unsuitable (Record details below)
☐ Medication being used off license (Record details below)

☐ Patient has been stabilised on the medicine (give details)

☐ Other (give details)

Please tick and provide details where appropriate

	Yes	No
Is there any evidence to support its use for the proposed indication?	☐	☐
Is there evidence to support its proposed administration schedule?	☐	☐
Is the product licensed for the specified indication in an EU state?	☐	☐
Is the product licensed for the specified indication in a non-EU state?	☐	☐
Is there patient information leaflet for intended use? (if yes, please attach)	☐	☐.
Are other centres using this medicine? (If yes, please provide details)	☐	☐

Summarise below the supporting evidence, list references and attach copies of references where available.

What are the risks to the patient of not using this drug?

What side effects or toxic effects have been reported?

Monitoring required:

Significant drug interactions:

Contraindications and any other risks to the patient.

Precautions:

Primary care implications (e.g. shared care arrangement)

Procurement Details
Is the medicine to be obtained from: *(please tick where appropriate)*

- ☐ A community pharmacy
- ☐ A hospital pharmacy
- ☐ An NHS specials unit
- ☐ A commercial specials manufacturer
- ☐ A licensed importer
- ☐ A licensed pharmaceutical wholesaler
- ☐ Others (please specify)

Prescriber's Details & Declaration:

Name:

Speciality:

I have read the Trust Procedures on the Use of Unlicensed Medicines and accept full responsibility for its use.

Signature:

Date:

For Use by Medicines Information Only

Recommendation to Approve

Recommendation Not to Approve

Reasons if not approved:

Any restriction on prescribing and us, monitoring or management:

Medicines Information Pharmacist Name

Signature:

Date

For Use of Drug and Therapeutics Committee Only

Approved Approved Subject to Final Decision of DTC

Not Approved

Reasons if not approved:

Restrictions on prescribing and use:

Review Date: (Max 2 years)

Medical Director Name

Signature:

Date

Name of DTC Chair:

Signature:

Date:

(A completed copy should be kept in the patient's medical notes)

Appendix 2 - Guidance for the Use of Unlicensed Drugs in Adults

Psychosis

Psychotic symptoms

	Class	Notes
Antipsychotics	A	Any agent except those listed below
Benzodiazepines	A	
SSRIs	A	Selective Serotonin reuptake Inhibitors
Clozapine	C	All indications other than schizophrenia (including psychosis in Parkinson's disease) in patients unresponsive to, or intolerant of, conventional antipsychotic drugs(including red rechallenge) are only on named patient application
Lithium	C	
Pimozide	C	
Sertindole	C	
Amoxapine	N	
Anticholinesterases	N	
Bromocriptine	N	
Carbamazepine	N	
Celecoxib	N	
Cicloserine	N	
Cyproheptadine	N	
DHEA	N	Dehydroepiandrosterone
Estradiol	N	
Folate	N	
Ginko biloba	N	
Gylcine	N	
Lurasidone	N	Not approved by HFT
Melatonin	N	
Modafinil	N	
Ondansetron	N	
Oxcarbazine	N	
Tetrabenazine	N	
Zotepine	N	No licensed UK product available

Tardive Dyskinesia (TD)

	Class	Notes
Benzodiazepines	A	
Tetrabenazine	A	Only treatment licensed in the UK
Anticholinergics	C	No evidence of effectiveness- TD may improve if withdrawn
Calcium antagonists	C	
Clozapine	N	All indications other than schizophrenia (including psychosis in Parkinson's disease) in patients unresponsive to, or intolerant of, conventional antipsychotic drugs(including red rechallenge) are only on named patient application
Valproate	C	
Vitamin E	C	May reduce deterioration
Amino acids	N	
Donepezil	N	
Gabapentin	N	
Levetiracetam	N	
Melatonin	N	
Naltrexone	N	
Ondansetron	N	
Pyridoxine	N	

Akathisia

	Class	Notes
Clonazepam	A	Doses of 0.5 to 3mg per day
Cyproheptadine	A	16mg per day
Propranolol	A	10 to 20mg three times a day
Anticholinergics	C	
Diazepam IV	C	10 to 17mg at 5mg per 30 seconds for acute symptoms
Diphenhydramine	C	
Mirtazapine	C	
Trazodone	C	
Atenolol	N	Less effective than propranolol
Mianserin	N	
Sotolol	N	Less effective than propranolol

Hypersalivation

	Class	Notes
Hyoscine hydrobromide	A	Should be considered as first line choice for clozapine induced hypersalivation as unlicensed use supported by BNF. Tablets must be sucked for optimum effect
Amitriptyline	A	75 to 100mg daily
Atropine 1% eye drops	A	One drop sublingually at night plus one drop in a glass of water to be sipped during the night
Trihexyphenidyl	A	5 to 15mg at night
Hyoscine patch	A	1mg behind alternate ears every 3 days
Ipratropium nasal spray	A	Sublingually or intranasally at night
Clonidine patch	C	0.1mg weekly- may exacerbate psychosis and depression
Lofexidine	C	0.2 mg twice a day-may exacerbate psychosis and depression
Pirenzapine	N	No licensed UK product available. Dose- 25 to 100mg daily

Urinary symptoms induced by clozapine

	Class	Notes
Desmopressin	A	Off-licence indication.10 microgram each nostril at bedtime for nocturnal enuresis- risk of hyponatraemia
Oxybutanin	A	Licensed for urinary frequency, urgency and incontinence, neurogenic bladder instability, and nocturnal enuresis associated with overactive bladder

Seizures induced by clozapine

	Class	Notes
Valproate	A	Licensed for all forms of epilepsy. One rare case of clozapine + valproate causing seizure

Bipolar/Mania

Acute Mania/Hypomania

	Class	Notes
Antipsychotics	A	Any- if not responding to licensed agents except clozapine, pimozide, sertindole or zotepine**. Quetiapine, risperidone olanzapine & haloperidol are licensed**
Benzodiazepines	A	
Lithium	A	Has a slower onset of action compared to other agents
Vaproate	A	Semisodium valproate is licensed for acute mania
Clozapine	N	All indications other than schizophrenia (including psychosis in Parkinson's disease) in patients unresponsive to, or intolerant of, conventional antipsychotic drugs(including red rechallenge) are only on named patient application
Lamotrigine	C	
Pimozide	C	
Sertindole	C	
Verapamil	C	
Gabapentin	N	
Levetiracetam	N	
Omega 3s	N	
Oxcarbazepine	N	
Phenytion	N	
Ritanserin	N	
Topiramate	N	
Zotepine	N	No licensed UK product available

Maintenance of Bipolar Affective Disorder

	Class	Notes
Antidepressants	A	Agomelatine and vortioxetine are not approved for use
Antipsychotics	A	Any agent except those listed below
Vaproate	A	
Calcium channel blockers	N	
Carbamazepine	C	
Clozapine	N	All indications other than schizophrenia (including psychosis in Parkinson's disease) in patients unresponsive to, or intolerant of, conventional antipsychotic drugs(including red rechallenge) are only on named patient application
Gabapentin	C	
Lamotrigine	C	
Pimozide	C	
Sertindole	C	
Methylphenidate	N	
Omega 3s	N	
Oxcarbazepine	N	
Pramipexole	N	
Semisodium valproate	N	There is no evidence that semisodium valproate is superior to or better tolerated than enteric coated valproate
Tamoxifen	N	
Tiagabine	N	
Topiramate	N	
Vitamins/ minerals	N	
Zotepine	N	No licensed UK product available

Bipolar Depression

	Class	Notes
Antidepressants	A	Should not be used unopposed especially in bipolar I
Lithium	A	Alone or as augmentation
Quetiapine	A	
Valproate	A	
Carbamazepine	C	
Gabapentin	C	
Lamotrigine	C	
Olanzapine + fluoxetine	C	
Thyroxine	C	As augmentation strategy
Inositol	N	
Mifeprostone	N	
Pramipexole	N	
Riluzole	N	

Rapid Cycling Bipolar Disorder

	Class	Notes
Lamotrigine	C	
Levothyroxine	C	
Liothyronine	C	
Olanzapine	C	
Valproate	C	
Calcium channel blockers	N	
Clonazepam	N	
Clozapine	N	All indications other than schizophrenia (including psychosis in Parkinson's disease) in patients unresponsive to, or intolerant of, conventional antipsychotic drugs(including red rechallenge) are only on named patient application
Gabapentin	N	
Levetiracetam	N	

Depression

	Class	Notes
Antipsychotics	A	Unlicensed use for combination or augmentation of antidepressants supported by CG90.
Buproprion	C	
Carbamazepine	C	
Citalopram	A or C	A- At licensed doses and not combined with other drugs known to prolong QTc interval. C- Above licensed doses and/or in combination with drugs known to prolong QTc interval only where individuals have relapsed after dose reduction or withdrawal of interaction medication, by or on the recommendation of a consultant provided regular checks on ECG and BCP.
Escitalopram	A or C	
Lamotrigine	C	
Levothyroxine	C	
Liothyronine	C	
Amisulpride	N	
Chromium	N	
Dexamethasone	N	
Dexamfetamine	N	
DHEA	N	Dehydroepiandrosterone
Donepezil	N	
Estradiol/ estrogen	N	

Folate	N	
Hydrocortisone	N	
Inositol	N	
Ketoconazole	N	
Methylphenidate	N	
Depression continued		
Mifepristone	N	
Modafinil	N	
Omega 3s	N	
Opiates	N	
Pergolide	N	
Pramipexole	N	
Riluzole	N	
Selegiline	N	
St John's Wort	N	
Testosterone	N	
Tetracyclines	N	
Topiramate	N	
Tramadol	N	
TRH	N	Thyrotropin Releasing Hormone
Valproate	N	

Treatment Resistant Depression

	Class	Notes
Lithium	A	Add to existing antidepressant
Nortriptyline	A	
Risperidone	A	Add 0.5 to 1mg per day to existing antidepressant
Venlafaxine	A	High dose (> 375mg per day) as monotherapy
Buspirone	C	Up to 60mg per day
Lamotrigine	C	Add up to 200mg per day to existing antidepressant
Olanzapine + fluoxetine	C	12.5mg + 50mg per day
Reboxetine	C	Add 2 to 8mg per day to existing antidepressant
SSRI + TCA	C	
SSRI + mianserin	C	Risk of blood dyscrasia
SSRI + mirtazapine	C	Risk of serotonin syndrome
Venlafaxine + mirtazapine	C	Risk of serotonin syndrome
Tricyclic-high dose	C	
Liothyronione	C	Add 20 to 50micrograms per day to existing antidepressant
Tryptophan	C	Add 2 to 3g three times a day to existing antidepressant
Amantadine	N	Add up to 300mg per day to existing antidepressant
Buproprion	C	Add 300mg per day to existing antidepressant
Cabergoline	N	Add 2mg per day to existing antidepressant
Clonazepam	N	Add 0.5 to 1mg per day to existing antidepressant
Dexamethasone	N	3 to 4mg per day
Ketoconazole	N	400 to 800mg per day
MAOI + Tricyclic	N	Potential for severe interaction with mono amine oxidase inhibitor
Metyrapone	N	Add 1g per day to existing antidepressant
Modafanil	N	100 to 400mg per day
Oestrogens	N	
Omega 3s	N	
Pindolol	N	5mg three times a day or 7.5mg once a day to existing antidepressant- accelerates response (some negative studies)
Pramipexole	N	100 to 200mg per day
Riluzole	N	100 to 200mg per day

s-adenosyl-l-methionine	N	1600mg orally per day or 400mg intramuscularly per day
Testosterone gel	N	In patients with low testosterone levels
Venlafaxine very high dose	N	375 to 600mg per day- cardiac monitoring essential
Yohimbine	N	Add up to 30mg per day to existing antidepressant

ECT

	Class	Notes
Methohexitone	C	Does not hold UK market authorisation- named patient
Caffeine	C	Does not hold UK market authorisation- named patient

Anxiety Disorders

	Class	Notes
SSRIs	A	Should be used with their licensed indications as summarised in Table 1. May be used off license if unresponsive or intolerant of licensed agents
TCAs	A	Tricyclic antidepressants- clomipramine is licensed for phobia and obsessional states
Antipsychotics	C	
Mirtazapine	C	
Valproate	C	
Gabapentin	N	
Kava kava	N	
Passionflower	N	
Testosterone	N	
Tiagabine	N	

Panic Disorder

	Class	Notes
SSRIs	A	Should be used with their licensed indications as summarised in Table 1. May be used off license if unresponsive or intolerant of licensed agents
MAOIs	C	Monoamine oxidase inhibitors
Mirtazapine	C	
Reboxetine	C	
Inositol	N	
Moclobemide	N	
Oxcarbazepine	N	
Pindolol	N	
Pramipexole	N	
Valproate	N	

Obsessive Compulsive Disorder (OCD)

	Class	Notes
SSRIs	A	Should be used with their licensed indications as summarised in Table 1. May be used off license if unresponsive or intolerant of licensed agents
TCAs	A	Tricyclic antidepressants- clomipramine is licensed for phobia and obsessional states
Antipsychotics	C	
Venlafaxine	C	
Clozapine	N	All indications other than schizophrenia (including psychosis in Parkinson's disease) in patients unresponsive to, or intolerant of, conventional antipsychotic drugs(including red rechallenge) are only on named patient application
Gabapentin	N	
Ondansetron	N	

Oxcarbazepine	N	
Phenelzine	N	
Tramadol	N	

Social Phobia

	Class	Notes
Benzodiazepines	A	
Citalopram	A	Within licensed doses and not in combination with drugs that prolong QTc -Paroxetine and escitalopram are licensed
Fluvoxamine	A	Paroxetine and escitalopram are licensed
Mirtazapine	A	
Sertraline	A	Paroxetine and escitalopram are licensed
Venlafaxine	A	
Buproprion	C	
MAOIs	C	
Moclobemide	C	
TCAs	C	Low response and high drop out rate
Fluoxetine	N	Large pilot study found fluoxetine ineffective
Gabapentin	N	
Pregabalin	N	

Table 1 Licensed Indications of SSRIs

Agent	Depression	Obsessive Compulsive Disorder	Social Phobia	Panic Disorder	Generalised Anxiety Disorder	Post Traumatic Stress Disorder
Citalopram	YES	X	X	YES	X	X
Fluoxetine	YES	YES	X	X	X	X
Escitalopram	YES	YES	YES	YES	YES	X
Fluvoxamine	YES	YES	X	X	X	X
Paroxetine	YES	YES	YES	YES	YES	YES
Sertraline	YES	YES	YES	X	X	YES*
Source: Summary of Product Characteristics Aug 2010						* especially effective in females

Insomnia

	Class	Notes
Melatonin	A	Circadin licensed for primary insomnia in those aged over 55
Gabapentin	C	Reports of efficacy in alcoholics with insomnia versus trazodone
Lavender oil	C	
Mirtazapine	C	
Paroxetine	C	
Phenothiazines	C	
Trazodone	C	

Dementia

Behavioural and Psychiatric Symptoms of Dementia (BPSD)

	Class	Notes
Antipsychotics	A	All when prescribed within Royal College of Psychiatrists Recommendations- except those listed
Aromatherapy	A	
Benzodiazepines	A	
SSRIs	A	
Trazodone	A	
Zolpidem	A	
Anticholinesterases	C	
Buspirone	C	
Carbamazepine	C	
Clozapine	N	All indications other than schizophrenia (including psychosis in Parkinson's disease) in patients unresponsive to, or intolerant of, conventional antipsychotic drugs(including red rechallenge) are only on named patient application
Depot medication	C	
Gabapentin	C	
Memantine	C	
Pimozide	C	
Sertindole	C	
Vaproate	C	
Memantine	N	
Zotepine	N	No licensed UK product available

Attention Deficit Hyperactive Disorder

	Class	Notes
Adult treatment	C	Including atomoxetine, dexamfetamine and methylphenidate
Antipsychotics	C	
Clonidine	C	
Fluoxetine	C	
Gabapentin	C	
Lithium	C	For adults
MAOIs	C	
TCAs	C	
Venlafaxine	C	
Buproprion	N	
Buspirone	N	
Modafinil	N	

Eating Disorders

Anorexia Nervosa

	Class	Notes
Antipsychotics	A	All except those listed-reports of efficacy with olanzapine, risperidone and haloperidol
Citalopram	A	Within licensed doses and not in combination with drugs that prolong QTc
Fluoxetine	A	
Sertraline	A	
Clozapine	N	All indications other than schizophrenia (including psychosis in Parkinson's disease) in patients unresponsive to, or intolerant of, conventional antipsychotic drugs(including red rechallenge) are only on named patient application
Cyproheptidine	C	
Lithium	C	
Nutritional feeding	C	
Pimozide	C	
Sertindole	C	
TCAs	C	
Tramadol	N	
Zinc	N	
Zotepine	N	No licensed UK product available

Bulimia Nervosa

	Class	Notes
SSRIs	A	Fluoxetine licensed- others used if ineffective or intolerant
MAOIs	C	
Reboxetine	C	
TCAs	C	
Topiramate	C	
Trazodone	C	
Valproate	C	
Flutamide	N	
Naltrexone	N	
Ondansetron	N	
Zinc	N	

Binge Eating

	Class	Notes
Citalopram	A	Within licensed doses and not in combination with drugs that prolong QTc
Fluoxetine	A	
Sibutramine	C	In obese individuals
Topiramate	C	In obese individuals
Zonisamide	N	

Self Harm

	Class	Notes
Fluoxetine	A	
Lithium	A	
Antipsychotics	N	Unlicensed indication
Buspirone	C	
Clomipramine	C	
Dextromethorphan	C	
Naltrexone	C	Some conflicting studies

Propranolol	C	
Topiramate	C	

Smoking Cessation

	Class	Notes
Buproprion	N	Are licensed but not approved by HFT for smoking cessation in individuals with psychiatric illness, due to side effect profile
Varenicline	N	

Managing Acutely Disturbed Behaviour

	Class	Notes
Lorazepam	A	
Olanzapine	A	Licensed for agitation/disturbed behaviour in schizophrenia/mania
Promethazine	A	Unlicensed indication- use supported by NICE NG10
Haloperidol	A	Licensed as an adjunct to violent behaviour
Aripiprazole	A	
Antipsychotics	C	
Diazepam	C	
Zuclopenthixol acetate	C	

Dependence

Alcohol Dependence

	Class	Notes
Benzodiazepines	C	
Buspirone	C	
Naltrexone	C	
SSRIs	C	
Vaproate	C	
Carbamazepine	N	
Gabapentin	N	
Nalmefene	N	
Topiramate	N	

Alcohol Withdrawal

	Class	Notes
Antipsychotics	C	
Beta-blockers	C	
Carbamazepine	C	
Clonidine	C	
Gabapentin	C	
Lofexidine	C	
Mirtazapine	C	
Phenobarbital	C	
Tiapride	C	
Valproate	C	
Propofol	N	

Benzodiazepine Dependence and Withdrawal

	Class	Notes
Buspirone	C	
Carbamazepine	C	
Clonidine	C	
Valproate	C	
Antihistamines	C	
Propranolol	C	

Flumazenil	N	
Melatonin	N	
Topiramate	N	

Opioid Dependence and Withdrawal

	Class	Notes
Buprenorphine	A	Licensed for dependence but not withdrawal
Methadone	A	Licensed for dependence but not withdrawal

Borderline Personality Disorder

	Class	Notes
Antidepressants	A	
Antipsychotics	A	Except those listed
Carbamazepine	C	
Lithium	C	
Pimozide	C	
Sertindole	C	
Valproate	C	
Clozapine	N	All indications other than schizophrenia (including psychosis in Parkinson's disease) in patients unresponsive to, or intolerant of, conventional antipsychotic drugs(including red rechallenge) are only on named patient application
Methylphenidate	N	
Zotepine	N	No licensed UK product available

Catatonia

	Class	Notes
Lorazepam	A	

Status Epilepticus

	Class	Notes
Midazolam	A	Use of the oromucosal solution administered via buccal mucosa in adults is an unlicensed indication supported by the BNF