

# CAMBRIDGESHIRE & PETERBOROUGH CCG FORMULARY FIRST AND SECOND LINE CHOICES FOR COMMONLY PRESCRIBED DRUGS

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## Foreword

This formulary is a list of medicines which have been approved for use by the Cambridgeshire and Peterborough Joint Prescribing Group (CPJPG). The drugs listed in the formulary are classified according to therapeutic use in line with the British National Formulary.

The aim of this formulary is to be clear, simple, transparent, accessible and reflect current prescribing in primary care. Its objectives are to:

- Encourage consistent prescribing throughout primary care.
- Provide guidance to prescribers so that they can select the most cost-effective 1<sup>st</sup> and 2<sup>nd</sup> line medicine for the management of a particular condition.
- Provide links to national, regional or local guidance for the pharmacological management (and non-pharmacological management if appropriate) of a condition.
- Provide links to national, regional or local information about the prescribing, safety or supply of an individual medicine.

This formulary includes links to relevant NICE Technology Appraisals, Clinical Guidelines and Public Health Guidance where appropriate for primary care. Any NICE documents not signposted from this formulary can be found via the [NICE website](#). An NHS net connection is needed to access Medicines Management documents (where linked).

The decision to include a drug has been made principally on the best evidence available at the time and where there is no evidence that any one within a class is superior; the decision is made by using patient acceptability, cost, current practice and local opinion.

Any BNF categories not represented in this document contain drugs that are not routinely recommended or prescribed in Primary Care.

Wherever possible the formulary should be adhered to but it is recognised there will be occasions where this is not possible (e.g. patient has unsuccessfully tried the formulary choices or these are contra-indicated)

This formulary is a continually evolving document and will be updated after each CPJPG meeting (every 2 months). We want it to be as useful as possible for our clinicians therefore the Medicines Management Team would welcome any feedback or comments via [CAPCCG.prescribingpartnership@nhs.net](mailto:CAPCCG.prescribingpartnership@nhs.net)

BNF Class	Drug Group	1 <sup>st</sup> Line Formulary Choices	2 <sup>nd</sup> Line Formulary Choices
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If you would like to specifically request that a drug is included on the formulary please contact us via [CAPCCG.prescribingpartnership@nhs.net](mailto:CAPCCG.prescribingpartnership@nhs.net)

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## Abbreviations

(OTC) -Over the Counter. This highlights products which can be purchased either over the counter in Community Pharmacies or via other retail outlets (i.e. supermarkets), for certain indications and conditions. Please note restrictions in sale or supply may still apply.

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<b>1.</b>	<b>GASTRO-INTESTINAL SYSTEM</b> <a href="#">Gallstones (NICE CG188)</a>		
<b>1.1</b>	<b>Dyspepsia and gastro-oesophageal reflux disease</b> Self Care recommended where clinically appropriate <ul style="list-style-type: none"> <li><a href="#">Dyspepsia (NICE CG184)</a></li> <li><a href="#">Gastro-oesophageal reflux disease: recognition, diagnosis and management in children and young people (NG1)</a></li> <li><a href="#">Patient Information Leaflet: Proton Pump Inhibitors</a></li> </ul>		
	Antacids ( <a href="#">Self Care</a> )	Peptac® (OTC) Mucogel® (low sodium) (OTC)	Magnesium Trisil. Co. Tabs (OTC)
<b>1.2</b>	<b>Antispasmodics and other drugs altering gut motility</b> <ul style="list-style-type: none"> <li><a href="#">Irritable bowel syndrome: diagnosis and management of irritable bowel syndrome in primary care (NICE CG61)</a></li> <li></li> </ul>		
	Antispasmodics	Mebeverine	Hyoscine butylbromide <a href="#">See MHRA Drug Safety update Hyoscine butylbromide and cardiac disease drugs Feb 2017</a>
<b>1.3</b>	<b>Anti-secretory drugs and mucosal protectants</b>		
	H <sub>2</sub> . receptor antagonists	Ranitidine	Cimetidine
	Prostaglandin analogues	Misoprostol	-
	Proton pump Inhibitors <a href="#">Prescribing Matters Newsletter (February 2015): esomeprazole</a>	Lansoprazole <b>capsules</b> Omeprazole <b>capsules</b> Pantoprazole	Lansoprazole Fastabs (for patients unable to swallow)
<b>1.4</b>	<b>Acute diarrhoea</b> <ul style="list-style-type: none"> <li><a href="#">Faecal incontinence (NICE CG49)</a></li> </ul>		
	Acute Diarrhoea ( <a href="#">Self Care</a> )	Oral rehydration (OTC) Loperamide (OTC)  <a href="#">See MHRA Drug Safety update Loperamide (Imodium): reports of serious cardiac adverse reactions with high doses of loperamide associated</a>	Codeine Phosphate  <a href="#">See Think Medicines Safety Newsletter (May 2015)</a> Recommendations regarding codeine use in children and young people.

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		<a href="#">with abuse or misuse Sept 2017</a>	
<b>1.5</b>	<b>Chronic bowel disorders</b>		
	<ul style="list-style-type: none"> <li>• <a href="#">Thiopurine treatment for paediatric gastroenterology and hepatology (Shared Care)</a></li> <li>• <a href="#">Guidance for issuing prescriptions for incontinence and stoma appliances (CCG)</a></li> <li>• <a href="#">Guidance on maximum prescribed quantities for Stoma products and related consumables</a></li> </ul>		
	Chronic Bowel Disorders	<p><b>Mesalazine (Specialist initiation)</b></p> <p><b>Prescribe by brand:</b></p> <p><i>Once clinically stable, patients should not normally be switched between brands unless directed to do so by a Specialist.</i></p>	<p>Prednisolone <a href="#">plain tablets</a></p> <p>Sulfasalazine Tabs, Susp (Specialist initiation)</p> <p>Azathioprine (<a href="#">Shared Care</a>) (Specialist initiation)</p> <p>Mercaptopurine (<a href="#">Shared Care</a>) (Specialist initiation)</p> <p>Methotrexate (<a href="#">Shared Care</a>) (Specialist initiation)</p> <ul style="list-style-type: none"> <li>• <a href="#">MMT Think Safety Newsletter (November 2015) Safer use of methotrexate</a></li> <li>• <a href="#">Safety Matters Newsletter (March 2015): methotrexate</a></li> </ul> <p>Ciclosporin (<a href="#">Shared Care</a> for inflammatory bowel disease) (Specialist Initiation)</p>
<b>1.6</b>	<b>Laxatives</b>		
	<a href="#">Management of Constipation in Adults Pathway (CCG).</a>		
	<a href="#">Self-Care</a> recommended where appropriate		
	Other drugs used in constipation	<p><b>Lubiprostone (Specialist initiation)</b></p> <p><a href="#">NICE TA318</a></p>	<p><b>Prucalopride (women only)</b></p> <p>Specialist initiation</p> <p><a href="#">NICE TA 211</a></p> <p><b>Linaclotide-(IBS only)Specialist Initiation</b> <a href="#">NICE CG61</a></p> <p><a href="#">Linaclotide Prescribing Support document</a></p>
<b>1.7</b>	<b>Local preparations for anal and rectal disorders</b>		
	Soothing haemorrhoidal preparations-	Anusol® (OTC)	-

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	<a href="#">Self Care</a>		
	Compound haemorrhoidal preparations with corticosteroids:- <a href="#">Self Care</a>	Anusol HC® (OTC)  <a href="#">Medicines Safety Newsletter: Corticosteroids – Rare risk of CSCR (Oct 17)</a>	Xyloproct® Scheriproct Suppositories®
	Management of anal fissures	Glyceryl trinitrate 0.4% oint (Rectogesic®)	-
<b>1.9</b>	<b>Drugs affecting intestinal secretions</b>		
	Pancreatin	Creon®	Nutrizym 22® (adult patients only)
<b>2.</b>	<b>CARDIOVASCULAR</b>		
	<ul style="list-style-type: none"> <li>• <a href="#">Atrial Fibrillation (NICE CG180)</a></li> <li>• <a href="#">Stroke (NICE CG68)</a></li> <li>• <a href="#">Unstable angina and NSTEMI (NICE CG94)</a></li> <li>• <a href="#">Hypertension in pregnancy (NICE CG107)</a></li> <li>• <a href="#">Chronic heart failure (NICE CG108)</a></li> <li>• <a href="#">Stable angina (NICE CG126)</a></li> <li>• <a href="#">Hypertension (NICE CG127)</a></li> <li>• <a href="#">Lower limb peripheral arterial disease (NICE CG147)</a></li> <li>• <a href="#">Myocardial infarction: secondary prevention (NICE CG172)</a></li> <li>• <a href="#">Acute heart failure: diagnosing and managing acute heart failure in adults (NICE CG 187)</a></li> </ul>		
<b>2.1</b>	<b>Positive inotropic drugs</b>		
	Cardiac Glycosides	Digoxin	-
<b>2.2</b>	<b>Diuretics</b>		
	Thiazide diuretics	Indapamide	Bendroflumethiazide
	Loop diuretics	Furosemide	Bumetanide
	Potassium-sparing diuretics and aldosterone antagonists	Amiloride Spironolactone	<b>Eplerenone (Specialist initiation)</b> <i>Only when spironolactone is not tolerated</i>
		<a href="#">See MHRA Drug Safety update Spironolactone and Renin Angiotensin drugs Feb 2016</a>	
	Potassium sparing diuretics with other diuretics	Co-amilofruse	-
<b>2.3</b>	<b>Anti-arrhythmic drugs</b>		

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	Anti-arrhythmic drugs	Amiodarone (Specialist initiation) See <a href="#">Prescribing support document</a>	-
<b>2.4</b>	<b>Beta-adrenoceptor blocking drugs</b>		
	Hypertension	Atenolol	Bisoprolol, Metoprolol
	Ischaemic heart disease	Atenolol	Metoprolol
	Heart failure	Bisoprolol	Carvedilol
	Primary prophylaxis of variceal haemorrhage	Carvedilol (Specialist initiation) N.B. Unlicensed indication – see <a href="#">Prescribing Support document (CCG)</a>	
<b>2.5</b>	<b>Hypertension and heart failure</b>		
	Vasodilator antihypertensive drugs	Hydralazine	-
	Centrally acting antihypertensive drugs	Methyldopa	Moxonidine
	Alpha-adrenoceptor blocking drugs	Doxazosin (immediate release) <a href="#">Prescribing Matters (May 2014): Switch advice - doxazosin MR to doxazosin IR</a>	-
	<b>Drugs affecting the renin angiotensin system</b>		
	Angiotensin Converting Enzyme inhibitors (ACEIs)  <i>Prescribing Matters (April 2010): combining ACEIs with Angiotensin-II receptor antagonists</i>	<b>Hypertension</b> Ramipril	Lisinopril
		<b>Heart failure</b> Ramipril	Lisinopril
		<b>Post MI</b> Ramipril	-
		<b>Reducing risk of diabetic cardiovascular events</b> Ramipril	-
		<b>Diabetic nephropathy</b> Lisinopril	-
	Angiotensin-II receptor antagonists  (alternative in patients who cannot tolerate an ACEIs)	Losartan	Candesartan Valsartan  <i>(Note: neither of these are licensed to treat diabetic nephropathy)</i>  Aliskiren (Specialist initiation)

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			Valsartan/Sacubitril (Entresto®) (Specialist Initiation (Heart Failure Specialist with access to MDT) with <a href="#">Prescribing Support</a> ) (Heart Failure NICE TA388)
<b>2.6</b>	<b>Nitrates, calcium channel blockers, and other antianginal drugs</b>		
	Nitrates	Glyceryl trinitrate, tabs, spray  Isosorbide mononitrate <i>MR or immediate release</i> (Use asymmetric dosing for immediate release preparations e.g. Give a dose at 8am and 4pm) for twice daily dosing.	Isosorbide dinitrate
	Calcium-channel blockers  <a href="#">Safety Matters Newsletter (February 2014): Simvastatin 40mg co-prescribed with diltiazem or amlodipine</a>	Amlodipine	Lercanidipine, Felodipine  Diltiazem For modified release please prescribe by brand. The CCG current preferred brand is Zemtard XL  Verapamil, Nifedipine LA (please prescribe by brand) For nifedipine modified release once daily formulation the CCG current preferred brand is Adipine XL. For nifedipine modified release twice daily formulation the CCG current preferred brand is Tensipine MR
	Other antianginal drugs  See also CCG Prescribing Support Guides <a href="#">Angina</a> ) <a href="#">Chronic Heart failure</a>		<a href="#">Ivabradine (Specialist initiation) NICE TA267</a> <a href="#">See also MHRA Drug Safety Update: Ivabradine (Dec 2014).</a>  <a href="#">Ranolazine (Specialist initiation)</a>  Nicorandil – for existing patients only.

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	Peripheral vasodilators and related drugs	Naftidrofuryl oxalate (intermittent claudication only) ( <a href="#">NICE TA 223</a> )  Cilostazol, pentoxifylline and inositol nicotinate are <b>NOT</b> recommended for the treatment of intermittent claudication in people with peripheral arterial disease ( <a href="#">NICE TA 223</a> )	
	Other	<b>Midodrine Specialist Initiation</b> for orthostatic or postural hypotension ( <a href="#">Shared Care</a> )  See also MMT newsletter <a href="#">Midodrine September 2015</a>	
2.8	<b>Anticoagulants and protamine</b>  <b>See</b> <ul style="list-style-type: none"> <li>• <a href="#">CCG Pathway: oral anticoagulants for non-valvular atrial fibrillation (adult &gt; 18 years) primary prevention</a> and</li> <li>• CCG Guidance <a href="#">Low molecular weight Heparin (LMWH) and Fondaparinux</a></li> <li>• <a href="#">Enoxaparin for patients undergoing invasive procedures to establish diagnosis of pulmonary hypertension, assess treatment response or preparation for surgery (Shared Care)</a></li> </ul>		
	Parenteral anticoagulants	Dalteparin  See <a href="#">CCG LMWH Guidance</a> for advice regarding dose, supply and monitoring.	



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	Oral Anticoagulants	<p>Warfarin</p> <p>The NPSA, Patient and Carer groups all advised that the fewest number of different strengths should be prescribed to improve safety.</p> <p><b>Due to a recent patient safety issue within the East of England relating to confusion between 500microgram tablets and 5mg tablets, and inadvertent overdose, it is recommended that warfarin 500microgram tablets are no longer prescribed within Primary or Secondary Care.</b></p> <p>If prescribed, 500 micrograms should be always be written in full and never abbreviated to 0.5mg.</p> <p><a href="#">See MHRA Drug Safety update Miconazole: over-the-counter oral gel contraindicated in patients taking warfarin. Sept 2017</a></p>	<p><b>See also CCG Guidance and advice on <a href="#">anticoagulation and DOACs (previously known as NOACs)</a></b></p> <p><b>Edoxaban is currently the DOAC with the lowest acquisition cost to Primary Care (FP10 prescribing).</b></p> <p><b><a href="#">Edoxaban</a></b> ▼</p> <ul style="list-style-type: none"> <li>• DVT and PE treatment (<a href="#">NICE TA354</a>) (Specialist Initiated)</li> <li>• Stroke and systemic embolism prevention non valvular AF (<a href="#">NICETA 355</a>)</li> </ul> <p><b>Dabigatran</b></p> <ul style="list-style-type: none"> <li>• VTE (hip and knee surgery –<a href="#">NICE TA157</a>) (Hospital only see note below)</li> <li>• VTE (Treatment and secondary prevention- NICE TA327) (Specialist Initiated)</li> <li>• AF (<a href="#">NICE TA249</a>) See <a href="#">CCG AF Anticoagulant Pathway</a></li> </ul> <p><b>Rivaroxaban</b> ▼</p> <ul style="list-style-type: none"> <li>• VTE (hip and knee surgery) (Hospital only see note below)</li> <li>• AF (stroke prevention <a href="#">NICE TA256</a> See <a href="#">CCG AF Anticoagulant Pathway</a>)</li> <li>• VTE (treatment and long term secondary prevention- <a href="#">NICE TA261</a>) (Catch and Cam Health</li> </ul>

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			<p>only care pathway – Hospital only. All other AEPs Specialist initiation)</p> <ul style="list-style-type: none"> <li>PE and recurrent VTE- (<a href="#">NICE TA287</a>)- ACS (prevention of adverse outcomes post ACS- <a href="#">NICE TA335</a>) (Specialist Initiation)</li> </ul> <p><b>Apixaban ▼</b></p> <ul style="list-style-type: none"> <li>Stroke and systemic embolism prevention, non-valvular AF – <a href="#">NICE TA275</a> See <a href="#">CCG AF Anticoagulant Pathway</a></li> <li>VTE (-hip and knee surgery- <a href="#">NICE TA245</a>) ) (Hospital only See note below)</li> <li>DVT and PE treatment and prevention (<a href="#">NICE TA341</a>) (Specialist Initiation)</li> </ul> <p><b>Note:</b> For hip and knee surgery prophylaxis-full course of DOAC is supplied by Provider Trust.</p>
<b>2.9</b>	<b>Antiplatelet drugs</b>		
		<p>Aspirin  <i>(Also approved for small for gestational age foetus. Specialist initiation/advice. (Unlicensed indication).</i></p> <p>Clopidogrel  <i>GI risks very similar to aspirin – use clopidogrel only for patients defined by <a href="#">NICE TA80</a> . Also see <a href="#">NICE TA210</a></i></p> <p><i>Note stop date information from secondary care for vascular disease.</i></p> <p>Dipyridamole + aspirin M/R –</p>	<p><b>Ticagrelor (Specialist initiation)-</b>  <i>Note stop date information from secondary care</i>  <a href="#">Prescribing Support (CCG)</a></p> <ul style="list-style-type: none"> <li>Preventing atherothrombotic events after myocardial infarction <a href="#">NICE TA420</a></li> <li>Treatment of acute coronary syndromes <a href="#">NICE TA236</a></li> </ul>

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		Dipyridamole <i>Place in therapy defined by <a href="#">NICE TA210</a></i>	<ul style="list-style-type: none"> <li>Prasugrel (Specialist initiation) See also <a href="#">NICE TA317</a>-Prasugrel with PCI for ACS (July 2014).  Note stop date information from secondary care.</li> </ul>
<b>2.11</b>	<b>Anti-fibrinolytic/ haemostatics</b>		
		Tranexamic acid	-
<b>2.12</b>	<b>Lipid regulating drugs</b>		
	<ul style="list-style-type: none"> <li><a href="#">Lipid modification: cardiovascular risk assessment and the modification of blood lipids for the primary and secondary prevention of cardiovascular disease (NICE CG181)</a></li> <li><a href="#">Familial hypercholesterolaemia (NICE CG71)</a></li> <li><a href="#">Prescribing Matters July 2014: Medicines Optimisation Omacor</a></li> </ul>		
	HMG-COA Reductase inhibitors "Statins"  NICE CG181 Offer patients for primary prevention at <a href="#">QRISK2</a> of: <ul style="list-style-type: none"> <li>10-20% 10 year risk lifestyle modification initially and reassess.</li> <li>&gt;20% 10 year risk a statin and lifestyle modification.</li> </ul> The <a href="#">NICE Patient Decision Aid</a> should be used by prescribers with patients when discussing treatment.	Atorvastatin	Simvastatin <a href="#">Safety Matters Newsletter (February 2014): simvastatin 40mg co-prescribed with diltiazem or amlodipine</a>  Pravastatin  Ezetimibe Adults with primary (heterozygous-familial or non-familial) hypercholesterolaemia  <i>May be used where patient is unable to tolerate statins. May also be used after maximum tolerated dose of statin has been prescribed. Consider a more potent statin such as atorvastatin and then add ezetimibe if required to achieve therapeutic targets <a href="#">NICE TA 385</a></i>
	Fibrates	Fenofibrate	Bezafibrate
	Notes: <ol style="list-style-type: none"> <li>Fibrates should not be routinely offered but may be considered in patients with hypertriglyceridemia or if other options are not tolerated or where existing statin treatment has not adequately controlled plasma lipid levels. Avoid using fibrates in combination with a statin where the clinical benefit clearly</li> </ol>		

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	outweighs the clinical risk of increased muscle effects including rhabdomyolysis.
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3. RESPIRATORY SYSTEM			
<p><a href="#">Inhaler Technique Patient Resources</a></p> <p><b>Asthma</b></p> <ul style="list-style-type: none"> <li><a href="#">Asthma Pathway (CCG)</a></li> <li><a href="#">Asthma: diagnosis, monitoring and chronic asthma management (NICE NG80)</a></li> <li><a href="#">British Guideline on the Management of Asthma (BTS/SIGN)</a></li> <li><a href="#">Inhaler systems (devices) in children under the age of 5 years with chronic asthma (NICE TA10)</a></li> <li><a href="#">Inhaler devices for routine treatment of chronic asthma in older children (5 – 15 years) (NICE TA38)</a></li> </ul> <p><b>COPD</b></p> <ul style="list-style-type: none"> <li><a href="#">COPD Pathway (CCG)</a></li> <li><a href="#">Chronic obstructive pulmonary disease (NICE CG 101)</a></li> <li><a href="#">Global Strategy for the Diagnosis, Management and Prevention of COPD (GOLD 2017)</a></li> <li><a href="#">Step down of inhaled corticosteroid (ICS) in COPD with FEV1 &gt; 50% predicted (CCG)</a></li> <li><a href="#">Inhaled corticosteroid (ICS) in COPD step-down inhaler guide (CCG)</a></li> </ul> <p><b>Other</b></p> <ul style="list-style-type: none"> <li><a href="#">Asthma-COPD Overlap Syndrome (GOLD)</a></li> <li><a href="#">Azathioprine for Inflammatory Lung Diseases (Shared Care)</a></li> </ul>			
<b>3.1 Bronchodilators</b>			
	Short-acting beta <sub>2</sub> agonists	Salbutamol (standard MDI)	Terbutaline
	Long-acting beta <sub>2</sub> agonists <i>In asthma they should not be used without concomitant steroid dosing and should not be initiated in patients with rapidly deteriorating asthma.</i>	Formoterol 1 <sup>st</sup> choice Easyhaler; 2 <sup>nd</sup> choice Turbohaler  Salmeterol	-
	Antimuscarinic bronchodilators	<b>Asthma</b> Ipratropium (standard MDI)  <b>COPD</b> Braltus Zonda® inhaler (CCG preferred brand of tiotropium inhaler)	<b>Asthma</b>  <b>COPD</b> Tiotropium Respimat®-Can be considered if patient cannot use Handihaler after assessment of technique Glycopyrronium (Seebri

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			Breezhaler® ▼)  Acclidinium (Eklira Genuair® ▼)  <i>Acclidinium is recommended as an alternative 2<sup>nd</sup> line agent where a patient cannot use the tiotropium or glycopyrronium inhaler</i>
	Combination LABA / LAMA inhalers for COPD	Spiolto Respimat (tiotropium + olodaterol)	Ultibro Breezhaler (indacaterol + glycopyrronium)  Duaklir Genuair®▼) (Acclidinium + Formoterol)(  <i>Acclidinium is recommended as an alternative 2<sup>nd</sup> line agent where a patient cannot use the tiotropium or glycopyrronium inhaler</i>
	Combination LABA/LAMA/ICS for COPD	Trimbow® (beclometasone + formoterol + glycopyrronium)	
	Theophylline	Theophylline <b>Prescribe by brand-</b> CCG preferred brand is Uniphyllin	-
	Peak flow meters, inhaler devices and nebulisers	Volumatic® - fits all GSK inhalers and Clenil Modulite) Aerochamber Plus® - fits all inhalers	
<b>3.2</b>	<b>Corticosteroids</b> <ul style="list-style-type: none"> <li>• Prescribers are advised that doses used in the BNF are recommended.</li> <li>• Fluticasone (Flixotide®) as a monotherapy is not included in this formulary for the following reasons:                     <ul style="list-style-type: none"> <li>○ BTS guidelines suggest that there is little to choose between the efficacies of the available steroid preparations.</li> <li>○ Relatively large numbers of adverse reactions (including fatalities) have been reported with fluticasone. The CSM has issued two specific safety warnings regarding fluticasone safety.</li> </ul> </li> <li>• <a href="#">NICE TA138</a> (Asthma (in adults) – corticosteroids) recommends use of the least costly product that is suitable for an individual, within its marketing authorisation.</li> <li>• <a href="#">NICE TA131</a> (Asthma (in children) – corticosteroids) recommends use of the least</li> </ul>		

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	<p>expensive product</p> <ul style="list-style-type: none"> <li><a href="#">MHRA Drug Safety Update August 2017: Corticosteroids - rare risk of central serous chorioretinopathy with local as well as systemic administration</a></li> </ul>		
<a href="#">Medicines Safety Newsletter: Corticosteroids – Rare risk of CSCR (Oct 17)</a>	Inhaled corticosteroids (adults)	<p>Beclometasone (prescribed by brand – Clenil® or Qvar®)</p> <p><i>Clenil® and Qvar® are not interchangeable. Qvar® has extra fine particles and is approximately twice as potent as Clenil®.</i></p>	Budesonide
	Inhaled corticosteroids (children under 12)	<p>Beclometasone (prescribed by brand – Clenil®)</p> <p><i>Clenil® and Qvar® are not interchangeable. Qvar® has extra fine particles and is approximately twice as potent as Clenil®.</i></p>	Budesonide
<p><b>NOTE:</b> Inhaled corticosteroid inhalers should be used with a spacer to reduce incidence of oral thrush and optimise drug delivery. Patients should not be switched from one spacer device to another without monitoring – different devices may product different clinical effects. Spacers should be kept clean.</p>			
<p><b>COPD – Triple Therapy Review</b></p> <ul style="list-style-type: none"> <li><a href="#">Step down of inhaled corticosteroid (ICS) in COPD with FEV1 &gt; 50% predicted (CCG)</a></li> <li><a href="#">Inhaled corticosteroid (ICS) in COPD step-down inhaler guide (CCG)</a></li> </ul>			
<p>Compound preparations of inhaled corticosteroid and LABA.</p> <p><i>The decision to use a combination device or the two agents in separate devices should be made on an individual basis, taking into consideration therapeutic need and the likelihood of treatment adherence.</i></p>	<p><b>Asthma &amp; COPD</b></p> <p>Beclometasone+ formoterol (Fostair® MDI) (licensed for adults &gt; 18years)</p> <p><i>Fostair® has extra fine particles and is more potent than traditional beclometasone CFC free inhalers.</i></p> <p>Note <b>Fostair NEXThaler® is NOT RECOMMENDED.</b></p>	<p><b>Asthma &amp; COPD</b></p> <p>Budesonide+formoterol (DuoResp Spiromax®) Prescribe by brand (Licensed for adults &gt;18years).</p> <p>Fluticasone + salmeterol DPI (Aerivio® Spiromax® 50/50)</p> <p><b>Asthma only</b></p> <p>Fluticasone+ formoterol (Flutiform®▼) (low &amp; medium doses licensed for adults and children &gt;12years, high doses licensed adults &gt;18 years)</p> <p>Fluticasone + Salmeterol (Sereflo® MDI) A branded generic cost effective option for Seretide Evohaler for use in asthma patients aged 18 years</p>	

BNF Class	Drug Group	1 <sup>st</sup> Line Formulary Choices	2 <sup>nd</sup> Line Formulary Choices
			and over only)- Prescribe by brand
	Combination LABA/LAMA/ICS for COPD	Trimbow® (beclometasone + formoterol + glycopyrronium)	
	<b>Paediatric Asthma patients</b>	Budesonide+ formoterol (Symbicort®)	Fluticasone+salmeterol (Seretide®)
<b>3.3</b>	<b>Cromoglycate and related therapy, leukotriene receptor antagonists, and phosphodiesterase-4 inhibitors</b>		
	Leukotriene receptor antagonists	Montelukast	Zafirlukast
<b>3.4</b>	<b>Antihistamines, hyposensitisation, and allergic emergencies</b>		
	<b>Self care recommended where clinically appropriate</b>		
	<ul style="list-style-type: none"> <li>• <a href="#">Anaphylaxis (NICE CG134)</a></li> <li>• <a href="#">Drug Allergy: Diagnosis and management in adults, children and young people (NICE CG183)</a></li> </ul>		
	Antihistamines  <a href="#">Self Care</a>	<b>Non-sedating</b> Cetirizine (OTC) Loratadine (OTC)  <b>Sedating</b> Chlorphenamine (OTC)	<b>Non-sedating</b>  <b>Sedating</b> Hydroxyzine See <a href="#">MHRA Drug Safety Update (April 2015) Hydroxyzine- risk of QT prolongation</a>  See <a href="#">Think Medicines! Safety Newsletter (May 2015): hydroxyzine</a>
	Allergic Emergencies	Adrenaline/Epinephrine <i>Please ensure patients are appropriately trained in the use of this device</i> <a href="#">Safety Matters (July 2014): advice on brand name prescribing and quantity to issue</a>  <i>MHRA Drug Safety Update August 2017: Adrenaline auto-injectors: recommended that 2 adrenaline auto-injectors are prescribed</i>	
<b>3.6</b>	<b>Oxygen</b>		
	<ul style="list-style-type: none"> <li>• <a href="#">Guidance on home oxygen (CCG)</a></li> </ul>		
	<ul style="list-style-type: none"> <li>• There is no evidence that short burst oxygen improves quality of life in COPD patients or</li> </ul>		



BNF Class	Drug Group	1 <sup>st</sup> Line Formulary Choices	2 <sup>nd</sup> Line Formulary Choices
	<p>that it reduces use of health care resources. It should therefore only be considered for palliative use in patients nearing end of life.</p> <ul style="list-style-type: none"> <li>• Before considering short burst oxygen, optimise drug therapy and implement other methods of relieving dyspnoea i.e. positioning, use of a fan, &amp; breathing control techniques.</li> <li>• Follow local provider procedure for supply of Home Oxygen Service for 'short-burst' use.</li> <li>• Ensure appropriate assessment and follow up of patients by respiratory specialists if using oxygen 'long term'.</li> <li>• See BNF (current edition) for guidance.</li> </ul> <p><b>Cluster Headaches</b></p> <ul style="list-style-type: none"> <li>• High flow oxygen should not be considered 1<sup>st</sup> line unless subcutaneous or nasal triptans are contraindicated or attack frequency is greater than or equal to two attacks per day</li> <li>• Prophylaxis: Consider <b>verapamil (Specialist Initiation)</b></li> </ul>		
<b>3.7</b>	<b>Mucolytics</b>		
	Mucolytics in COPD only <i>Trial basis only – monitor and stop if not effective after one month</i>	Carbocisteine	-
<b>4.</b>	<b>CENTRAL NERVOUS SYSTEM</b>		
	<ul style="list-style-type: none"> <li>• <a href="#">Generalised anxiety disorder and panic disorder (with or without agoraphobia) in adults (NICE CG113)</a></li> <li>• <a href="#">Common mental health disorders (NICE CG123)</a></li> <li>• <a href="#">Social anxiety disorder (NICE CG159)</a></li> <li>• <a href="#">Safety Matters newsletter: Driving limits for prescribed drugs ( Nov 14)</a></li> </ul>		
<b>4.1</b>	<b>Hypnotics and anxiolytics</b>		
	<ul style="list-style-type: none"> <li>• <a href="#">Sleep assessment tool (CCG)</a></li> <li>• <a href="#">Anxiety assessment tool (CCG)</a></li> <li>• <a href="#">Anxiety diary (CCG)</a></li> <li>• <a href="#">The good relaxation guide (CCG)</a></li> <li>• <a href="#">The good sleep guide (CCG)</a></li> <li>• <a href="#">Patient information leaflet – sleeping tablets (CCG)</a></li> <li>• <a href="#">Patient information leaflet – drugs for anxiety (CCG)</a></li> <li>• <a href="#">Patient information leaflet – Coming off benzodiazepines and “Z” drugs (CCG)</a></li> <li>• <a href="#">Zaleplon, zolpidem and zopiclone for the management of insomnia (NICE TA77)</a></li> <li>• <a href="#">Safety Matters Newsletter (June 2014): Zolpidem prescribing advice</a></li> <li>• <a href="#">Safety Matters Newsletter (June 2014): Zopiclone and zaleplon CD Schedule changes</a></li> </ul>		
	Hypnotics	Temazepam <i>See BNF guidance on recommended maximum period of treatment and dose reduction where appropriate.</i>	<b>Sodium oxybate (Shared Care)</b> <i>Cataplexy in adult patients with narcolepsy (Specialist Initiation)</i>

BNF Class	Drug Group	1 <sup>st</sup> Line Formulary Choices	2 <sup>nd</sup> Line Formulary Choices
		<p>Zopiclone <i>See BNF guidance on recommended maximum period of treatment and dose reduction where appropriate.</i></p> <p>Melatonin (<a href="#">Shared Care</a>) <i>Sleep disorders in children only (Specialist Initiation)</i></p>	<p>Modafinil (<a href="#">Shared Care</a>) Excessive daytime sleepiness in adult patients associated with narcolepsy with or without cataplexy</p>
	Anxiolytics	<p>Diazepam (Caution: very long half-life). <i>See BNF guidance on recommended maximum period of treatment and dose reduction where appropriate.</i></p>	<p>Lorazepam <i>See BNF guidance on recommended maximum period of treatment and dose reduction where appropriate.</i></p>
	Generalised Anxiety Disorder <a href="#">Safety Matters newsletter (February 2015): Risk of misuse pregabalin and gabapentin, tapering doses</a>	<p>Sertraline <i>Unlicensed indication therefore informed consent should be obtained and documented (<a href="#">NICE CG113</a>).</i></p>	<p>Escitalopram (<a href="#">Specialist initiation</a>)</p> <p>Pregabalin (<a href="#">Specialist initiation</a>) <i>Alzain and Rewisca are the CCG preferred brands for pregabalin patients with GAD. Please prescribe by brand.</i></p> <p><i>Alternative to SSRIs and SNRIs where these are not tolerated or following specialist recommendation</i></p> <p><i>See <a href="#">MMT Medicines Optimisation Newsletter Pregabalin (January 2016)</a></i></p>

BNF Class	Drug Group	1 <sup>st</sup> Line Formulary Choices	2 <sup>nd</sup> Line Formulary Choices
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4.2	<p><b>Drugs used in psychoses and related disorders</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Managing Behavioural Problems in Patients with Dementia (CCG Prescribing Guidelines)</a></li> <li>• <a href="#">Managing Behavioural Problems in patients with Learning Disabilities (CCG Prescribing Guidelines)</a></li> <li>• <a href="#">Antipsychotics Prescribing Support Document</a></li> <li>• <a href="#">Eating disorders (NICE CG9)</a></li> <li>• <a href="#">Post-traumatic stress disorder (NICE CG26)</a></li> <li>• <a href="#">Obsessive compulsive disorder and body dysmorphic disorder (NICE CG 31)</a></li> <li>• <a href="#">Bipolar disorder (NICE CG185)</a></li> <li>• <a href="#">Antenatal and postnatal mental health (NICE CG192)</a></li> <li>• <a href="#">Attention deficit hyperactivity disorder (NICE CG72)</a></li> <li>• <a href="#">Antisocial personality disorder (NICE CG77)</a></li> <li>• <a href="#">Borderline personality disorder (NICE CG78)</a></li> <li>• <a href="#">Depression in adults (NICE CG90)</a></li> <li>• <a href="#">Depression with a chronic physical health problem (NICE CG91)</a></li> <li>• <a href="#">Delirium: diagnosis, prevention and management (NICE CG103)</a></li> <li>• <a href="#">Psychosis and schizophrenia in adults (NICE CG178)</a></li> <li>• <a href="#">Aripiprazole for the treatment of schizophrenia in people aged 15 to 17 years (NICE TA213)</a></li> <li>• <a href="#">Aripiprazole for treating moderate to severe manic episodes in adolescents with bipolar I disorder (NICE TA292)</a></li> <li>• <a href="#">Safety Matters Newsletter. Preventing fatal overdoses of psychotropic medication in young adults (Dec 2014)</a></li> <li>• <a href="#">MMT Think Medicines Safety Newsletter February 2016 Mental Health Prescribing</a></li> <li>• <a href="#">MHRA Drug Safety Update: Valproate and developmental disorders</a></li> <li>• <a href="#">NHS Improvement: Supporting the safety of girls and women being treated with valproate</a></li> </ul>		
	First-generation antipsychotic drugs (typical)	<p><u>All require specialist initiation:</u></p> <p>Chlorpromazine Haloperidol Sulpiride</p>	<p><u>All require specialist initiation:</u></p> <p>Flupenthixol Fluphenazine Levomepromazine Trifluoperazine Zuclophenthixol</p>
	Second-generation antipsychotic drugs (atypical)	Risperidone (oral low-dose)	<p><u>All require specialist initiation:</u></p> <p>Amisulpride Aripiprazole Olanzapine Quetiapine (see <a href="#">Note</a>) Paliperidone LA depot Risperidone Consta</p>

BNF Class	Drug Group	1 <sup>st</sup> Line Formulary Choices	2 <sup>nd</sup> Line Formulary Choices
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	<p><b>Note:</b> Quetiapine immediate release (IR) is the current preferred formulation. Quetiapine modified release (Quetiapine XL) should <u>only</u> be used in the following circumstances:</p> <ul style="list-style-type: none"> <li>• If a patient experiences excessive sedation and/or hypotension on quetiapine IR</li> <li>• If patient compliance is improved compared to twice daily dosing with quetiapine IR.</li> </ul> <p>It is the responsibility of the prescribing specialist to ensure that the rationale for prescribing quetiapine XL is communicated fully to the GP.</p> <p>For those who are currently receiving quetiapine XL and have not previously received quetiapine IR, or where compliance is not a concern, consider a switch to the IR formulation. See <a href="#">Quetiapine XL Review Guidance</a></p> <p><b>Biquelle® XL</b> and <b>Ebesque® XL</b> are recommended as the preferred choices of quetiapine XL if clinically required.</p>		
	Drugs used for mania and hypomania	<p><b>Lithium (Specialist Initiation)</b></p> <p><i>Prescribe by brand to assure consistent bioavailability.</i></p> <p><a href="#">A lithium treatment pack should be given to patients on initiation of lithium treatment.</a></p> <p><a href="#">Lithium Safety Newsletter</a></p>	<p><b>All require specialist initiation:</b></p> <p>Sodium valproate Semi-sodium valproate <a href="#">Safety Matters Newsletter (February 2015): medicines related to valproate – risk of abnormal pregnancy outcomes</a> Lamotrigine (bipolar disorder)</p>
<b>4.3</b>	<b>Antidepressants</b>		
	Tricyclic and related antidepressant drugs	Not recommended first-line for depression (use SSRI instead)	Lofepramine Amitriptyline
	Selective serotonin Re-uptake inhibitors	<p><b>Adults</b></p> <p>Sertraline <i>Also licensed for social anxiety disorder, panic disorder, posttraumatic stress disorder and obsessive compulsive disorder</i></p> <p>Citalopram</p>	<p>Mirtazapine</p> <p>Escitalopram (Specialist recommendation only)</p> <p>Vortioxetine <a href="#">NICE TA367</a> (3<sup>rd</sup> line only, following specialist initiation)</p>
	<p><b>Note 1:</b> Amitriptyline no longer recommended as antidepressant, but remains an option for neuropathic pain and migraine (<a href="#">section 4.7</a>).</p> <p><b>Note 2:</b> Mirtazapine is only an option for patients where one SSRI has failed, and a trial of a second SSRI is inappropriate</p>		

BNF Class	Drug Group	1 <sup>st</sup> Line Formulary Choices	2 <sup>nd</sup> Line Formulary Choices
	Selective serotonin Re-uptake inhibitors	<b>Children and Adolescents Aged 8 Years and Above</b> <b>Fluoxetine (Specialist advice/initiation)</b> <i>Only in 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.</i> <a href="#">Depression in children and young people (NICE CG28)</a>	
	Other antidepressant drugs	These drugs are not an appropriate first line choice for treatment of depression.  <b>Duloxetine (NOT 1<sup>st</sup> line – Specialist initiation)</b>	
<b>4.4</b>	<b>CNS stimulants and drugs used for attention deficit hyperactivity disorder</b> <ul style="list-style-type: none"> <li><a href="#">Methylphenidate, atomoxetine and dexamfetamine for ADHD in children and adolescents (NICE TA98)</a></li> <li><a href="#">Attention deficit hyperactivity disorder (ADHD) (NICE CG72)</a></li> </ul>		
		Methylphenidate ( <a href="#">Shared Care</a> ) <i>Methylphenidate prolonged release / slow release formulations should always be prescribed by brand (Newsletter)</i>	Dexamfetamine ( <a href="#">Shared Care</a> ) Atomoxetine ( <a href="#">Shared Care</a> ) Lisdexamfetamine ( <a href="#">Shared Care</a> )
<b>4.5</b>	<b>Drugs used in the treatment of obesity</b> <a href="#">Anti-obesity Medication in Overweight and Obese Adults CCG Guidance Obesity (NICE CG43)</a> <a href="#">Obesity: identification, assessment and management of overweight and obesity in children, young people and adults; partial update of CG43 ( NICE CG189)</a>		
	Anti-obesity drugs acting on the gastro-intestinal tract (Self Care)	See <a href="#">NICE CG43</a> : Appropriate first line treatment is lifestyle change and exercise.	Orlistat (Self Care) <i>Can be purchased from a community pharmacy for use in conjunction with other lifestyle measures to manage obesity.</i> <i>Patients who are unable or unwilling to self care should only be prescribed orlistat in primary care if they are within a Tier 2/3 weight management programme. Treatment should only be continued beyond 12 months when advised by a specialist in weight management and after discussing potential benefits and risks with the patient.</i> <i>See <a href="#">NICE CG189</a> for patient start criteria</i>
<b>4.6</b>	<b>Drugs used in nausea and vertigo</b>		

BNF Class	Drug Group	1 <sup>st</sup> Line Formulary Choices	2 <sup>nd</sup> Line Formulary Choices
		Prochlorperazine Metoclopramide <a href="#">Safety Matters Newsletters (August 2013): Metoclopramide prescribing advice</a>	Cyclizine  Domperidone <a href="#">Safety Matters Newsletter (June 2014): Domperidone prescribing advice</a> <a href="#">Prescribing Matters Newsletter Issue 13 (Sept 14): Advice regarding use of domperidone for Parkinson's Disease patients.</a>  <a href="#">MHRA Drug Safety Update (April 2016) advice regarding domperidone and Apomorphine and minimising risk of cardiac side effects</a>
4.7	<b>Analgesics</b>  <b><a href="#">Self Care</a> recommended where clinically appropriate</b> <b>See <a href="#">CCG Pain Management Pathway</a></b>  <ul style="list-style-type: none"> <li>• <a href="#">What is the sodium content of medicines? [UKMi Medicines Q&amp;A]</a></li> <li>• <a href="#">Low back pain (NICE CG88)</a></li> <li>• <a href="#">Neuropathic Pain – Pharmacological Management ( NICE CG173)</a></li> <li>• <a href="#">Headaches: Diagnosis and management of headaches in young people and adults ( NICE CG150)</a></li> <li>• <a href="#">Opioids in palliative care (NICE CG 140)</a></li> <li>• <a href="#">NHS England Pain Management Formulary for Prisons (Dec 2015)</a></li> </ul>		
	Non-opioid analgesics	Paracetamol	-
	Compound analgesic preparations	Not recommended	
	Note: Avoid effervescent versions of paracetamol and co-analgesics – particularly in patients with cardiovascular disease as a standard dose of effervescent analgesic contains about 8gms of salt.		
	<b>Opioids</b> <ul style="list-style-type: none"> <li>• <a href="#">NICE Clinical Guideline 46. Controlled drugs: safe use and management</a></li> <li>• <a href="#">Opioids Aware Checklist for Prescribers Initiating Opioid Treatment</a></li> <li>• <a href="#">Opioids Aware: A resource for patients and healthcare professionals to support prescribing of opioid medicines for pain</a></li> </ul>		

BNF Class	Drug Group	1 <sup>st</sup> Line Formulary Choices	2 <sup>nd</sup> Line Formulary Choices
	<p>Opioid analgesics</p> <p><a href="#">Prescribing Matters Newsletter (March 2014) : cost-effective choices of opioid analgesics</a></p> <p>Information about equivalent doses for opioids is available in the <a href="#">BNF</a> and local palliative care <a href="#">guidelines</a></p> <p><a href="#">Safety matters newsletter: naloxone (Dec 2014)</a></p> <p><a href="#">Safety Matters newsletter (April 2016. Preventing Harms from Methadone)</a></p>	<p>Codeine Dihydrocodeine</p> <p>See <a href="#">Think Medicines! Safety Newsletter (May 2015)</a>: codeine Recommendations for use in children and young people</p> <p><a href="#">MHRA Drug Safety Update January 2018: Co-dydramol: prescribe and dispense by strength to minimise risk of medication error</a></p> <p>Morphine Prescribe MR products by brand name. Morphgesic tablets and Zomorph capsules recommended for twice daily dosing</p>	<p>Oxycodone</p> <p><i>For Chronic pain and Palliative Care use only, in patients who cannot tolerate morphine or with severe renal impairment (&lt; 30mls/min).</i></p> <p><b>Acute pain including post-operative use-Hospital only.</b></p> <p><i>Please prescribe by brand where appropriate. Current preferred brands in primary care are Longtec® (Modified release) and Shortec (Immediate release).</i></p>

BNF Class	Drug Group	1 <sup>st</sup> Line Formulary Choices	2 <sup>nd</sup> Line Formulary Choices
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	<p><a href="#">Safety Matters Newsletter                  Controlled Drugs April 2016</a></p>		<p><b>Routine use of transdermal opioid patches is only supported in certain circumstances:</b>                  see <a href="#">place in therapy</a> for fentanyl and buprenorphine patches,</p> <p>Transdermal Fentanyl <i>Where appropriate fentanyl patches should be prescribed by lowest acquisition cost brand. Current preferred brands in primary care are</i></p> <ul style="list-style-type: none"> <li>• Fencino®</li> <li>• Mezolar® Matrix</li> <li>• Matrifen®</li> </ul> <p><i>Do not switch formulation without reassessment of dose.                  Do not cut patches.</i></p> <p>Buprenorphine patches</p> <p><i>Where appropriate buprenorphine patches should be prescribed by lowest acquisition cost brand. Current preferred brand for the 7-day (once weekly) patch in primary care is Reletrans® or Sevodyne®. For the twice weekly patch is Bupeaze® or Hapoctasin®</i></p> <p><a href="#">Think Medicines! Medicines Optimisation Newsletter (May 2015): buprenorphine patches</a></p>
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BNF Class	Drug Group	1 <sup>st</sup> Line Formulary Choices	2 <sup>nd</sup> Line Formulary Choices
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<b>Transdermal opioid patches – Place in Therapy</b>			
<p>Transdermal opioid patches should <b>NOT</b> be used for acute pain or in patients whose analgesic requirements are changing rapidly because the long time to steady state prevents rapid titration of the dose.</p> <p>They may be considered where at least <b>ONE</b> of the following applies:</p> <ul style="list-style-type: none"> <li>Swallowing difficulties and cannot tolerate oral or liquid opioid formulations.</li> <li>Intolerable adverse effects to oral morphine and oxycodone, e.g. nausea and vomiting, constipation, hallucinations, dysphagia.</li> <li>Subcutaneous route for opioid is inappropriate for the patient.</li> <li>Poor absorption from the GI tract, e.g. short bowel syndrome.</li> <li>Patients with mental health problems.</li> <li>Patients with compliance issues associated with oral opioids or for those who are socially isolated with limited access to care.</li> <li>Patients with severe renal impairment (where oral oxycodone is inappropriate).</li> </ul>			
<b>Immediate Release Fentanyl Preparations</b>			
<p>Fentanyl immediate release preparations (all formulations including ACTIQ lozenge, EFFENTORA buccal tablet, ABSTRAL sublingual tablet, RECIVIT sublingual tablet, BREAKYL buccal film, PECFENT and INSTANYL nasal sprays) are <b>NOT recommended</b> for prescribing in primary care <u>unless</u> recommended by a Palliative Care Specialist.</p> <p>When recommended by a Palliative care Specialist <b>ABSTRAL sublingual tablets</b> are formulary choice. See <a href="#">CPJPG Decision Summary</a></p>			
<b>Management of Neuropathic pain</b>			
Neuropathic pain <a href="#">Safety Matters Newsletter (February 2015): Risk of misuse pregabalin and gabapentin, tapering doses</a>  See <a href="#">MHRA Drug Safety update Gabapentin (Neurontin): risk of severe respiratory depression Oct 2017</a>  <a href="#">Pharmacological Treatment of Neuropathic Pain – Cambridgeshire &amp; Peterborough Guidance</a>	Amitriptyline	Carbamazepine Gabapentin Duloxetine Dexamethasone  Pregabalin – 4 <sup>th</sup> line <b>(Specialist Initiation)</b> (Prescribe generically)  <a href="#">See MMT Think Medicines newsletter Jan 2016</a>  Carbamazepine Dexamethasone	
<b>Management of Migraine</b>			

BNF Class	Drug Group	1 <sup>st</sup> Line Formulary Choices	2 <sup>nd</sup> Line Formulary Choices
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	Self care recommended where clinically appropriate		
	<p>Treatment of acute migraine</p> <p><b>Self Care</b></p> <p>See also <a href="#">MMT Think Medicines Newsletter Jan 2016 advice regarding choice of triptan for migraine</a></p>	<p><b>Analgesics:</b> Paracetamol (OTC) Ibuprofen (OTC) Naproxen (unlicensed) <i>E/C preparations not recommended in migraine due to delay in absorption</i></p> <p><b>5-HT<sub>1</sub> Agonists</b> Sumatriptan</p>	<p>Zolmitriptan tablets or oro-dispersible tablets (where patient unable to swallow)</p>
	Prophylaxis of migraine (Adults)	Propranolol	Amitriptyline
	<p><b>Note:</b> For children, the <a href="#">British Association of the Study of Headache (BASH)</a> recommends referral to a paediatric specialist if conservative management not sufficient. For the few children who need prophylaxis, beta-blockers or pizotifen may be tried.</p>		
4.8	<p><b>Antiepileptic drugs</b></p> <ul style="list-style-type: none"> <li><a href="#">Epilepsy (NICE CG137)</a></li> <li><a href="#">Epilepsy (partial) – retigabine (adjuvant) (NICE TA232)</a></li> <li><a href="#">Stiripentol for paediatric patients (Shared Care)</a></li> <li><a href="#">MHRA Drug Safety Update November 2017: Antiepileptic drugs: updated advice on switching between different manufacturers' products</a></li> <li><a href="#">MHRA Drug safety Update December 2017: Buccolam (midazolam) prefilled plastic syringes – potential product defect</a></li> </ul>		
	Control of the epilepsies <a href="#">Safety Matters Newsletter (August 2016): medicines related to valproate – risk of abnormal pregnancy outcomes</a>	<p>All adult patients with suspected seizures should be referred to an appropriate specialist for confirmation of the diagnosis. <b>First line antiepileptic medication can be initiated in Primary Care, on the advice of a specialist.</b></p> <p>First line treatment is likely to be one of carbamazepine, lamotrigine, levetiracetam and sodium valproate (in men only), but will be tailored to the individual patient. Please see <a href="#">Epilepsy Antiepileptic Pathway</a> for further information.</p> <p><b>Rufinamide (Specialist initiation for Lennox Gastaut Syndrome)</b></p>	
4.9	<p><b>Drugs used in parkinsonism and related disorders</b></p> <ul style="list-style-type: none"> <li><a href="#">Parkinson's disease (NICE CG35)</a></li> </ul>		
	<ul style="list-style-type: none"> <li><i>Specialist referral normally required and treatment is usually managed and altered following advice from secondary care, particularly where 1<sup>st</sup> line treatment has not alleviated symptoms.</i></li> <li><i>Apomorphine is approved for use in line with <a href="#">Shared Care Guidance</a></i></li> </ul>		

BNF Class	Drug Group	1 <sup>st</sup> Line Formulary Choices	2 <sup>nd</sup> Line Formulary Choices
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	Dopaminergic drugs used in Parkinson's disease	<p>Co-beneldopa Co-careldopa <i>(Specialist referral normally required)</i></p> <p>Rotigotine <i>(Specialist initiation with Shared Care)</i></p>	On advice from secondary care.
	Antimuscarinic drugs in parkinsonism	Procyclidine	Trihexyphenidyl (Benzhexol)  (Formulary Status currently under review)
	Catechol-methyltransferase (COMT) inhibitors	<p>Entacapone</p> <p>All combination products containing levodopa, carbidopa and entacapone should be prescribed by brand. For new patients the current preferred brand is Stanek®</p>	-
	<p>Mono amine oxidase –B inhibitors (MAOI-B)</p> <p>Caution; please check for interactions with other concomitant medications</p>	Selegiline	Rasagiline-Specialist initiation
	Drugs used in essential tremor, chorea, tics, and related disorders	<p>Riluzole (<u>Shared Care</u>)</p> <p><i>Amyotrophic lateral sclerosis form of motor neurone disease (NICE TA20)</i></p>	
	Drugs used in restless leg syndrome	Lifestyle modification	<p>Codeine, tramadol</p> <p><a href="#">Prescribing Matters Newsletter (May 2014): Tramadol CD Schedule changes</a></p> <p><a href="#">Tramadol CD Scheduling Factsheet (May 2014)</a></p> <p><a href="#">Think Medicines! Medicines Optimisation Newsletter (May 2015):</a></p>

BNF Class	Drug Group	1 <sup>st</sup> Line Formulary Choices	2 <sup>nd</sup> Line Formulary Choices
		<p><b>3<sup>rd</sup> line formulary choice:</b>                      Gabapentin  <a href="#">Safety Matters Newsletter (February 2015): Risk of misuse pregabalin and gabapentin, tapering doses</a></p> <p><a href="#">MHRA Drug Safety update Gabapentin (Neurontin): risk of severe respiratory depression Oct 2017</a></p> <p><b>4<sup>th</sup> line formulary choice:</b>                      Rotigotine (<a href="#">Shared Care</a>)                      Pramipexole (<a href="#">Specialist initiation</a>)                      Ropinirole (<a href="#">Specialist initiation</a>)</p>	<p><a href="#">Tramacet</a></p> <p><a href="#">Think Medicines Safety Newsletter (June 2016) Tramadol</a></p> <p>See <a href="#">Think Medicines! Safety Newsletter (May 2015): codeine Recommendations for use in children and young people</a></p>
4.10	<p><b>Drugs used in substance dependence</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Drug misuse: opioid detoxification (NICE CG52)</a></li> <li>• <a href="#">Alcohol dependence and harmful alcohol use (NICE CG115)</a></li> <li>• <a href="#">Brief interventions and referral for smoking cessation in primary care and other settings (NICE PH1)</a></li> <li>• <a href="#">Drug Misuse Prevention: Targeted Interventions (NICE NG64)</a></li> </ul>		
	<p>Alcohol dependence  <i>Referral to local Drug and Alcohol Treatment Service</i></p> <p>Peterborough:  <a href="#">Drinksense</a> 01733 5555 32</p> <p>Cambridgeshire:  <a href="#">Inclusion</a> 0300 555 0101</p> <p><a href="#">Gainsborough Foundation</a></p>	Disulfiram	<p>Acamprosate</p> <p><a href="#">Nalmefene NICE TA325</a>                      (Following Specialist advice from local drug and alcohol treatment service)                      See <a href="#">Pathway</a></p>

BNF Class	Drug Group	1 <sup>st</sup> Line Formulary Choices	2 <sup>nd</sup> Line Formulary Choices
	<p>Nicotine dependence  <i>Referral to local Stop Smoking Service:</i></p> <p>For Cambridgeshire <a href="#">CAMQUIT</a> or 0800 018 4304</p> <p>For Peterborough <a href="#">Peterborough Live Healthy Smoke free</a> 0800 376 55 56</p> <p>See also <a href="#">Stop Smoking Pharmacological Products Guidance</a></p> <p><b>All prescribing should be in conjunction with a support programme.</b></p>	<p>All formulations of NRT as per NICE guidance.</p> <p>For 16-hour patch: Nicorette</p> <p>For 24-hour patch: Niquitin (if used as 10 week course) or Nicotinell</p> <p><i>Prescribing may include a combination of two NRT products</i></p>	<p>Varenicline</p> <p>Bupropion</p> <p><i>Normally used only as part of a programme that includes advice from a healthcare professional or other types of support (<a href="#">NICE TA123</a>)</i></p>
	<p>Opioid dependence  <i>Referral to local Drug and Alcohol Treatment Service</i></p> <p>Peterborough:                      CRI-Aspire 01733 895624                      Cambridgeshire:  <a href="#">Inclusion</a> 0300 555 0101</p>	<p>Methadone (<a href="#">NICE TA114</a>)</p>	<p>Buprenorphine (<a href="#">NICE TA114</a>)                      Naltrexone (<a href="#">NICE TA115</a>)                      Lofexidine</p>
4.11	<p><b>Drugs for dementia</b></p> <ul style="list-style-type: none"> <li>• <a href="#">CCG Prescribing Guidelines: Antipsychotics – Managing Behavioural Problems in Patients with Dementia</a></li> <li>• <a href="#">Dementia (NICE CG42)</a></li> <li>• <a href="#">Alzheimer’s disease – donepezil, galantamine, rivastigmine and memantine (NICE TA217)</a></li> </ul>		
	<p>Drugs for dementia</p>	<p><a href="#">Donepezil (Shared care)</a></p>	<p><a href="#">Galantamine (Shared care)</a></p> <p><a href="#">Memantine (Shared care)</a></p> <p><a href="#">MMT Think Medicines Safety Newsletter March 2016</a>  <a href="#">Rivastigmine (Shared care)</a> – see below for place in therapy of patches</p> <p><a href="#">Medicines Safety Newsletter: Rivastigmine Patch Prescribing (Oct 17)</a></p>
		<p><i>Rivastigmine patches (2<sup>nd</sup> line) may be considered where at least ONE of the following applies:</i></p>	

BNF Class	Drug Group	1 <sup>st</sup> Line Formulary Choices	2 <sup>nd</sup> Line Formulary Choices
		<ul style="list-style-type: none"> <li>• Swallowing difficulties and cannot tolerate capsule formulation (patches may be a suitable cost effective alternative if a liquid formulation is required – within the product license)</li> <li>• Intolerable adverse effects to oral rivastigmine and where an alternative acetylcholinesterase (AChE) inhibitor is not acceptable</li> <li>• Poor absorption from the GI tract, e.g. short bowel syndrome.</li> <li>• Patients with compliance issues associated with oral AChE inhibitors or for those who are socially isolated with limited access to care and where a once daily oral acetylcholinesterase (AChE) inhibitor is not effective or tolerated. (Rivastigmine patches require changing every 24 hours)</li> </ul>	
5.	<b>INFECTIONS</b>	<ul style="list-style-type: none"> <li>• <a href="#">CCG Antimicrobial Treatment Guidelines for Primary Care Updated June 2015</a></li> <li>• <a href="#">CCG Prescribing Matters Newsletter: Advice regarding antifungal nail lacquers (July 2014)</a></li> <li>• <a href="#">CCG Patient Information Leaflet. Antifungal Nail Treatments (July 2014)</a></li> <li>• <a href="#">CCG Prescribing Newsletter: Advice regarding Self care and infections (Nov 2015)</a></li> <li>• Local Consultant Microbiologists</li> <li>• <a href="#">Colistin (nebulisation) for Pseudomonas aeruginosa (Shared Care)</a></li> <li>• <a href="#">Gentamicin (nebulisation) for non-CF bronchiectasis (Shared Care)</a></li> <li>• <a href="#">One to one interventions to reduce the transmission of STIs including HIV, and to reduce the rate of under 18 conceptions, especially among vulnerable and at risk groups (NICE PH3)</a></li> <li>• <a href="#">Pneumonia (NICE CG191)</a></li> <li>• <a href="#">Respiratory tract infections (NICE CG69)</a></li> <li>• <a href="#">NICE Clinical Knowledge Summaries</a></li> </ul>	
	<b>INFECTIONS (continued)</b>	<ul style="list-style-type: none"> <li>• <a href="#">Oseltamivir, amantadine (review) and zanamivir for the prophylaxis of influenza (TA158)</a></li> <li>• <a href="#">Amantadine, oseltamivir and zanamavir for the treatment of influenza (NICE TA168)</a></li> <li>• <a href="#">MRSA Decolonisation (CCG)</a></li> </ul>	
	<b>Reduction in recurrence of hepatic encephalopathy</b>		<b>Rifaximin –Specialist Initiation</b> <a href="#">Prescribing Support document</a>
6.	<b>ENDOCRINE SYSTEM</b>		
6.2	Corticosteroid responsive conditions <a href="#">MHRA Drug Safety Update August 2017: Corticosteroids - rare risk of central serous chorioretinopathy with local as well as systemic administration</a>		
	Replacement therapy	Hydrocortisone	Fludrocortisone

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	Glucocorticoid therapy	Prednisolone <a href="#">plain tablets</a>  For patients who require a soluble or liquid preparation at doses up to 30mg once daily, then Prednisolone Dompe solution is the recommended cost effective option.	Dexamethasone <i>See <a href="#">Prescribing Matters newsletter Issue 13 (Sept 2014)</a> Advice regarding cost effective alternatives for glucocorticoid therapy.</i>  See <a href="#">Think Medicines Safety newsletter Issue 2 (June 2015)</a> Advice regarding injectable dexamethasone
	Replacement therapy	Hydrocortisone	Fludrocortisone
6.3	<b>Drugs used in diabetes</b> <ul style="list-style-type: none"> <li>• <a href="#">Guidance on newer drugs (CCG)</a></li> <li>• <a href="#">Choice of Blood Glucose Meters and Test Strips (CCG)</a></li> <li>• <a href="#">Guidelines on Self Monitoring of Blood Glucose (CCG)</a></li> <li>• <a href="#">Cost Effective Diabetic Needles for Self Use (CCG)</a></li> <li>• <a href="#">Diabetic foot problems: prevention and management (NICE NG19)</a></li> <li>• <a href="#">Type 1 diabetes in adults (NICE NG17)</a></li> <li>• <a href="#">Diabetes (type 1 and type 2) in children and young people diagnosis and management (NICE NG18)</a></li> <li>• <a href="#">Diabetes in pregnancy (NICE CG63)</a></li> <li>• <a href="#">Type 2 diabetes in adults: management (NICE NG28)</a></li> <li>• <a href="#">Humulin R Insulin for severe insulin resistance (Shared Care)</a></li> <li>• <a href="#">NHS Improvement: Risk of severe harm and death due to withdrawing insulin from pen devices</a></li> <li>• <a href="#">Medicines Safety Newsletter: Insulin safety and SGLT2 inhibitors (Oct 17)</a></li> </ul>		

BNF Class	Drug Group	1 <sup>st</sup> Line Formulary Choices	2 <sup>nd</sup> Line Formulary Choices
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	<p>Insulins</p>	<p>A number of Insulin analogues are being introduced. These are premium priced products. See <a href="#">BNF</a> for information on benefits they may offer to some patient groups.</p> <p>The short-acting analogue (insulin glulisine) is not to be used routinely in place of other insulins (<b>Specialist initiation for type 2 diabetes and type 1 diabetes</b>).</p> <p><u>Long-acting insulin</u></p> <p>Offer twice-daily insulin detemir as basal insulin therapy for adults with type 1 diabetes.</p> <p>Consider, as an alternative basal insulin therapy for adults with <b>type 1 diabetes</b> (<a href="#">NG17</a>):</p> <ul style="list-style-type: none"> <li>• an existing insulin regimen being used by the person that is achieving their agreed targets</li> <li>• Once-daily insulin glargine or insulin detemir if twice-daily basal insulin injection is not acceptable to the person or once-daily insulin glargine if insulin detemir is not tolerated.</li> </ul> <p>For patients with <b>type 2 diabetes</b> only consider insulin detemir or insulin glargine instead of from NPH (isophane) insulin in adults (<a href="#">NG28</a>):</p> <ul style="list-style-type: none"> <li>• who do not reach their target HbA1c because of significant hypoglycaemia or</li> <li>• who experience significant hypoglycaemia on NPH insulin irrespective of the level of HbA1c reached or</li> <li>• who cannot use the device needed to inject NPH insulin but who could administer their own insulin safely and accurately if a switch to one of the long-acting insulin analogues was made or</li> <li>• who need help from a carer or healthcare professional to administer insulin injections and for whom switching to one of the long-acting insulin analogues would reduce the number of daily injections</li> </ul> <p>Insulin Glargine (Toujeo®) 300units/ml has been approved for use following <b>specialist advice from a consultant</b> in the following patient groups.</p> <ul style="list-style-type: none"> <li>• Type 2 diabetes in adults requiring basal insulin ≥42 units/day with or without addition oral hypoglycaemics or meal-time insulin</li> <li>• Type 1 or Type 2 who have recurrent problematic severe hypoglycaemia</li> </ul> <p>Insulin Degludec (Tresiba®) 100units/ml has been approved for use following Specialist Initiation/advice from a Consultant in the following patient groups</p> <ul style="list-style-type: none"> <li>• Type 1 patients with significant nocturnal hypoglycaemia despite using an optimised regimen of analogue basal insulin.</li> <li>• “Chaotic patient” and who may be at significant risk of diabetic ketoacidosis (DKA) or hyperosmolar hyperglycaemic state (HHS) (previously known as Hyperosmolar non –ketotic diabetic state or hyper HONK), if daily basal insulin is missed.</li> <li>• Patients with psychological problems (e.g. eating disorders or patients with intermittent compliance issues with insulin injections, who are not supervised by a daily carer and do not qualify to receive district nurse injections of daily Glargine, and who may be at significant risk of DKA or HHS if daily basal insulin is missed.</li> <li>• Patients who require analogue basal insulin but have established allergic reactions to levemir or glargine.</li> </ul>	
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BNF Class	Drug Group	1 <sup>st</sup> Line Formulary Choices	2 <sup>nd</sup> Line Formulary Choices
	Insulins	Insulin Degludec & Liraglutide (Xultophy®) has been approved for use following <b>specialist advice by a consultant</b> in the following patient groups: <ul style="list-style-type: none"> <li>In an adult patient with type 2 diabetes mellitus who is uncontrolled on basal insulin and is currently using &lt;50units of insulin per day. with a HB1Ac &gt;8.5% (69mmol/mol) and BMI &gt;30kg/m2</li> <li><u>OR</u> Is an adult patient with type 2 diabetes mellitus who is uncontrolled on GLP-1 analogue with a HB1Ac &gt;8.5% (69mmol/mol) and BMI &gt;30kg/m2</li> </ul>	
	Antidiabetic drugs	Metformin <i>Standard tablet formulation recommended with slow upward titration of dose. MR metformin may be used where higher dose is desirable, but where patient is unable to tolerate standard formulation, even after slow upward titration.</i>  Gliclazide (MR formulation <u>NOT</u> recommended)	Glipizide Glimepiride
	<b>Other Antidiabetic drugs (3<sup>rd</sup> line formulary choices)</b>	SGLT2 inhibitors  See <a href="#">MHRA Drug Safety Update (April 2016)</a> Updated Advice regarding risk of Diabetic Ketoacidosis with SGLT2 inhibitors.  See <a href="#">MHRA Drug Safety Update March 2017</a> Updated advice on increased risk of lower-limb amputation (mainly toes)  <b>Canagliflozin ▼ (Specialist advice) <a href="#">NICE TA315</a> and <a href="#">NICE TA390</a></b> <ul style="list-style-type: none"> <li>Triple therapy in combination with metformin and either a sulfonylurea or pioglitazone</li> <li>Dual therapy in combination with metformin, only if a sulfonylurea is contraindicated or not tolerated OR the patient has a significant risk of hypoglycaemia in combination with insulin (alone or with other drugs).</li> <li>As monotherapy in patients who cannot tolerate metformin or where metformin, pioglitazone and sulfonylureas are inappropriate as an alternative to a dipeptidyl peptidase 4 (DPP-4) inhibitor.</li> </ul>	

BNF Class	Drug Group	1 <sup>st</sup> Line Formulary Choices	2 <sup>nd</sup> Line Formulary Choices
		<p><b>Dapagliflozin</b> ▼ (Specialist advice) <a href="#">NICE TA288</a>, <a href="#">NICE TA390</a> and <a href="#">NICE TA418</a></p> <ul style="list-style-type: none"> <li>• Triple therapy in combination with metformin and a sulfonyleurea.</li> <li>• Dual therapy in combination with metformin only if glycaemic control is inadequate, and patient has a significant risk of hypoglycaemia OR if sulfonyleurea contraindicated or not tolerated.</li> <li>• In combination with insulin (alone or with other antidiabetic drugs)</li> <li>• As monotherapy in patients who cannot tolerate metformin or where metformin, pioglitazone and sulfonyleureas are inappropriate as an alternative to a dipeptidyl peptidase 4 (DPP-4) inhibitor.</li> </ul> <p><b>Empagliflozin</b> ▼ (Specialist advice) <a href="#">NICE TA336</a> and <a href="#">NICE TA390</a></p> <ul style="list-style-type: none"> <li>• Dual therapy in combination with metformin, only if: a sulfonyleurea is contraindicated or not tolerated, or the person is at significant risk of hypoglycaemia or its consequences</li> <li>• Triple therapy regimen in combination with: metformin and a sulfonyleurea or metformin and a thiazolidinedione.</li> <li>• In combination with insulin (alone or with other antidiabetic drugs)</li> <li>• As monotherapy in patients who cannot tolerate metformin or where metformin, pioglitazone and sulfonyleureas are inappropriate as an alternative to a dipeptidyl peptidase 4 (DPP-4) inhibitor.</li> </ul>	
		<p><b>Pioglitazone</b>  <a href="#">NICE</a> advises <u>not</u> to use in patients with heart failure, or in patients at higher risk of fracture</p> <ul style="list-style-type: none"> <li>• <a href="#">Pioglitazone patient information leaflet (CCG)</a></li> </ul> <p><b>GLP1 agonists</b>                      Exenatide (first line) and liraglutide (second line) can be initiated in primary care in patients NOT treated with insulin in accordance with <a href="#">NICE (NG28)</a>. Monitoring tools are available on the NICE website. Exenatide and insulin combination treatment should be</p>	

BNF Class	Drug Group	1 <sup>st</sup> Line Formulary Choices	2 <sup>nd</sup> Line Formulary Choices
		<p>initiated and monitored for 6 months in secondary care before transfer to primary care prescribing.</p> <ul style="list-style-type: none"> <li>• <a href="#">Exenatide and liraglutide initiating checklist (CCG)</a></li> <li>• <a href="#">Exenatide patient information leaflet (CCG)</a></li> <li>• <a href="#">Liraglutide patient information leaflet (CCG)</a></li> </ul> <p>Lixisenatide can be initiated in primary care as an alternative to exenatide and liraglutide in those patients NOT treated with insulin. Lixisenatide and insulin combination treatment should be initiated and monitored for 6 months in secondary care before transfer to primary care prescribing</p> <p><b>Acarbose</b></p>	
	<b>Other antidiabetic drugs continued (Gliptins)</b>		
	Dipeptidylpeptidase-4 (DPP-4) inhibitors (Gliptins)	Alogliptin (▼)	Sitagliptin
		Linagliptin (▼) recommended for use in renal patients only.	
	<p><b>Gliptins: additional recommendations</b></p> <ul style="list-style-type: none"> <li>• <a href="#">DPP-4 Licensed indications comparison</a></li> </ul> <p>Alogliptin is not licensed as monotherapy. Dose should be reduced to 12.5mg once daily in moderate to severe renal impairment (less than 50mls/min to 30mls/min). For patients with severe renal impairment (creatinine clearance &lt; 30 mL/min) or end-stage renal disease requiring dialysis, 6.25 mg once daily is the recommended dose. See <a href="#">SPC</a> for further information.</p> <p>Linagliptin is NOT excreted predominately via the kidneys. As other DDP-4 inhibitors require dose adjustment in moderate to severe renal impairment or are not recommended, Linagliptin may be a more appropriate choice in patients with moderate to severe renal impairment.</p> <p>***see Notes below***</p> <p><b>Note 1:</b> Gliptins can affect renal function and the immune system; prescribers must ensure they are familiar with the <a href="#">SPC</a> and note all updates (as required by NICE)</p> <p><b>Note 2:</b> All patients on a gliptins must be provided with an approved <a href="#">CCG</a> information leaflet advising conditions for stopping treatment, in line with NICE.</p> <p><b>Note 3:</b> Consider current <a href="#">DVLA</a> advice regarding driving and diabetes</p>		
	Treatment of hypoglycaemia	Dextrose Gel	Glucagon
	Diagnostic and monitoring devices	Please refer to local approved <a href="#">guidance</a>	

BNF Class	Drug Group	1 <sup>st</sup> Line Formulary Choices	2 <sup>nd</sup> Line Formulary Choices
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	for diabetes mellitus	See also MMT care homes newsletter: <a href="#">self monitoring of blood glucose diabetic patients in care homes (November 2014)</a>	
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BNF Class	Drug Group	1 <sup>st</sup> Line Formulary Choices	2 <sup>nd</sup> Line Formulary Choices
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6.4	<p><b>Drugs affecting bone metabolism</b></p> <ul style="list-style-type: none"> <li><a href="#">Osteoporosis Pathway (CCG). Alendronate, risedronate, raloxifene and strontium ranelate for the primary prevention of osteoporotic fragility fractures in postmenopausal women (NICE TA160)</a></li> <li><a href="#">Alendronate, risedronate, raloxifene, strontium ranelate, and teriparatide for the secondary prevention of osteoporotic fragility fractures in postmenopausal women (NICE TA161)</a></li> <li><a href="#">Bisphosphonates for treating osteoporosis (NICE TA464)</a></li> <li><a href="#">Osteoporotic fractures – denosumab (NICE TA204)</a></li> </ul>		
	<p>Bisphosphonates and other drugs affecting bone metabolism <a href="#">NICE TA464</a></p> <p>Also see Osteoporosis Pathway (CCG).( currently being updated pending NICE TA re bisphosphonates)</p> <p><a href="#">MHRA Drug Safety advice December 2015: Bisphosphonates and very rare reports of osteonecrosis of external auditory canal.</a></p> <p><a href="#">MMT Think Medicines Safety Newsletter March 2016</a></p>	<p><b>Alendronate</b></p> <ul style="list-style-type: none"> <li>•Treatment of postmenopausal osteoporosis, 10 mg daily or 70 mg once weekly</li> <li>•Treatment of osteoporosis in men, 10 mg daily</li> <li>•Prevention and treatment of corticosteroid-induced osteoporosis in postmenopausal women not receiving hormone replacement therapy, 10 mg daily</li> </ul>	<p><b>Ibandronic acid (generic) injection</b></p> <ul style="list-style-type: none"> <li>•Treatment of postmenopausal osteoporosis, 3 mg/ml once every 3 months</li> </ul> <p><b>Zoledronic acid (generic) intravenous infusion</b></p> <ul style="list-style-type: none"> <li>•Treating postmenopausal osteoporosis and osteoporosis in men (including corticosteroid-induced osteoporosis), 50 micrograms/ml once a year</li> </ul> <p><b>Denosumab (Specialist Advice) <a href="#">Local Enhanced Service agreement</a></b></p> <p><i>MHRA Drug safety update (June 2015) Advice regarding denosumab</i></p>
		<p><b>Ibandronate (oral)</b></p> <ul style="list-style-type: none"> <li>•Treatment of postmenopausal osteoporosis, 150mg once a month</li> </ul>	

BNF Class	Drug Group	1 <sup>st</sup> Line Formulary Choices	2 <sup>nd</sup> Line Formulary Choices
		<p><b>Risedronate</b></p> <ul style="list-style-type: none"> <li>• Treating postmenopausal osteoporosis to reduce risk of vertebral or hip fractures, 5mg daily or 35mg once weekly</li> <li>• Treatment of osteoporosis in men at high risk of fractures, 35mg once weekly</li> <li>• Preventing osteoporosis (including corticosteroid-induced osteoporosis) in postmenopausal women, 5mg once daily</li> </ul>	<p>and osteonecrosis of the jaw and <a href="#">MMT Think Medicines Safety Newsletter March 2016</a></p> <p>MHRA Drug safety update (<a href="#">June 2017</a>) Reports of osteonecrosis of the external auditory canal with denosumab</p>
6.7	<p><b>Hypothalamic and pituitary hormones and anti-oestrogens</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Human growth hormone (somatropin) for the treatment of growth failure in children (review) (NICE TA188)</a></li> <li>• Growth hormone deficiency (adults) – human growth hormone (NICE TA64)</li> <li>• <a href="#">Fertility: assessment and treatment for people with fertility problems (NICE CG156)</a></li> <li>• <a href="#">Assisted Conception Policy (CCG) - Suspended</a></li> </ul>		
	Anti-estrogens	Clomifene for anovulatory infertility ( <b>Specialist advice</b> )	
	Anterior pituitary hormones	<p>Somatropin</p> <p>Growth failure in children <b>Specialist Initiation</b></p> <p>Adults with growth hormone deficiency <b>Specialist Initiation</b></p>	
6.8	<p><b>Sex Hormones (Section under review)</b></p> <p><a href="#">NICE Guidance Menopause (NG23)</a></p> <p><a href="#">Transgender and non-binary adults – Primary care responsibilities for prescribing and monitoring of hormone therapy.</a> (NHS England Specialised Services Circular SSC 1620)</p>		
	<p><b>Female sex hormones and their modulators</b></p>		
	Oestrogens and HRT		

BNF Class	Drug Group	1 <sup>st</sup> Line Formulary Choices	2 <sup>nd</sup> Line Formulary Choices
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	Sequential combined (for women with uterus)	Tablets: Elleste Duet® <i>Note: Elleste range generally more cost effective.</i>  Femoston® Prempak C® Tridestra®	Patches <b>Note:</b> Avoids first pass effect so useful if renal impairment or raised triglycerides.  Evorel Sequi® Femseven Sequi® Evorel Pak®
	Continuous combined (for women with uterus)	Tablets: Kliovance® Femoston Conti® Kliofem®	Patches: Evorel Conti® Femseven Conti®
	Unopposed estrogen (Conjugated estrogen for women without uterus)	Tablets: Elleste Solo® Premarin®	Patches: Evorel® Estradot®
	Topical Estrogens Section under review	Estriol 0.01% cream Estradiol vaginal tabs	Estradiol 0.1% gel Estriol 0.1% cream Estring Vaginal Ring®
	Estrogen deficiency	Tibolone <i>Unsuitable for use pre-menopause unless patient treated with a GRH analogue, and within 12 months of last period.</i>	
	Progestogens and progesterone receptor modulators	Norethisterone	Dydrogesterone Progesterone pessaries <b>Ulipristal (Esmya®)-Not recommended for new patients or new initiations, existing patients can be maintained on current courses of treatment until treatment course ends. See <a href="#">RCOG update and MHRA safety alert Feb 2018</a> for further information.</b>
	<b>Male sex hormones and antagonists</b>		
	Anti-androgens	Finasteride <i>(MHRA <a href="#">Drug Safety Update May 17:</a></i>	Dutasteride Cyproterone acetate

BNF Class	Drug Group	1 <sup>st</sup> Line Formulary Choices	2 <sup>nd</sup> Line Formulary Choices
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		<i>Finasteride: rare reports of depression and suicidal thoughts</i> <a href="#">Medicines Safety Newsletter: Finasteride (Oct 17)</a>	
6.9	Hypothyroidism and thyroid hormones <ul style="list-style-type: none"> <li><a href="#">Management of Primary Hypothyroidism: Advice on Switching from Liothyronine (T3) to Levothyroxine (T4) in Primary Care.</a></li> </ul>		
	Thyroid hormones	Levothyroxine	
		<b>Note: combined T3 plus T4 treatment no longer recommended. Liothyronine can be used following Specialist advice/initiation in patients who are have demonstrated resistance to T4 treatment and as an adjunct to antidepressants in resistant depression (unlicensed)</b>	
	Antithyroid drugs	Carbimazole	
7.	<b>OBSTETRICS, GYNAECOLOGY, AND URINARY-TRACT DISORDERS</b> <ul style="list-style-type: none"> <li><a href="#">Heavy regular menstrual bleeding and thresholds for D&amp;C, hysteroscopy and hysterectomy pathway (CCG)</a></li> <li><a href="#">Heavy menstrual bleeding (NICE CG44)</a></li> <li><a href="#">Intrapartum care: care of healthy women and their babies during childbirth (NICE CG190)</a></li> <li><a href="#">Postnatal care (NICE CG37)</a></li> </ul>		
7.2	<b>Treatment of vaginal and vulval conditions (Section under review)</b>		
	Topical HRT for vaginal atrophy <i>Section under review</i>	Estriol 0.01% cream Estriol 500microgms pessaries	Estradiol vaginal tabs Estriol 0.1% cream
	Non-hormonal preparations for vaginal atrophy <a href="#">Self Care</a> <i>Section under review</i>	Sylk	Replens MD or Repadina <i>Only where patient unable to use Sylk (e.g. due to allergy)</i>
	Preparations for vulval and vaginal candidiasis <a href="#">Self Care</a>	Clotrimazole or miconazole (OTC)	Fluconazole (oral) (OTC)
	Preparations for other vaginal infections <i>Section under review</i>		Clindamycin
7.3	<b>Contraceptives</b> <ul style="list-style-type: none"> <li><a href="#">Long-acting reversible contraception (NICE CG30)</a></li> </ul>		



BNF Class	Drug Group	1 <sup>st</sup> Line Formulary Choices	2 <sup>nd</sup> Line Formulary Choices
	Oral combined hormonal contraceptives	Rigevidon® <i>Note – licensed only for contraception (see <a href="#">footnotes</a>)</i>  Loestrin 30®	Lizinna® Loestrin-20® (low dose)  <b>Third generation (NB: increased risk of VTE):</b> Gedarel 30/150® Gedarel 20/150® <i>low dose</i> <i>Note: both licensed only for contraception (see <a href="#">footnotes</a>)</i>
	Oral progestogen- only contraceptives	Noriday®	Desogestrel (for patients unable to comply with 3-hour missed pill window) <i>(Prescribe generically)</i>
	Parenteral progestogen – only contraceptives	Depo-Provera® <b>(intramuscular injection)</b>  Nexplanon	Sayana Press® <b>(subcutaneous injection)</b> for women who find Depo-Provera unacceptable or where contra-indicated due to increased risk of bleeding and hematoma, i.e. bleeding disorders, anticoagulation.
	Intra-uterine progestogen –only device	Mirena®  <a href="#">MMT Think Medicines Safety Newsletter March 2016</a>	-
	Emergency Contraception	Levonelle 1500® T-Safe Cu380A IUD®	Ulipristal ( Ella-one®)
	<b>Footnote:</b> <ul style="list-style-type: none"> <li>• Lizinna equivalent to Cilest</li> <li>• Rigevidon equivalent to Ovranette and Microgynon 30.</li> <li>• Gedarel 30/150 equivalent to Marvelon</li> <li>• Gedarel 20/150 equivalent to Mercilon</li> </ul>		
<b>7.4</b>	<b>Drugs for genito-urinary disorders</b> <ul style="list-style-type: none"> <li>• <a href="#">CCG Female Urge Incontinence Pathway</a></li> <li>• <a href="#">CCG Female Stress Incontinence Pathway</a></li> <li>• <a href="#">Continence Formulary (CCG)</a></li> <li>• <a href="#">Guidance for issuing prescriptions for incontinence and stoma appliances (CCG)</a></li> <li>• <a href="#">Lower urinary tract symptoms (NICE CG97)</a></li> <li>• <a href="#">Urinary incontinence in women (NICE CG171)</a></li> <li>• <a href="#">Urinary incontinence in neurological disease (NICE CG148)</a></li> </ul>		
	Drugs used for urinary retention	Tamsulosin MR Capsules Doxazosin <b>immediate</b>	-

BNF Class	Drug Group	1 <sup>st</sup> Line Formulary Choices	2 <sup>nd</sup> Line Formulary Choices
		<p><b>release</b>  <a href="#">Prescribing Matters (May 2014): Switch advice – doxazosin MR to doxazosin IR</a></p>	
	<p>Drugs for urinary frequency, enuresis and incontinence</p> <ul style="list-style-type: none"> <li><i>Drug treatment should not be the first-line therapy – consider conservative management initially including reduce caffeine intake, pelvic floor training, bladder training etc</i></li> </ul>	<p>Oxybutynin immediate release                      (Do not offer to frail elderly)</p> <p>Tolterodine immediate release</p> <p>Desmopressin (oral)                      Nocturia only</p>	<p>Oxybutynin modified release</p> <p>Tolterodine modified release</p> <p>Darifenacin</p>
			<p><b>Mirabegron ▼ (Specialist initiation)</b> is recommended as an option for treating the symptoms of OAB only for people in whom anti-muscarinic drugs are contraindicated or clinically ineffective, or have unacceptable side effects <a href="#">NICE TA290</a></p> <p><a href="#">See MHRA Drug Safety Update (October 2015) Risk of Severe hypertension etc</a></p> <p><b>Solifenacin (Specialist initiation)</b></p> <p><b>Fesoterodine (Specialist initiation)</b></p>

BNF Class	Drug Group	1 <sup>st</sup> Line Formulary Choices	2 <sup>nd</sup> Line Formulary Choices
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	<ul style="list-style-type: none"> <li>• <b>Oral desmopressin</b> is an unlicensed option for the management of nocturia only.</li> <li>• <b>Solifenacin 5mg once daily</b> can be considered if darifenacin is unavailable due to manufacturers supply issues. Solifenacin 10mg OD is specialist initiation only.</li> <li>• <b>Transdermal oxybutynin</b> patches can be considered for patients who cannot tolerate oral therapy.</li> <li>• <b>Trospium immediate release</b> can be considered for patients where drug interactions are a concern. See below for some possible interactions which have been observed with antimuscarinics.</li> <li>• <b>Intra-vaginal oestrogens</b> are recommended for overactive bladder symptoms in women with vaginal atrophy – <a href="#">See section 6.4</a>)</li> <li>• <i>Where medication is indicated, NICE recommends use of least expensive drug and formulation at the lowest recommended dose. Review patient after 4 weeks. If the first treatment for OAB or mixed UI is not effective or well tolerated, offer another drug with the lowest acquisition cost</i></li> <li>• <i>Solifenacin, darifenacin, fesoterodine are all metabolised by cytochrome CYP3A4. Therefore other medications which affect this isoenzyme such as ketoconazole, fluconazole, itraconazole, erythromycin or rifampicin should be avoided concurrently. Tolterodine levels may be affected by SSRIs such as fluoxetine and should also be avoided in patients on other drugs which affect the QT interval. There have also been reports of oxybutynin interacting with ketoconazole.</i></li> </ul>		
	Drugs used in urological pain	Potassium Citrate Mixture (OTC)	-
	Drugs for erectile dysfunction <i>A maximum of ONE treatment per week is advised. See <a href="#">Erectile Dysfunction Prescribing Policy</a></i>	Sildenafil	Avanafil ▼ Vardenafil <i>The prescription must be endorsed 'SLS'</i>  Alprostadil (intracavernosal/urethral application) <i>The prescription must be endorsed 'SLS'.</i>
	<p><u>Changes to Selected List Scheme (SLS) – August 2014:</u></p> <p>Generic prescriptions of sildenafil no longer require SLS endorsement. All patients who require generic sildenafil for erectile dysfunction may now be prescribed it on the NHS.</p> <p>Patients who are prescribed avanafil (Spedra®), tadalafil (Cialis®), vardenafil (Levitra®) or the Viagra® brand must still meet the SLS criteria and the prescription must be endorsed 'SLS' by the prescriber.</p> <p>SLS restrictions: Only prescribe on the NHS to treat erectile dysfunction in men who:</p> <ul style="list-style-type: none"> <li>• have diabetes, multiple sclerosis, Parkinson's disease, poliomyelitis, prostate cancer, severe pelvic injury, single gene neurological disease, spina bifida, or spinal cord injury;</li> <li>• are receiving dialysis for renal failure;</li> <li>• have had radical pelvic surgery, prostatectomy (including transurethral resection of the prostate), or kidney transplant;</li> <li>• were receiving Caverject®, Erecnos®, MUSE®, Viagra®, or Viridal® for erectile dysfunction, at the expense of the NHS, on 14 September 1998;</li> </ul> <p>are suffering severe distress as a result of impotence (prescribed in specialist centres only).</p>		

BNF Class	Drug Group	1 <sup>st</sup> Line Formulary Choices	2 <sup>nd</sup> Line Formulary Choices
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8.	<b>MALIGNANT DISEASE AND IMMUNOSUPPRESSION</b>		
	<ul style="list-style-type: none"> <li><a href="#">Breast cancer (early &amp; locally advanced) (NICE CG80)</a></li> <li><a href="#">Breast cancer (advanced) (NICE CG81)</a></li> <li><a href="#">Prostate Cancer: diagnosis and treatment (NICE CG175)</a></li> <li><a href="#">Familial breast cancer (NICE CG164)</a></li> <li><a href="#">Colorectal cancer (NICE CG131)</a></li> <li>Melanoma assessment and management (<a href="#">NICE NG14</a>)</li> </ul>		
8.2	<b>Drugs affecting the immune system</b>		
	<ul style="list-style-type: none"> <li>Mycophenolate for transplant (<a href="#">Shared Care for existing patients</a>)</li> <li>Mycophenolate for interstitial lung disease (<a href="#">Shared Care</a>)</li> <li><a href="#">MHRA Drug Safety Update December 2015 Mycophenolate, mycophenolic acid and birth defects</a></li> <li>Sirolimus for renal transplantation (<a href="#">Shared Care for existing patients</a>)</li> <li>Sirolimus for heart and/or lung/liver transplantation (<a href="#">Shared Care for existing patients</a>)</li> <li>Tacrolimus for transplantation (<a href="#">Shared Care for existing patients</a>)</li> <li>Alemtuzumab for relapsing remitting multiple sclerosis (<a href="#">Shared Care</a>)</li> <li>Ciclosporin (Neoral) for inflammatory dermatoses (<a href="#">Shared Care</a>)</li> <li>Ciclosporin (Neoral) for IBD (<a href="#">Shared Care</a>)</li> <li>Ciclosporin (Neoral) for Transplants (Papworth) (<a href="#">Shared Care for existing patients</a>)</li> <li>Ciclosporin (Neoral) for Rheumatic diseases (<a href="#">Shared Care</a>)</li> <li>Hydroxycarbamide for myeloproliferative neoplasms (<a href="#">Shared Care</a>)</li> </ul> <p>For NEW patients requiring mycophenolate, sirolimus, tacrolimus or ciclosporin for transplantation this is HOSPITAL ONLY (NHS England commissioned)</p> <p><a href="#">MHRA Drug Safety Update November 2017: Oral tacrolimus products: reminder to prescribe and dispense by brand name only</a></p> <p><a href="#">MHRA Drug Safety Update February 2018: Mycophenolate mofetil, mycophenolic acid: updated contraception advice for male patients</a></p>		
8.3	<b>Sex hormones and hormone antagonists in malignant disease</b>		
	<ul style="list-style-type: none"> <li><a href="#">Hormonal therapies for the adjuvant treatment of early oestrogen-receptor-positive breast cancer (NICE TA112)</a></li> <li><a href="#">Triptorelin (Gonapeptyl Depot 3.75mg) for precocious puberty (shared care)</a></li> </ul>		
	<b>Hormone antagonists</b>		
	Breast cancer	<b>Tamoxifen (Specialist initiation)</b> <i>Use only in line with NICE guidance. For further information contact your local medicines management team; For specialist initiation only.</i>	<b>Anastrozole (Specialist initiation)</b> <b>Letrozole (Specialist initiation)</b> <b>Exemestane (Specialist initiation)</b>

BNF Class	Drug Group	1 <sup>st</sup> Line Formulary Choices	2 <sup>nd</sup> Line Formulary Choices
			initiation)
	Gonadorelin analogues and gonadotrophin-releasing hormone antagonists <a href="#">Local Commissioned Service Agreement for Gonadorelin (LHRH) Analogues</a>	<b>Oral:</b> Bicalutamide Cyproterone  <b>Depot injections:</b>  <u>Prostate Cancer only:</u> Triptorelin (Decapeptyl SR®) Initiation - Decapeptyl 3mg SR / 11.25mg SR <b>Maintenance - Decapeptyl 22.5mg SR</b>  <u>Breast cancer, assisted reproduction, endometriosis, endometrial thinning, uterine fibroids only:</u> Goserelin (Zoladex® 3.6mg Implant)	<b>Depot injections:</b>  <u>Prostate cancer, endometriosis, endometrial thinning, uterine fibroids only:</u>  Leuprorelin (Prostap®)  <u>Prostate cancer with spinal metastasis:</u>  Degarelix (Firmagon®) <a href="#">NICE TA404</a>
	Somastatin analogues	Octreotide (acromegaly and for palliative care)  Lanreotide (acromegaly and for palliative care)	-
<b>9.</b>	<b>NUTRITION AND BLOOD</b>		
	<ul style="list-style-type: none"> <li><a href="#">Nutrition support in adults (NICE CG32)</a></li> <li><a href="#">Cinacalcet for the management of secondary hyperparathyroidism in chronic renal failure (NICE TA117) (Shared Care)</a></li> <li><a href="#">Chronic Kidney Failure (NICE CG182)</a></li> </ul>		
<b>9.1</b>	<b>Anaemias and some other blood disorders</b>		
	Iron-deficiency anaemias		
	Oral iron	Ferrous fumarate	Ferrous sulphate
	<i>Note: Ferrous fumarate 210mg (68mg iron) and dried ferrous sulphate 200mg (65mg iron) considered interchangeable</i>		
		3 <sup>rd</sup> line formulary choice for patients with IBD only (Specialist advice): Feraccru® (oral ferric maltol)	
	Drugs used in	<b>Folate deficiency anaemia</b>	-

BNF Class	Drug Group	1 <sup>st</sup> Line Formulary Choices	2 <sup>nd</sup> Line Formulary Choices
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	megaloblastic anaemia	Folic acid <b>Vitamin B12 deficiency</b> Hydroxocobalamin	
9.4	<b>Oral nutrition</b> <ul style="list-style-type: none"> <li>• <a href="#">Prescribing of Nutritional Supplements (ONS) in the community (CCG)</a></li> <li>• <a href="#">Coeliac disease: recognition, assessment and management (NICE NG20)</a></li> </ul>		
	<b>Foods for special diets</b> <i>Note: Foods may only be prescribed at NHS expense in line with guidance from Advisory Committee on Borderline Substances</i>  <a href="#">(see Appendix 2 BNF for limitations on NHS prescribing)</a>	<b>Gluten Free Foods</b> Prescriptions for <b>gluten free</b> products are <b>no longer</b> recommended. Patients should be advised to purchase these products instead.	
		<b>Infant Formula (Baby Milks)</b> It is recommended that lactose free, soya based, and stay down / thickener infant formula milk <b>should not</b> be provided on prescription and that patients should be requested to purchase these form either their local community pharmacist or supermarket. These are available at prices similar to standard infant formula milk.  See <a href="#">MMT Newsletter (July 2016)</a> for further information  Cow's Milk Protein Allergy and Lactose intolerance.  <a href="#">See Cow's Milk Protein Allergy And Lactose Intolerance – Guide to Diagnosis And Treatment In Primary Care for guidance</a>  Soya Infant formula (Wysoy®) may be used in galactosaemia, or where patients are in receipt of Healthy Start vouchers. Contact <a href="#">dietetics</a> for further advice.	

BNF Class	Drug Group	1 <sup>st</sup> Line Formulary Choices	2 <sup>nd</sup> Line Formulary Choices
	<p><b>Enteral nutrition</b> NB May only be prescribed at NHS expense in line with guidance from Advisory Committee on Borderline Substances (see <a href="#">Appendix 2 BNF for limitations on NHS prescribing</a>)</p> <p>See also Prescribing Matters Special Issue 19 (Sept 2014) Nutritional Supplements and MMT <a href="#">Care Homes newsletter: Nutritional support for care homes (Sept 2014)</a></p>	<p>Routine use of sip feeds and supplement drinks is not routinely recommended. In the first instance, “food first” guidance should be followed.</p> <p>See <a href="#">Prescribing of Nutritional Supplements (ONS) in the community (CCG)</a> and food first guidance for further information.</p> <p>Please initiate referral to <a href="#">dietetics</a> before supplement drinks are started, where possible</p> <p>Products that are Nutricia branded should be used due to the lower cost of these items as agreed within the current Enteral Feeding contract.</p> <p>Further details can be obtained from <a href="#">dietetics</a> if required.</p>	
<b>9.6</b>	<p><b>Vitamins Section under review</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Pathway for management of vitamin D deficiency in primary care (CCG)</a></li> <li>• <a href="#">Vitamin D: supplement use in specific population groups [NICE PH56]</a></li> </ul>		
	Vitamin B group	Thiamine <i>Alcoholism</i>	-
	Vitamin D	<p>Invita® D3 <i>Treatment of vitamin D deficiency (see <a href="#">CCG pathway for management of vitamin D deficiency in primary care</a>)(currently being updated)</i></p> <p><b>Insufficiency and prevention of vitamin D deficiency – self-care OTC is recommended</b></p> <p><b>Paricalcitol (Specialist initiation and monitoring)</b> <i>Secondary hyperparathyroidism in ESRD</i></p>	
	<p>Vitamin D (with calcium) <i>Patients can purchase supplements OTC</i></p> <p>See <a href="#">Prescribing Matters (Oct 2014)</a> for advice regarding generic prescribing of calcium and vitamin D products.</p>	<p>Accrete D3 one a day® chewable Evacal D3® chewable <i>Note preparations are different strengths and dosing. Please consult the relevant <a href="#">SPC</a></i></p>	<p>Accrete D3 tablets® Calfovit D3 sachets®</p>
	Vitamin K	Follow local guidelines on use to reverse effect of oral anticoagulants.	-

BNF Class	Drug Group	1 <sup>st</sup> Line Formulary Choices	2 <sup>nd</sup> Line Formulary Choices
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		Konakion® MM injection	
	Magnesium	Magnesium-L-aspartate (Magnaspartate®)	
<b>10.</b>	<b>MUSCULOSKELETAL AND JOINT DISEASES</b>  <u>Self Care</u> recommended if clinically appropriate See <a href="#">CCG Pain Management Pathway</a>  <ul style="list-style-type: none"> <li>• <a href="#">Osteoarthritis (NICE CG177)</a></li> <li>• <a href="#">Rheumatoid arthritis (NICE CG79)</a></li> <li>• <a href="#">Multiple sclerosis: management of multiple sclerosis in primary and secondary care (NICE CG186)</a></li> <li>• <a href="#">CCG Osteoporosis pathway</a></li> <li>• <a href="#">Alemtuzumab for relapsing remitting multiple sclerosis (Shared Care)</a></li> <li>• <a href="#">Penicillamine (Distamine) for use in Rheumatic disease (Shared Care)</a></li> <li>• MMT Newsletter <a href="#">Lidocaine Plasters August 2015</a></li> <li>• <a href="#">Ciclosporin (Neoral) for Rheumatic diseases (Shared Care)</a></li> <li>• <a href="#">Spondyloarthritis in over 16s: Diagnosis and Management (NICE NG65)</a></li> </ul> <b>NB For current formulary choices in relation to bisphosphonates. See section 6.4</b>		
<b>10.1</b>	<b>Drugs used in rheumatic diseases and gout</b>		
	Non-steroidal anti-inflammatory drugs  <a href="#">Safety Matters Newsletter (July 2010)</a> and <a href="#">Safety Matters Newsletter (January 2013)</a>  <a href="#">Prescribing Matters Newsletter May 2016 NSAIDS and Rubefacients</a>	Standard release: Ibuprofen (OTC)  Naproxen Naproxen is the preferred NSAID for the management of pain in acute gout	Diclofenac E/C tablets  <i>Due to increased risk of heart problems associated with diclofenac, it is now restricted to Short term use only: Lowest dose for the shortest possible duration. Suggested Maximum 5 days only.</i>  <i>See following newsletters for further information.</i>  <a href="#">Safety Matters Newsletter (August 2013)</a>  <a href="#">MHRA Drug Safety Update (January 2015): Diclofenac tablets now only</a>



BNF Class	Drug Group	1 <sup>st</sup> Line Formulary Choices	2 <sup>nd</sup> Line Formulary Choices
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			<a href="#">available on prescription</a>
	<p>Corticosteroids</p> <p><a href="#">MHRA Drug Safety Update August 2017: Corticosteroids - rare risk of central serous chorioretinopathy with local as well as systemic administration</a></p>	<p>Prednisolone</p> <p>(Oral – <a href="#">plain tablets</a>)</p>	<p>Local injections:</p> <p>Prednisolone acetate Hydrocortisone acetate Methylprednisolone acetate</p> <p>See <a href="#">MHRA Drug Safety update Methylprednisolone injectable medicine containing lactose (Solu-Medrone 40 mg): do not use in patients with cows' milk allergy Oct 2017</a></p>
	<p>Drugs that suppress the rheumatic disease process</p>	<p><b>Should only be used following Consultant advice.</b></p> <p><b>Methotrexate</b> (<a href="#">Shared Care</a>)</p> <p>Note. It is now recommended that the dose of methotrexate should only be prescribed as 2.5mg tablets. 10mg tablets are not recommended in order to reduce the risk from dispensing errors.</p> <ul style="list-style-type: none"> <li>• See <a href="#">MMT Think Safety Newsletter (November 2015) Safer use of methotrexate</a></li> <li>• See <a href="#">MMT Safety Matters Newsletter (March 2015): methotrexate</a></li> <li>• <a href="#">Prescribing Matters Newsletter (February 2015): Metoject injections</a></li> </ul> <p><b>Sulfasalazine</b> (<a href="#">Shared Care</a>)</p> <p><b>Leflunomide</b> (<a href="#">Shared Care</a>)</p> <p><b>Azathioprine</b> (<a href="#">Shared Care</a>)</p>	
	<p>Gout and cytotoxic-induced hyperuricaemia</p>	<p>Allopurinol – for long term prophylaxis</p> <p>For acute episodes NSAIDS – see <a href="#">section 10.1</a> (above)</p>	<p>For acute episodes – Colchicine (Use limited by toxicity, but may be preferred first-line for patients with heart failure or those taking anticoagulants).</p> <p>Febuxostat <a href="#">NICE TA164</a></p>
	<p>Drugs used in neuromuscular disorders</p>	<p>Baclofen</p>	<p>Diazepam</p>
	<p>Drugs for the treatment of soft-tissue disorders and topical pain relief</p> <p><i>Section under review</i></p>	<p><i>Consider self-care</i></p> <p>Ibuprofen gel 5% (OTC) Ibuprofen gel 10% (OTC)</p> <p>Note potential for <a href="#">photosensitivity reactions</a></p>	<p>Ketoprofen gel 2.5% Piroxicam 0.5% gel</p> <p>Note potential for <a href="#">photosensitivity reactions</a></p>

BNF Class	Drug Group	1 <sup>st</sup> Line Formulary Choices	2 <sup>nd</sup> Line Formulary Choices
<b>11.</b>	<b>EYE</b>		
	<p>Note. It is now recommended that the dose of methotrexate should only be prescribed as 2.5mg tablets. 10mg tablets are not recommended in order to reduce the risk from dispensing errors.</p> <ul style="list-style-type: none"> <li>• See <a href="#">Safety Matters Newsletter (March 2015): methotrexate</a></li> <li>• See <a href="#">MMT Think Safety Newsletter (November 2015) Safer use of methotrexate</a></li> <li>• <a href="#">Prescribing Matters Newsletter (February 2015): Metroject injections</a></li> <li>• <a href="#">Methotrexate (Shared care)</a></li> </ul>		
<b>11.3</b>	<b>Anti-infective eye preparations</b>		
	Antibacterials	Chloramphenicol eye drops and ointment (OTC for ≥2 years)	Fusidic acid eye drops 1%
	Antivirals	Aciclovir Eye Ointment	-
<b>11.4</b>	<b>Corticosteroids and other anti-inflammatory preparations</b>		
	Corticosteroids <a href="#">MHRA Drug Safety Update August 2017: Corticosteroids - rare risk of central serous chorioretinopathy with local as well as systemic administration</a>	Should normally only be used under expert supervision	
	Other anti-inflammatory preparations <a href="#">Self Care</a>	Sodium cromoglicate (OTC)	Antazoline + xylometazoline (OTC)
<b>11.6</b>	<b>Treatment of glaucoma</b> <a href="#">Glaucoma (NICE NG81)</a>		
		Follow hospital advice	
<b>11.8</b>	<b>Miscellaneous ophthalmic preparations</b>		
	Tear deficiency, ocular lubricants, and astringents  <b>Self Care</b> if clinically appropriate	Hypromellose 0.3% (OTC)	Viscotears® (OTC) Lacrilube® (OTC)
<b>12.</b>	<b>EAR, NOSE, AND OROPHARYNX</b>		
<b>12.1</b>	<b>Drugs acting on the ear ( Section under review)</b>		
	<b>Self care recommended if clinically appropriate</b>		
	Otitis externa (mild)  <i>For place of antimicrobials see <a href="#">Antimicrobial Treatment</a></i>	Topical acetic acid 2% (OTC)	Betamethasone + neomycin drops

BNF Class	Drug Group	1 <sup>st</sup> Line Formulary Choices	2 <sup>nd</sup> Line Formulary Choices
	<a href="#">Guidelines for Primary Care (CCG)</a>		
	Otitis media <a href="#">Self Care</a>	<a href="#">Self Care</a>  For acute attacks where there are no systemic features: paracetamol or ibuprofen for pain  For acute attacks with systemic features: <a href="#">treat systemically.</a>	BNF recommends for children:  Acute attacks with no systemic features may be <a href="#">treated systemically</a> after 72hours if still symptomatic or earlier if there is deterioration or no improvement.
	Removal of ear wax <a href="#">Self Care</a>	Sodium bicarbonate (OTC)	Exterol® (OTC) Olive Oil (OTC)
12.2	<b>Drugs acting on the nose</b>  <a href="#">Self Care</a> recommended if clinically appropriate  <ul style="list-style-type: none"> <li><a href="#">Allergic rhinitis primary care pathways – adults and children (CCG)</a></li> </ul>		
	Drugs used in nasal allergy	Beclometasone spray (OTC)	Mometasone furoate spray Sodium cromoglicate ( OTC)
	Topical nasal decongestants	If considered: Recommend purchase by the patient where appropriate.	Sodium Chloride 0.9%( OTC) Ephedrine 0.5%, 1% (OTC)
	Nasal preparations for infection	Naseptin®  N.B Contains arachis (peanut) oil. Do not use in patients with known allergy to peanuts or soya.	Mupirocin 2% <i>For MRSA only. When used in MRSA eradication note advice from Control of Infection and Microbiologists on limiting period of use to avoid resistance.</i>
12.3	<b>Drugs acting on the oropharynx (Section under review)</b>  <a href="#">Self Care</a> recommended if appropriate  <ul style="list-style-type: none"> <li><a href="#">CCG MMT Prescribing Newsletter Recommendations regarding Dental prescribing (August 2015)</a></li> <li><a href="#">CCG MMT Patient Information Leaflet regarding Dental Prescribing (Nov 2015)</a></li> </ul>		
	Drugs for oral ulceration and inflammation	Hydrocortisone pellets (OTC)	Benzydamine (OTC)
	Oropharyngeal anti-infective drugs	Miconazole oral gel (OTC) Nystatin suspension, pastilles	Amphotericin lozenge Oral fluconazole (2 <sup>nd</sup> line for severe candidiasis).

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		See <a href="#">MHRA Drug Safety update Miconazole: over-the-counter oral gel contraindicated in patients taking warfarin. Sept 2017</a>	
	Mouthwashes, gargles, and dentifrices	Recommend purchase by the patient where appropriate.	Chlorhexidine (OTC)
	Treatment of dry mouth	Self care, e.g. sip fluids, ice cubes, sugar free pastilles/gums	Artificial Saliva-(ACBS)
	<i>Section under review</i>		
<b>13.</b>	<b>SKIN</b> <b><u>Self Care</u> recommended if appropriate</b> <ul style="list-style-type: none"> <li>• <a href="#">Wound Care Formulary (CCG)</a></li> <li>• <a href="#">Prescribing Matters: Wound Formulary and Dressings supply advice (CCG) June 2014</a></li> <li>• <a href="#">NICE Clinical Guideline Pressure ulcers (CG179)</a></li> <li>• <a href="#">NICE Clinical Guideline Psoriasis (CG153)</a></li> <li>• <a href="#">Safety Matters Newsletter (January 2015): Potassium permanganate</a></li> <li>• <a href="#">Think Medicines! Medicines Optimisation Newsletter (April 2015): sunscreens</a></li> <li>• Melanoma assessment and management (<a href="#">NICE NG14</a>)</li> <li>• <a href="#">Ciclosporin (Neoral®) for inflammatory dermatoses (Shared Care)</a></li> </ul>		
<b>13.2</b>	<b>Emollient and barrier preparations</b>		
	<b>Emollients</b> <i>Creams need to be applied more frequently and generously to have the same effect as ointment.</i>  <i>* Products that contain &gt;50% White Soft Paraffin (WSP) (FIRE HAZARD-See NPSA warning in <a href="#">BNF</a></i>	<b>Greasy:</b> Emulsifying Oint.* (OTC)  <b>Rich:</b> Hydrous ointment (contains lanolin) (OTC)  <b>Light:</b> Epimax® (OTC)	<b>Greasy:</b> 50:50 WSP/LP * (OTC) Zeroderm* (OTC)  <b>Light:</b> Zerocream (OTC) Zerodouble gel (OTC) Oilatum (OTC) Cetraben (OTC)  <b>With urea/lauromacrogols</b> (Antipruritic): Balneum Plus® cream (OTC) E45 itch relief® cream (OTC)
	<b>Note.</b>  <b>Epimax is similar to Oilatum, Diprobase and E-45</b> <b>Zeroderm is similar to Epaderm and Hydromol</b>		

BNF Class	Drug Group	1 <sup>st</sup> Line Formulary Choices	2 <sup>nd</sup> Line Formulary Choices
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	<p><b>Zerocream is similar to Diprobase, Oilatum and E-45</b> <b>Zerodouble gel is similar to Doublebase gel</b></p>		
	<p>Non Paraffin containing emollients</p> <p>For use in patients on oxygen or those who require an emollient with no paraffin</p>	<p>Nutraplus cream Neutrogena Dermatological Cream</p>	
	<p>Emollient with antimicrobials</p>	<p><i>Not a first line option, and not for prophylactic use. Should only be used in recurrent infections or clinical signs of infection (Short duration).</i></p>	<p>Dermol 500<sup>®</sup>(OTC) Dermol<sup>®</sup> cream (OTC)</p>
	<p>Emollient bath and shower preparations</p> <p><i>Inconclusive evidence of benefit</i></p> <p><i>Emulsifying ointment and Epimax<sup>®</sup> can both be used as soap substitutes.</i></p>	<p>Dermalo<sup>®</sup> (OTC)</p> <p><i>Fragrance free &amp; contains lanolin. May be used in bath May be used in bath or applied directly to wet skin for washing.</i></p>	<p>Hydromol<sup>®</sup> bath additive (OTC)</p> <p><i>May be used in bath May be used in bath or applied directly to wet skin for washing.</i></p>
	<p>Emollient bath and shower preparations with antimicrobials</p>	<p><i>Not a first line option, and not for prophylactic use. Should only be used in recurrent infections or clinical signs of infection (Short duration).</i></p>	<p>Emulsiderm<sup>®</sup> (OTC) Dermol 600<sup>®</sup> (OTC)</p>
	<p>Barrier preparations for general use.</p> <p><i>See also <a href="#">Continence Formulary</a></i></p>	<p>Conotrane<sup>®</sup> (OTC)</p>	<p>Zinc and Castor oil ointment (OTC) Sudocrem (OTC)</p>
<b>13.3</b>	<p><b>Topical local anaesthetics and antipruritics</b></p> <p><b>Self care recommended if appropriate</b></p>		
		<p>Where used: Calamine Lotion (OTC)</p> <p>Lidocaine Gel 1% or 2% Lidocaine ointment 5%</p> <p><i>These preparations are considered to be less suitable for prescribing – of limited clinical value.</i></p>	<p>Crotamiton cream (OTC)</p> <p><i>These preparations are considered to be less suitable for prescribing – of limited clinical value.</i></p>

BNF Class	Drug Group	1 <sup>st</sup> Line Formulary Choices	2 <sup>nd</sup> Line Formulary Choices
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13.4	<b>Topical corticosteroids</b>		
	<ul style="list-style-type: none"> <li><a href="#">Frequency of application of topical corticosteroids for eczema (NICE TA81)</a></li> <li><a href="#">BNF – Information for advice on topical application</a></li> <li><a href="#">MHRA Drug Safety Update August 2017: Corticosteroids - rare risk of central serous chorioretinopathy with local as well as systemic administration</a></li> </ul>		
	<b>Topical corticosteroids</b>  <a href="#">Medicines Safety Newsletter: Corticosteroids – Rare risk of CSCR (Oct 17)</a>	<b>MILD:</b> hydrocortisone 0.5 – 1% cream/ointment	-
		Note (BNF 70) Skin creams and ointments containing hydrocortisone (alone or with other ingredients) can be sold to the public for the treatment of allergic contact dermatitis, irritant dermatitis, insect bite reactions and mild to moderate eczema, to be applied sparingly over the affected area 1–2 times daily for max. 1 week. Over-the-counter hydrocortisone preparations should not be sold without medical advice for children under 10 years or for pregnant women; they should not be sold for application to the face, anogenital region, broken or infected skin (including cold sores, acne, and athlete’s foot); over-the-counter hydrocortisone preparations containing clotrimazole or miconazole nitrate can be sold to the public for athlete’s foot and inagli intertrigo	
		<b>MODERATE:</b> Betamethasone 0.025% (1 in 4 diluted) cream/ointment	Clobetasone 0.05% cream/ointment
		<b>POTENT:</b> Betamethasone 0.1% cream/ointment	Fluocinolone 0.025% cream ointment, gel Diprosalic ointment® Hydrocortisone butyrate 0.01% ointment
		<b>VERY POTENT:</b> Clobetasol 0.05% cream/ointment	-
	Topical corticosteroids with antimicrobials	<b>MILD:</b> Fucidin H® (antibacterial)	Daktacort®, Canesten HC® (antifungal)
		<b>MODERATE:</b> Trimovate® (antibacterial)	-

BNF Class	Drug Group	1 <sup>st</sup> Line Formulary Choices	2 <sup>nd</sup> Line Formulary Choices
		<b>POTENT:</b> Fucibet® (antibacterial)	Lotriderm® (antibacterial)
<b>13.5</b>	<b>Preparations for eczema and psoriasis</b> Methotrexate ( <a href="#">Shared Care</a> )  <i>Note. It is now recommended that the dose of methotrexate should only be prescribed as 2.5mg tablets. 10mg tablets are not recommended in order to reduce the risk from dispensing errors.</i> <ul style="list-style-type: none"> <li>See <a href="#">MMT Think Safety Newsletter (November 2015) Safer use of methotrexate</a></li> <li>See <a href="#">Safety Matters Newsletter (March 2015): methotrexate</a></li> <li><a href="#">Prescribing Matters Newsletter (February 2015): Metoject injections</a></li> <li><a href="#">Pimecrolimus and tacrolimus for atopic dermatitis (eczema) (NICE TA82)</a></li> </ul>		
	Topical preparations for psoriasis	Calcipotriol Coal tar Dithranol	Tacalcitol Dovobet® / Enstilar®  Topical tacrolimus (Specialist initiation) Topical pimecrolimus (Specialist initiation)
<b>13.6</b>	<b>Acne and rosacea</b> <a href="#">Self Care</a> recommended where appropriate <ul style="list-style-type: none"> <li><a href="#">Acne Pathway &amp; Guidance (CCG)</a></li> <li><a href="#">Acne Patient Resource</a></li> </ul>		
	<b>Topical preparations for acne</b>		
		Benzyl peroxide cream/gel (OTC) Azelaic acid 20%	Erythromycin 4% Gel Topical clindamycin solution 1%
	<b>Topical</b> retinoids and related preparations for acne	Isotretinoin gel only	Adapalene
	<b>Oral preparations for acne</b>		
	Hormone treatment for acne	Co-cyprindiol (prescribe generically)	
	<i>Oral antibiotic choices can be found in the <a href="#">Antimicrobial Treatment Guidelines for Primary Care</a></i>		
<b>13.7</b>	<b>Preparations for warts and callouses Section under review</b> <a href="#">Self Care</a> recommended		

BNF Class	Drug Group	1 <sup>st</sup> Line Formulary Choices	2 <sup>nd</sup> Line Formulary Choices
		Salactol® (12%) (OTC) Occlusal® (26%) (OTC) Verrugon® (50%) (OTC) <i>Only use where warts are painful, persistent, unsightly or cause distress</i>	-
<b>13.9</b>	<b>Shampoos and other preparations for scalp and hair conditions</b> <a href="#">Self Care</a> recommended where appropriate		
	Shampoos	Coal tar extract 2% shampoo (OTC) Ketoconazole 2% (OTC)	Capasal® (OTC)
<b>13.10</b>	<b>Anti-infective skin preparations</b>		
		<a href="#">Antimicrobial Treatment Guidelines for Primary Care (CCG)</a>	
<b>13.11</b>	<b>Skin cleansers, antiseptics, and desloughing agents</b>		
		Irripods	Povidone-iodine solution Chlorhexidine solution
<b>13.12</b>	<b>Anti-perspirants</b>		
		Aluminium Chloride Hexahydrate 20% (OTC) <i>Primary/ focal hyperhidrosis</i>	Oxybutynin 2.5-5mg twice daily (off-label/unlicensed) <i>Primary/ focal hyperhidrosis</i>
<b>14.4</b>	<b>Vaccines and antisera</b>		
	MMT Newsletter Medicines Optimisation : <a href="#">Travel vaccines August 2015</a> <a href="#">MHRA Drug Safety Update April 2016</a> Live attenuated vaccines and immunosuppression <a href="#">Influenza vaccine choices 18/19 (CCG)</a> <a href="#">MMT Prescribing Newsletter: Clarification regarding vaccine supply and payment (Nov 2015)</a>		
	Meningococcal Group B	Bexsero® Specialist Initiation for post splenectomy patients	
<b>15.</b>	<b>ANAESTHESIA</b>		
<b>15.2</b>	<b>Local anaesthetics</b> ( <i>for use only prior to venepunctures when indicated</i> )		
		Lidocaine gel	Tetracaine gel



BNF Class	Drug Group	1 <sup>st</sup> Line Formulary Choices	2 <sup>nd</sup> Line Formulary Choices
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		Emla cream®	
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<b>App 2</b>	<b>BORDERLINE SUBSTANCES</b>		
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<b>A2.4</b>	<b>Feed Supplements</b>		
	<a href="#">Prescribing of Nutritional Supplements (ONS) in the community (CCG)</a> <a href="#">Prescribing Matters Special Issue 19 (Sept 2014) Nutritional Supplements</a>		

	Water-soluble vitamins for renal failure patients on dialysis	Renavit (NOT with cyanocobalamin)	
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<b>App 5</b>	<b>WOUND MANAGEMENT PRODUCTS &amp; ELASTICATED GARMENTS</b>		
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<b>A5.8</b>	<b>Bandages</b>		
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	Silk clothing	Dermasilk garments (Specialist advice by a Dermatologist) when all standard treatments have failed.	
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BNF Class	Drug Group	1 <sup>st</sup> Line Formulary Choices	2 <sup>nd</sup> Line Formulary Choices
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### VERSION CONTROL

Date of Amendment	Amendment Detail	Amended By	Checked By
March 2014	Formulary update including links to local, regional and national guidance and decisions contained in drug classification table. Decisions made at CPJPG meeting 19 <sup>th</sup> March 2014.	MC	CPJPG
May 2014	<p><b>Updated with decisions made at CPJPG meeting 21<sup>st</sup> May 2014:</b> Fostair now approved as 1<sup>st</sup> line ICS/LABA for COPD. Sayana Press included in formulary. Gonadorelin analogues section updated. New shared care guidelines included.</p> <p><b>Other amendments:</b> NICE CG for pressure ulcers – link updated as revised. Contents Page updated. Growth hormone hyperlink for SCG removed as no formal guideline.</p>	VG	MC
July 2014	<p><b>Updated with decisions made at CPJPG meeting 16<sup>th</sup> July 2014</b> Azathioprine for interstitial lung disease shared care guideline (3.0) Clomifene added for anovulatory infertility following specialist advice (6.5).</p> <p><b>Links to the following CCG publications added/updated</b> Safety Matters June 2014: Zolpidem (4.1) Safety Matters June 2014: Zopiclone and zaleplon (4.1) Safety Matters June 2014: Domperidone (4.6) Safety Matters August 2013: Metoclopramide (4.6) Prescribing Matters May 2014: Tramadol (4.9) Prescribing Matters July 2014: Antifungal nail lacquers (5.0) Prescribing Matters May 2014: Doxazosin MR (link to UKMi Q&amp;A removed as within Prescribing Matters) (2.5, 7.4) Link to vitamin D pathway updated (9.6) Prescribing Matters May 2014 Wound formulary (13.0) Updated link to revised antimicrobial treatment guidelines (5.0, 12.1, 13.6, 13.10)</p> <p><b>NICE guidance</b> Links updated for: Atrial Fibrillation (2.0) Cinacalcet for secondary hyperparathyroidism (9.0)</p> <p><b>Other amendments</b> Contents page numbers updated (page 2) Domperidone and metoclopramide removed from antispasmodics section in line with safety update (1.2) Added "This section is currently under review" (2.12) Domperidone and metoclopramide removed as 2<sup>nd</sup> choice migraine treatments (4.7) (used for nausea and vomiting and included within this section already). Intracavernosal/urethral application added to Iprostadil in light of new product and CPJPG decision(7.4) Renavit duplication in formulary removed (9.6). Topical antimicrobials removed from formulary and link to antimicrobial guidelines for prescribing information (12.1) Oral antibiotics for acne removed from formulary and link to antimicrobial guidelines for prescribing information (13.6) Laxatives removed and replaced with link to constipation pathway (1.6)</p>	VG	MC

BNF Class	Drug Group	1 <sup>st</sup> Line Formulary Choices	2 <sup>nd</sup> Line Formulary Choices
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### VERSION CONTROL (Continued)

Date of Amendment	Amendment Detail	Amended By	Checked By
18 <sup>th</sup> August 2014	Dornase alfa Shared Care added to formulary and removed from classification table (3) Aripiprazole updated with 'oral formulations' (4.2) Rufinamide (Specialist initiator for Lennox Gastaut Syndrome) added to formulary and removed from classification table (4.8) Rotigotine for PD (Specialist initiation) added to formulary and removed from classification table (4.9) Fixed broken link to CCG Antimicrobial Guidelines (13.10) Pimecrolimus (topical) (Specialist initiation) added to formulary and removed from classification table (13.5) Dermasilk garments (Specialist initiation) added to formulary and removed from classification table (Appendix 5) Back to contents page added to footer on all pages	MC	KD
22 <sup>nd</sup> September 2014	Gluten Free section updated with links to relevant guidance (Section 9.4) Formatting of Section 9.4 adjusted. Link added to PrescQIPP Guidance document regarding gluten free prescribing (Section A2) Link added to CCG Asthma Pathway (3) Acidinium (Eklira Genuair) added (3) Canagliflozin added (6.1) Palliative Care renamed Opioid analgesics (4.7) Morphine MR moved to first line. Oxycodone added as an option to 2 <sup>nd</sup> line choices (4.7). Link to BNF for equivalent doses for opioids added (4.7) Link to place in therapy for fentanyl and buprenorphine patches added (4.7) Transdermal opioid patches – place in therapy to formulary (Misc) Sildenafil SLS removed. Advice added CPJPG recommended quantity (7.4). Link to Prescribing Guidelines for the treatment of Alzheimer's Disease (donepezil, and galantamine) (CCG) removed (4.11). Donepezil, galantamine, rivastigmine, memantine (specialist initiation) status amended to shared care with link to webpage (4.11) Links updated for following NICE documents. NICE TA 317 replaces TA 182 regarding prasugrel for ACS (2); Dyspepsia NICE CG184 (1), Lipid modification NICE CG181 (2.12), Diagnosis and management of drug allergy NICE CG183 (3.4), Chronic Kidney Disease NICE CG182 (9). Links added for Prescribing Matters Issue 12 (July 2014) Medicines optimisation Omacor and Issue 13 (Sept 2014) (section 4.6) domperidone advice for Parkinson's disease and (section 4.7) dexamethasone (glucocorticoid therapy) and special Issue 19 (Sept 2014) Nutritional supplements (sections 9.5 and Appendix 2). Link to MRSA decolonisation protocol (5) Parenteral anticoagulant section amended (2.7). Link added to new CCG LMWH guidance. Pages numbers updated on contents page 2 Minor spelling mistake amended section 4.10 Tolbutamide removed (section 6.1)	VG	MC
10 <sup>th</sup> October 2014	Topical Tacrolimus and Pimecrolimus updated to SPECIALIST INITIATION status. Link to Shared care removed.(Section 13.5) Page numbers updated on contents page	VG	MC
14 <sup>th</sup> October 2014	'Back to Content Page' link removed from footer and added to bottom of each page. Annotation added to naproxen in acute migraine to confirm unlicensed status (section 4.7)	MC	VG
23 <sup>rd</sup> October 2014	Minor amendment to clarify type of Gluten Free Bread as Long life bread (Section 9.4)	VG	MC
28 <sup>th</sup> October 2014	NICE Clinical Guideline CG49 Faecal Incontinence. Removed from Section 4.10 and added to Section 1.4	VG	CM/KD

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### VERSION CONTROL (Continued)

Date of Amendment	Amendment Detail	Amended By	Checked By
20 <sup>th</sup> November 2014	<p>Back to Table of contents link removed due to technical reasons Updated with decisions from November JPG: Section 2.12. Updated to reflect NICE Guidance CG181. Atorvastatin as first line, simvastatin, pravastatin as second line HMG-COA reductase inhibitors Reference to clinical threshold policy for atorvastatin 80mg for ACS removed. Section 4.7 Link to Arthur Rank Hospice Equivalent analgesic doses factsheet added (Local guidance). Section 4.10 Tobacco harm reduction approaches to smoking. (June 2013). Removed out dated advice regarding smoking cessation programmes. Added contact details for Local drug and alcohol treatment service. Section 4.10 Nalmefene added-specialist advice, including link to NICE TA325 Section 6.1 Alogliptin added as first line choice of gliptins for dual therapy. Link added to gliptins indications. Gliptin prescribing advice updated to reflect changes in current summary of product characteristics. Section 6.1. Canagliflozin for type 2 diabetes. Wording and formatting altered to canagliflozin to improve clarity with respect to recommendation. Section 6.6. Link to October CCG Safety Matters added. Advice regarding denosumab and ONJ. Section 8.3. Link to triptorelin for precocious puberty shared care guidance added. Section 8.3. Tamoxifen – 'Hospital initiation' changed to 'Specialist initiation' for consistency. Section 9.4. Gluten free fresh bread added. Section 13.6 Tretinoin gel removed (discontinued) and replaced with isotretinoin gel first line. Links to added to updated or new NICE Clinical Guidelines including Bipolar disorder (CG 185) (Section 4.2); Multiple sclerosis (CG186) (Section 10) and Acute heart failure (CG187) (Section 2)</p>	VG	MC
21 <sup>st</sup> January 2015	<p>Section 2.4 Carvedilol (Specialist initiation) for primary prophylaxis of variceal haemorrhage added. Section 2.6. Link to Drug Safety update December 2014 regarding Ivabradine added. Section 4 Note added to quetiapine regarding when quetiapine XL can be considered. Ebesque XL and Biquelle XL added as recommended generic brands. Section 4.7 Clarification added regarding Fentanyl immediate release formulations prescribing recommendations. Section 5.1 Link added to cost effective influenza vaccine choice for 15/16 flu season. Section 6.1. 1<sup>st</sup> and 2<sup>nd</sup> line gliptins choices amended. Alogliptin 1<sup>st</sup> line and Sitagliptin 2<sup>nd</sup> line. Saxagliptin and related guidance removed. Linagliptin included for renal patients only. Link to Gliptin decision checklist removed as out of date. Section 8.2 Link added to alemtuzumab for MS shared care guidance.</p> <p>Sections 4.0, 4.2, 6.1, 9.1. Links added to CCG Prescribing Matters, Safety Matters and Care homes newsletters. Section 13.6 links updated and section reformatted to improve clarity Links added to the following NICE CGs Section 4.2 CG 192: Antenatal and postnatal mental health Section 8 CG131 Colorectal cancer Section 7 CG190 Intrapartum care and CG37 Postnatal depression Section 5 CG191 Pneumonia Section 4.5 CG189 Obesity Section 1 Gallstone disease</p>	VG	MC
25 <sup>th</sup> February 2015	<p>Pregabalin Text added to entry 4<sup>th</sup> line treatment choice. Consider brand name prescribing for neuropathic pain.</p>	KD	MC
13 <sup>th</sup> March 2015	<p>Pregabalin for neuropathic pain text amended to: 4<sup>th</sup> line treatment choice. Prescribe by brand name (Lyrica) for neuropathic pain. See NHS England letter for further information. Last sentence hyperlinked to <a href="http://www.england.nhs.uk/wp-content/uploads/2015/03/pregabalin-guidance.pdf">http://www.england.nhs.uk/wp-content/uploads/2015/03/pregabalin-guidance.pdf</a></p>	MC	CM
18 <sup>th</sup> March 2015	<p>Updated with decisions from March JPG:</p>	MC	VG

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	<p>Lubiprostone (Specialist initiation) NICE TA318 added as 1<sup>st</sup> line choice (1.6). Aspirin (Specialist initiation/advice for small for gestational age fetus) added (2.9). Information about which gluten free foods permitted on prescription updated to include multipurpose and bread mix flour products. Link to guidance updated and link to patient resource added (9.4). Name and contact details for Peterborough Alcohol Treatment Service updated (4.10) Link to Prescribing Matters Newsletter (February 2015): esomeprazole tablets and capsules and PPI Patient Resource added (1.3). Link added to Guidance for issuing prescriptions for incontinence and stoma appliances (CCG) (1.5, 7.4) Link added to CCG Pathway: oral anticoagulants for non-valvular atrial fibrillation (adult &gt; 18 years) primary prevention (2.8) Links to CCG LMWH Guidance and NOAC guidance updated (2.8) Link to inhaler technique patient resource added (3.0). Link to Prescribing Matters (October 2012) removed as superceded by Safety Matters July 2014 (3.4). Link to Safety Matters newsletter (February 2015): Risk of misuse pregabalin and gabapentin, tapering doses) added (4.1, 4.7, 4.9) Link to Safety Matters Newsletter (February 2015): medicines related to valproate – risk of abnormal pregnancy outcomes (4.2, 4.8) Link to denosumab LES for 15/16 updated (6.6). Link to gonadorelin analogue LES for 15/16 updated (8.3). Document title for Cow's Milk Protein Allergy And Lactose Intolerance corrected and link updated (9.4). Link to Prescribing Matters Newsletter (February 2015): Metoject injections and link to MHRA Drug Safety Update added (10.1) Link to safety matters newsletter (January 2015) potassium permanganate (13.0) Link to CCG acne pathway, guidance and patient resource added (13.6) All other links checked and updated throughout where necessary.</p>		
2 <sup>nd</sup> June 2015	<p>Updated with decisions from May JPG (subject to Governing Body approval &amp; ratification): Section 2.12 updated with information about lipid threshold for primary prevention and links to QRISK2 calculator and NICE patient decision aid. Section 2.3 link to Amiodarone Prescribing support document added Section 3.1 Duoresp Spiromax added, Symbicort removed. Note added that Fostair NEXThaler is not recommended. Section 4.10 Nalmefene-link to local pathway added Section 6.6 Denosumab updated to Specialist advice. Link added to CCG Osteoporosis Pathway. Section 7.4. Updated to reflect CCG Female incontinence pathways, Tolterodine, darifenacin and inagliptin added. Mirabegron Specialist Initiation. Prescribing conditions clarified for other antimuscarinics. Link to Mirabegron prescribing support document removed as document is being updated. Section 9.6 Calceos tablets removed Section 12.3 Lozenge added to amphotericin for clarity. Section 13.12 Oxybutynin added as second line option for hyperhidrosis. Link to PAC Hyperhidrosis policy added. Section 13.2 Hydromol ointment, Doublebase gel, Cetraben cream, Diprobace cream, Metanium cream all removed. Epimax, Zeroderm, Zerocream, Zerodouble gel, and Sudocream added.</p> <p>Links added to Think Medicines Newsletters, section 1.5, 10.1, 13.5 methotrexate, section 4.7 buprenorphine, section 4.9 tramadol, section 4.5 codeine, section 3.4 hydroxyzine, section 13.0 sunscreen</p> <p>All other links checked and updated throughout where necessary.</p>	VG	MC
9 <sup>th</sup> June 2015	Section 6.1 Alogliptin dose amended for renal impairment patients. Updated to clarify current CCG recommendations regarding use of inagliptin for moderate to severe renal patients.	VG	MC
30 <sup>th</sup> June 2015	Various broken and defunct links repaired or removed.	CM	VG
22 <sup>nd</sup> July 2015	Section 2.12 Fibrates section updated to include fenofibrate. Section 3.1 Acridinium plus formoterol added (Duaklir Genuair added)	VG	KB

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	<p>Section 1.6 Linaclotide for constipation associated with IBS added Section 1.5 Link added to ciclosporin for IBD shared care document. Section 6.1 Empagliflozin and link to NICE TA336 added. Section 10.1 Linked added to azathioprine shared care Section 6.3 and Section 4.7. Link added to Think Medicines Safety Newsletter (June 2015) Injectable dexamethasone advice Section 1.4, section 4.7 and section 4.9 Link added or amended to Think Medicines Safety Newsletter (May 2015) Advice regarding codeine. Section 4.10 Link to Nalmefene pathways and update service contact details</p>		
<b>9<sup>th</sup> September 2015</b>	<p>Housekeeping changes. Section 1.5 Wording added to clarify CCG policy regarding brand switching for mesalazine m/r Section 2.8 Apixaban added in accordance with NICE TA341 for DVT and PE. Section 6.1 Section regarding midodrine for diabetic neuropathy removed. Midodrine added to Section 2.6 for the management of orthostatic/postural hypotension (Shared Care). Section 12.2 Caution added to Naseptin entry regarding peanut and soya allergies. Section 3.1 Licensed age added to Duoresp Spiromax entry Section 9.6 Link repaired to Vitamin D guidance Various omitted black triangles added.</p>	<b>VG</b>	<b>JW</b>
<b>24<sup>th</sup> September 2015</b>	<p>Formulary updated with changes following the Joint Prescribing Group meeting held on the 23<sup>rd</sup> September 2015</p> <p>Section 1.5 Preferred brands of mesalazine removed. Wording added to recommend brand prescribing. Section 2.5 Wording added to clarify place in therapy of Angiotensin 2 receptor antagonists Section 2.8 Wording amended to improve clarity regarding prescribing classification of dabigatran, rivaroxaban and apixaban. Section 2.6 Calcium Channel blockers Additional wording added to clarify brand prescribing of Diltiazem modified release preparations Section 2.12 Fenofibrate confirmed as first line and bezafibrate as second line. Section 3.1 Sirdupla MDI added 4<sup>th</sup> line for adults &gt;18 years) for Asthma. Section 10.1 Febuxostat – specialist initiation classification removed Section 13.2 Wording added to clarify similarity between emollients</p> <p>Shared care links updated or added to: section 8.2 mycophenolate for transplantation, section 10.0 penicillamine, sections 1.5, 10.0 11.0 3.5, methotrexate Section 2 midodrine for orthostatic hypotension MMT Newsletter links added Lidocaine patches (section 10), travel vaccines (section 14), dental prescribing (section 12.3) and Midodrine (section 2) NICE Clinical Guidance links added or updated : section 6 Diabetes (NG17, 18 and 19 section 13. Melanoma ( NG14), section 9.4 Coeliac disease (NG 20) Section 4.2 Link added to Antipsychotics prescribing support document</p>	<b>VG</b>	<b>KB</b>
<b>28<sup>th</sup> October 2015</b>	Various broken links to MMT newsletters amended or removed	<b>VG</b>	<b>KD</b>
<b>2<sup>nd</sup> November 2015</b>	<p>Self-care policy links added where appropriate. Products available over the counter (OTC) highlighted. Housekeeping changes including corrections made to formatting. Discontinued products removed and wording added to highlight that these sections are under review</p> <p>Section 6.4 and 6.5 Conjugated oestrogens cream 625microgms/g Section 6.5 Povidone Iodine pessaries Section 9.4 Infasoy Section 12.3 Triamcinolone 0.1% oral paste, Salinum® Luborant, Povidone Iodine mouthwash.</p> <p>Section 2.9 Dipyridamole and Dipyridamole + aspirin M/R added in line with NICE TA 210. Brand name Asasantin removed. Section 3.2 Section re formatted to improve clarity. Section added to clarify current approved formulary choices for ICS/LABA combinations in paediatric patients.</p>	<b>VG</b>	<b>KB</b>
<b>25<sup>th</sup> November</b>	Formulary updated with changes following the Joint Prescribing Group meeting held on the	<b>VG</b>	<b>KB</b>

BNF Class	Drug Group	1 <sup>st</sup> Line Formulary Choices	2 <sup>nd</sup> Line Formulary Choices
2015	18 <sup>th</sup> November 2015	<p>Section 6.1 Link to Blood Glucose Test Strip recommendations updated.</p> <p>Section 5 Link added to Rifaximin prescribing support document</p> <p>Section 7.4 Avanafil added as a second line choice for erectile dysfunction. Additional wording added to clarify selected list scheme criteria.</p> <p>Section 14.4 Bexsero added Specialist Initiation for post splenectomy patients</p> <p>Section 4.10 Link added to CAMQUIT smoking cessation guidance. Contact details for local stop smoking services added.</p> <p>Section 13.2 Paraffin free emollients added.</p> <p>Section 9.2 Magnesium supplement added. Magnaspartate</p> <p>Section 2.8 Edoxaban DVT and PE prophylaxis and treatment added as per NICE TA 354</p> <p>Sections 10.1, 11.0 and 13.5 Methotrexate warning added</p> <p>Section 7.4 Link added to Drug Safety update (October 2015) for Mirabegron</p> <p>Section 6.4 Link added to CPF Heavy Menstrual Bleeding Policy</p> <p>Links added to MMT Newsletters and new NICE Guidance if applicable added.</p>	
11 <sup>th</sup> December 2015	Section 2.8 Edoxaban for AF added as per NICE TA 355		VG KB
28 <sup>th</sup> January 2016	<p>Formulary updated following Joint Prescribing Group held on the 20<sup>th</sup> January 2016</p> <p>Section 1.6 Link added to Linaclotide prescribing support document</p> <p>Section 3.0 Link to Dornase Shared care removed as patients have been repatriated to hospital</p> <p>Section 3.4 Link added to MHRA Drug Safety advice regarding hydroxyzine and QT prolongation.</p> <p>Section 4.2. Link added to managing behavioural problems in dementia and learning disabilities guidance.</p> <p>Section 4.9 Link added to shared care guidance for rotigotine in Parkinson's disease.</p> <p>Section 6 NICE website links updated in accordance with recent publication of NG28. Links to CG87, CG66, NICE TA 248 and NICE TA203 removed as superseded by NG28.</p> <p>Section 6.4 Link added to NICE Guidance: menopause (NG23).</p> <p>Section 6.6 Link added to MHRA Drug Safety Update Bisphosphonates and osteonecrosis of external auditory canal</p> <p>Section 8.2 Link added to MHRA Drug Safety Update: Mycophenolate and birth defects.</p> <p>Section 10.1 Clarification added regarding choice of NSAID for acute gout</p> <p>Links added for recent MMT Think Medicines Newsletter published last Joint Prescribing group meeting in November 2015.</p>		VG KB
23 <sup>rd</sup> March 2016	<p>Formulary updated with changes following the Joint Prescribing Group meeting held on the 23<sup>rd</sup> March 2016</p> <p>Section 2.6 Nicorandil removed</p> <p>Section 3.1 Ultibro Breezehaler and Spiolto Respimat added</p> <p>Section 4.2 Aripiprazole amended</p> <p>Section 4.7 Oxycodone amended</p> <p>Section 6.1 Insulin Glargine ( Toujeo) added for restricted use</p> <p>Section 6.2 Liothyronine Amended to Specialist initiation</p> <p>Links to updated NICE Guidance, MHRA Drug Safety reviews and MMT newsletter added or updated.</p>		VG KB

BNF Class	Drug Group	1 <sup>st</sup> Line Formulary Choices	2 <sup>nd</sup> Line Formulary Choices
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BNF Class	Drug Group	1 <sup>st</sup> Line Formulary Choices	2 <sup>nd</sup> Line Formulary Choices
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18 <sup>th</sup> April 2016	Formulary updated with housekeeping changes 18 <sup>th</sup> April 2016  Links to recently published MHRA Drugs Safety Update advice added to following sections Section 6 SGLT2 inhibitors Section 14.4 Live attenuated Vaccines Section 4.6 domperidone and Apomorphine in Parkinson's disease Section 4.7 Link added to NHS England Pain Management Formulary for prisons		VG  KB
18 <sup>th</sup> May 2016	Formulary updated following the Joint Prescribing Group 18 <sup>th</sup> May 2016 Section 4.2 Quetiapine entry updated Section 4.9 Section added to reflect current formulary choices for MAO B inhibitors; selegiline and rasagiline. Preferred brand added for levodopa, carbidopa and entacapone Section 4.7 Oxycodone, fentanyl and buprenorphine entries updated. Section 6 updated to reflect changes in numbering in the British National Formulary. Section 6.4 Link to osteoporosis pathway added. Section 10.1 Link added to osteoporosis pathway added Section 6.3 Insulin Degludec added- restricted use, link to Humulin R shared care guidance added. Section 4.3 Vortioxetine added Specialist Initiation and 3 <sup>rd</sup> line Section 1.5 Link added to stoma products quantities guidance Section 13.2 Cetraben added. Section 8.2 , section 10.1 and 13.2 Link added to Ciclosporin shared care document Section 6.8 Climesse removed – discontinued. Links added to new NICE guidance and CCG MMT newsletters		VG  KB
6 <sup>th</sup> July 2016	Formulary updated following CCG Governing Body meeting on 5 <sup>th</sup> July 2016 Section 9.4 Gluten free and Baby Milk recommendations updated		VG  KB
22 <sup>nd</sup> July 2016	Housekeeping changes Section 4.7 Oxycodone entry updated		VG  MD
3 <sup>rd</sup> August 2016	Formulary update following the Joint Prescribing Group 20 <sup>th</sup> July 2016 Section 2.7 Nicorandil added back in for existing patients only Section 6.8 Ulipristal changed to Specialist advice and additional criteria added Section 8,2 Shared care for Hydroxycarbamide shared care Section 4.5 Link corrected Section 9.4 Link to MMT Newsletter added regarding Baby Milks Section 4.9 Link added to MMT Safety Newsletter regarding Tramadol Section 6.2 Guidance regarding choice of soluble preparation for prednisolone added		VG  KB
24 <sup>th</sup> August 2016	Housekeeping changes following clinical forum. Section 4.1 and 4.7 Entries for Pregabalin updated with CCG preferred brands Section 6. Entries for Canagliflozin, Dapagliflozin and Empagliflozin updated with recommendations from NICE TA 390		VG  KB
30 <sup>th</sup> August 2016	Further Housekeeping changes following clinical forum. Section 2.5 capsules removed from ramipril entries		VG  MD
13 <sup>th</sup> December 2016	Section 4.2 Link to Quetiapine XL review guidance added Section 6.3 Toujeo changed to Specialist advice from a Consultant Section 2.8 NOAC changed to DOAC Section 6.8 Link to NHSE circular 'Primary Care responsibilities for prescribing and monitoring of hormone therapy for transgender and non-binary adults'. Section 2.6 CCG recommend brands of nifedipine LA added Section 4.7 Bupeaze added as CCG current recommended brand Section 6.3 Addition of Xultophy Section 8.3 Addition of Degarelix		KB  VG
28 <sup>th</sup> December 2016	Section 4.7 Abstral sublingual tablets added as formulary choice Section 4.7 Opioids: Links to prescribing checklist and patient resource added		KB  CM



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		Section 1.1 Patient Leaflet PPIs Section 2.5 Entresto entry added including note re specialist initiation with prescribing support Section 6.3 Long acting insulins updated in line with NICE guidance Section 6.3 Gliclazide MR not recommended Section 7.3 Cerelle removed and replace with generic desogestrel Section 7.4 Link to Erectile Dysfunction Prescribing Policy added Section 8.2 Note added – new patients hospital only (NHS England commissioned) Section 11.3 Note added OTC availability (age related) of chloramphenicol		
28 <sup>th</sup> December 2016		Section 2.8 Recommendation to not prescribe warfarin 500microgram tablets	CM	KB
16 <sup>th</sup> March 2017		Section 2.5 Entresto amended to specialist initiation (Consultant Cardiologists) with Prescribing Support Section 2.9 NICE TA420 added for ticagrelor Section 6.3 NICE TA418 added Section 6.3 Classification amended to specialist advice for canagliflozin, empagliflozin and dapagliflozin Section 7.3 Micronor removed as discontinued and alternative brand Noriday added Section 13.5 Enstilar added	KB	VG
20 <sup>th</sup> April 2017		Section 4.8 Antiepileptic hyperlinks re-instated	KD	VG
2 <sup>nd</sup> May 2017		Section 1.9 added (Creon and Nutrizym 22) Section 2.9 Edoxaban added as lowest acquisition cost in primary care Section 4.5 Orlistat amended to self care and link to CCG guidance added Section 4.10 Updated link and contact details. Two NRT products can be prescribed. Addition of bupropion. Prescribing with support added Section A5.8 update to specialist advice of Dermatologist Section 3.1 Braltus Zonda inhaler added Link to NG64 and NG65 added Hyoscine butylbromide – link to Drug Safety update Feb 17 added Link to MHRA Drug safety update Valproate and developmental disorders Section 4.2 Link to Lithium safety newsletter	KB	VG
25 <sup>th</sup> September 2017		Link to NHS Improvement: Supporting the safety of girls and women being treated with valproate Link to NHS Improvement: Risk of severe harm and death due to withdrawing insulin from pen devices Finasteride – Link to MHRA Drug Safety Update May 17 Denosumab – Link to MHRA Drug Safety Update June 17 Adrenaline Auto-Injectors – Link to MHRA Drug Safety Update August 17 Corticosteroids – Link to MHRA Drug Safety Update August 17 Link removed to Strontium newsletter (discontinued) Updated links to blood glucose monitoring, test strips and diabetes needles Place in therapy of rivastigmine patches Links added to COPD ICS step down document GOLD 2017 link updated Link to CCG assisted conception policy included Link to NICE PH56 – Vitamin D	KB	AG
2 <sup>nd</sup> November 2017		Section 4.7 Link to neuropathic prescribing guidance updated and pregabalin for pain classification amended	KB	AG
21 <sup>st</sup> November 2017		Section 3.6 Oxygen for Cluster Headaches added Section 3.6 Verapamil added Section 4.4 Brand prescribing of methylphenidate PR / SR formulation added + newsletter link Section 9.1. Feraccru added Section 6.4 Bisphosphonates updated in line with NICE TA464 Miconazole (oral gel) – Link to MHRA Drug Safety Sept 17 Loperamide - Link to MHRA Drug Safety Sept 17 Warfarin - Link to MHRA Drug Safety Sept 17 Gabapentin – Link to MHRA Drug Safety update Oct 17 Link to Safety Newsletter – Insulin and SGLT2 inhibitors added Link to Safety Newsletter – Corticosteroids, Finasteride and Rivastigmine patch prescribing	KB	AG
16 <sup>th</sup> February		Section 6.8 Ulipristal changed Not recommended for new patients/initiations	AG	VG

BNF Class	Drug Group	1 <sup>st</sup> Line Formulary Choices	2 <sup>nd</sup> Line Formulary Choices
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2018			
26 <sup>th</sup> February 2018	Section 4.9: Apomorphine SCG added Section 2.5: Entresto entry amended to include initiation by Heart Failure Specialist with access to MDT Section 3.1: Trimbrow added, Sereflo added, Aerivio® Spiromax® 50/50 added Section 9.6: Vitamin D choice amended to Invita D3 Section 9.6: Calcium and vitamin D products updated. Section 7.4 Link to Continence Formulary updated Section 11.6 Link to Glaucoma NICE guidance updated Link to shared care guidance all updated Section 14.4 updated to 18/19 influenza vaccine choices Section 3: Link to Asthma NICE Guidance added Section 6.9 Link to liothyronine switching guidance added Section 4.8 Link to Nov and Dec 17 MHRA Drug Safety Update Section 8.2: Link to Dec 17 and Feb 18 MHRA Drug Safety Update Section 4.7: Link to Jan 18 MHRA Drug Safety Update	KB	AG
7 <sup>th</sup> March 2018	Section 10.1: Ketoprofen OTC status changed, not available OTC	AG	KB
8 <sup>th</sup> March 2018	Section 7.3: Desogestrol to be prescribed generically added Section 8.3: Gonadorelin analogues and gonadotrophin-releasing hormone antagonists clarification of products	KB	AG
23 <sup>rd</sup> March 2018	Section 4.7 Buprenorphine 7 day patch preferred brands updated in line with OptimiseRx – Reletrans and Sevodyne	KB	MD