

NHS FORTH VALLEY FORMULARY 17th Edition v1 March 2018

 Date of First Issue
 31/07/2012

 Approved
 30/08/2012

 Current Issue Date
 09/03/2018

Review Date After each ADTC New Drug Sub Group Meeting

Version Version 1 (17th Edition)

EQIA NO

Author / Contact NHS FV Prescribing Support Team fv-

uhb.prescribingsupport@nhs.net

Group Committee – ADTC New Drugs Sub Group

Version 1 (17th Edition)

March 2018
UNCONTROLLED WHEN PRINTED

Consultation and Change Record – for ALL documents

Contributing Authors: NHS Forth Valley Acute & Primary Care

Staff

Consultation Process: Approval by ADTC New Drugs Sub

Group

Acute Specialist Services

Distribution: Forth Valley Doctors and Consultants

Forth Valley GPs, Practice Managers,

Nurse Prescribers

Forth Valley Pharmacy Staff

Forth Valley Community Pharmacy

Contractors

Change Record						
Date	Author	Change	Version			
23/02/2018	T. Anderson	Updated Oral Hypoglycaemic information in Appendix 11.	1.0 (17 th Edition)			
29/12/2017	T. Anderson	Evolocumab in section 2.12				

Contact numbers

Primary Care Pharmacy

Prescribing Support Team Primary Care Pharmacy Office Ground Floor, Falkirk Community Hospital Falkirk FK1 5QE

 Director of Pharmacy
 Page 07825 843190
 01324 673610

 Prescribing Support Team
 01324 673603

Clinical and Community Services Office

(Mental Health, Learning Disabilities & Vaccines) 01324 566728 & Pharmacy Department 01324 566729

Forth Valley Royal Hospital Stirling Road Larbert FK5 4WR

On-call service contact Switchboard 01324 566000

Acute Services Pharmacy

Opening hours - 8.30 am – 5.00 pm Monday to Friday
10.00 am – 4:30 pm Saturday
10.00 am – 2.30 pm Sunday

On-call service out-with these hours - Contact the pharmacist through the unit page holder.

Forth Valley Royal Hospital

01324 566000

 Stores & Distribution
 01324 566702

 Dispensary
 01324 566701 / 700

 Aseptic Office
 01324 566709 / 710 / 711

Medicines Information 01324 566725 Kirsty Peacock (CD Inspection Officer) 01324 566725

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Introduction

The formulary is produced by the New Drugs Sub Group of the Forth Valley Area Drug and Therapeutics Committee (ADTC), and the contents reflect wide consultation with a range of practitioners in medicine and pharmacy.

Aims and objectives

The main aim of this formulary is to promote rational, safe, clinical- and cost-effective prescribing in both Primary and Secondary Care. The BNF contains several thousand medicines and is designed to be comprehensive. The Forth Valley Formulary is a list containing fewer medicines, which provide appropriate treatment for the vast majority of patients, are approved for use in hospital and general practice. The modest size of the list should enhance the quality of prescribing as familiarity with the limited range of medicines will be readily acquired. Clinical units, Community Health Partnerships (CHPs) and general medical practices may wish to use the complete Forth Valley Formulary or may restrict the number of items further to suit local circumstances.

Using the Formulary

Medicines are presented according to the BNF classification. This enables the formulary to be used in conjunction with the current BNF, which prescribers are asked to use as their primary reference source for information regarding dosages, contra-indications and adverse reactions. Generally, formulations and strengths of preparations have been omitted to allow flexibility of prescribing, except when a particular formulation is not approved. Drugs are referred to throughout by generic name, with some exceptions. Where proprietary names are given, this indicates either a compound product or a product with unique characteristics and no substitutions should be made. Some brief prescribing points have been added and have been reviewed by general practitioners and specialists working together.

Formulary Management

The printed version of the formulary will be updated annually at the start of August to respond to the outcome of the Scottish Medicines Consortium assessment of new drugs and local requirements, as discussed and reviewed by the New Drugs Sub Group of the ADTC following assessment by the SMC. The formulary is also available on the NHS Forth Valley intranet and this electronic version will be updated after each New Drugs Meeting.

The formulary process is quite separate from any licensing restriction which might apply, details of which can be found in the BNF or Summary of Product Characteristics. The final decision on the formulary status of a new drug is made by the ADTC. Throughout the year, ADTC decisions of formulary amendments will be routinely communicated to Drug and Therapeutics Committees and Prescribing Groups, CHPs and general practitioners via ADTC News bulletin.

There is an area wide process for requesting drugs for inclusion in the Forth Valley Formulary. This involves the requestor completing a New Drugs Proforma available within electronic versions of the Formulary at the following link.

 $\frac{\text{http://www.nhsforthvalley.com/}}{\text{documents/qi/ce guideline prescribing/Formulary-and-non-formulary-request-processes.pdf}}$

Completed forms for Primary Care to be submitted to Primary Care Pharmacy Services, Ground Floor, Falkirk Community Hospital, Westburn Avenue, Falkirk, FK1 5QE and Acute forms submitted to Pharmacy Department, Forth Valley Royal Hospital.

Scottish Medicines Consortium (SMC)

The remit of the Scottish Medicines Consortium (SMC) is to provide advice to the NHS Boards and their Area Drug and Therapeutics Committees (ADTCs) across Scotland about the status of all newly licensed medicines, all new formulations of existing medicines and any major new indications for established products. Locally the process for considering SMC recommendations has been finalised and and can be found on the following link http://www.nhsforthvalley.com/documents/qi/ce_guideline_prescribing/Formulary-and-non-formulary-request-processes.pdf

Prescribers will be updated via the ADTC News bulletin and the formulary web site.

The ADTC advises prescribers <u>not</u> to prescribe any drug that has been rejected by SMC or has not been considered by SMC unless there is evidence to justify prescribing in the light of particular circumstances of an individual patient.

Where a medicine is not recommended for use by the Scottish Medicines Consortium (SMC) for use in NHS Scotland, including those medicines not recommended due to non-submission, this will be noted by the Area Drug and Therapeutics Committee New Drug Sub Group and the medicine will not be added to the NHS Forth Valley Joint Formulary.

Where a medicine that has not been accepted by the SMC or NHS HIS following their appraisal on clinical and cost-effectiveness, there is a **Individual Patient Treatment Request (IPTR)** process which provides an opportunity for clinicians i.e. hospital Consultants or General Practitioners to pursue approval for prescribing, on a "case by case" basis for individual patients.

A copy of this policy can be found at the Pharmacy page on the Intranet on the following link: http://www.nhsforthvalley.com/__documents/qi/ce_guideline_prescribing/individualpatienttreatmentrequestprocess.pdf

Full details of all drugs that have been considered by the SMC can be found on their website http://www.scottishmedicines.org.uk/

NICE guidance

NHS Quality Improvement Scotland (NHS QIS) reviews NICE (National Institute for Health and Clinical Excellence) Multiple Technology Appraisal (MTA) and decides whether the recommendations should apply in Scotland.

Where NHS QIS decides that an MTA should apply in Scotland, the NICE guidance supersedes SMC advice. Unlike the SMC process, MTAs examine a disease area or a class of drugs and usually contain new evidence gathered after the launch of drugs or new economic modelling.

SMC is the source of advice for Scotland on new drug therapies and the NICE Single technology Appraisal (STA) process therefore has no status in Scotland. If a NICE STA endorses a drug that was not recommended by the SMC, it is open to the manufacturers to resubmit the drug to SMC with new evidence.

This information is reviewed by the New Drugs Sub Group on a routine basis.

Paediatric Declaration

Children, and in particular neonates, differ from adults in their response to drugs. Pharmacokinetic changes in childhood are important and have a significant influence on drug absorption, distribution, metabolism and elimination and need to be considered when choosing an appropriate dosing regimen for a child. Where possible, children and neonatal medications should be prescribed within the terms of the product licence (market authorisation). However, many children may require medicines not specifically licensed for paediatric use.

Recommendations have been drawn up by the Standing Committee on Medicines, a joint committee of the RCPCH and the Neonatal and Paediatric Pharmacists Group on the use of medicines outwith their product licence. The recommendations are:

- Those who prescribe for a child should choose the medicine which offers the best prospect of benefit for that child, with due regard to cost
- The informed use of some unlicensed medicines or licensed medicines for unlicensed applications is necessary in paediatric practice
- Health professionals should have ready access to sound information on any medicine they
 prescribe, dispense or administer, and its availability
- In general, it is not necessary to take additional steps, beyond those taken when
 prescribing licensed medicines, to obtain the consent of parents, carers and child patients
 to prescribe or administer unlicensed medicines or licensed medicines for unlicensed
 applications
- NHS Forth Valley and Health Authorities should support therapeutic practices that are advocated by a respectable, responsible body of professional opinion

Forth Valley Formulary should not be used in isolation when prescribing medications for children/neonates. It is recommended that Medicines for Children (a Royal College of Paediatric & Child Health Publication) is used where possible or the Childrens BNF or BNF. For neonates e.g. in SCBU, the relevant formularies available on the ward should be used. Many of the drugs stated in the formulary will be used in paediatrics but not at the dosages stated.

In addition sugar free medicines should be used as much as possible when prescribing in children/neonates.

Website

An Adobe® Acrobat® version of the formulary can be found on the Forth Valley Pharmacy Services intranet site at the following address:

http://staffnet.fv.scot.nhs.uk/index.php/a-z/pharmacy/

The web-based version of the formulary will be updated after each ADTC meeting and will represent the most up to date version at any point in time.

Formulary Status

The formulary is intended for use across both primary and secondary care. The key for use has been agreed as follows:

GPs should not normally be expected to prescribe non-formulary drugs on the recommendation of hospital specialists unless sound clinical reasons are given in writing. If this does not happen, the GP can contact the specialist concerned. This requirement also extends to patients attending outpatient clinics.

Appeals

If a drug has been omitted from the formulary, and a consultant or GP maintains that such an omission could compromise patient care, the case for formulary inclusion can be reconsidered. Appeals against any formulary decisions should be made with full supporting evidence to the New Drugs Sub Group via the Medicines Information department at Forth Valley Royal Hospital. Final decisions on appeals are taken by the ADTC.

Non-formulary drug supply

In exceptional clinical circumstances a non-formulary medicine may be required for a particular patient. For certain non-formulary drugs which are being continuously monitored and for recent non-formulary decision this will require completion of a non-formulary request form by the consultant or clinical pharmacist for all hospital initiated non-formulary drugs.

Within primary care, it would be expected that the majority of prescribing would be from formulary choices.

Non-formulary drug use is reviewed by Drug and Therapeutics Committees, and thereafter by the ADTC.

An example of the Non-formulary request form has been included. This is available within the electronic version of the Formulary at the following link

http://www.nhsforthvalley.com/_documents/qi/ce_guideline_prescribing/Formulary-and-non-formulary-request-processes.pdf

Guidance on prescribing

Local and National Guidance

The appendices of this formulary include Primary Care, Secondary Care and area-wide Forth Valley Guidelines. Where national guidance is applicable references to web addresses have been included (as links in the electronic version). Prescribers are reminded that the electronic document is a dynamic document, which will be updated after each New Drugs Sub Group meeting. Similarly local and national guidance is continually updated and may influence prescribing. Some useful web addresses are included below to provide access to the latest national guidelines:

British Hypertension Society http://www.bhsoc.org/

British Thoracic Society http://www.brit-thoracic.org.uk/

National Institute for Health and Clinical Excellence http://www.nice.org.uk/

Scottish Intercollegiate Guidelines Network http://www.sign.ac.uk/

In hospitals

A Medicines Code of Practice is in existence within Forth Valley Royal Hospital that gives guidance on the writing of prescriptions and the safe and secure handling of medicines.

Combination products

Please note: Whenever possible prescribe individual drug components rather than a fixed ratio combination as it allows flexibility of dosing and is usually more cost effective.

Unlicensed Medicines

The New Drugs Sub Group is aware of several preparations being used out-with their licences, and some of these have been included within the formulary. Prescribers can still obtain unlicensed preparations in the same manner as they did prior to the launch of the Formulary.

In primary care, prescribers should note that if prescribing a preparation for an unlicensed indication, the liability for its use lies with the prescriber.

Therapeutic drug monitoring

Guidelines on therapeutic drug monitoring for antibiotics and other drugs can be found in Appendix 5.

Advice

Information and advice on medicine use is available from your local community pharmacist, Medicine Information Centre, Prescribing Support Team, practice or clinical pharmacist.

Feedback

The success of the formulary depends on feedback from the users and is most welcome. The formulary will be updated regularly.

Chapter	/Section/Drug	Primary	Care	Acute
		CHPs	Mental Health Specialties	Services
1 1.1	Gastro-intestinal System Dyspepsia and Gastro-oesophageal R	Reflux Diseas	e	
Comment	Forth Valley Dyspepsia Management Guidelines. http://www.qifv.scot.nhs.uk/CE_ClinicalGuidelines	200		
1.1.1	Aluminium and Magnesium containing at			
	Co-magaldrox	✓	✓	✓
	Altacite Plus®	✓	✓	✓
Comment	Maalox® is the contract product for supply in Second formulation and is more cost-effective in Primary of the cost-effective in Prim		cogel® has the	same
1.1.2	Other drugs for dyspepsia and GORD Acidex®	✓	✓	✓
	Gaviscon Advance® (2 nd Line)	✓	✓	✓
	Peptac® (1st Line)	✓	✓	✓
	Infant Gaviscon®	✓	✓	✓
1.2	Antispasmodics and other drugs alter	rina aut moti	litv	
	Mebeverine (not MR preparation) (1 st Line)	√ v	y ✓	✓
	Hyoscine Butylbromide (2 nd Line)	✓	+	✓
	Dicycloverine [Dicyclomine]	✓	✓	+
	Peppermint Oil	✓	•	•
	Metoclopramide (Refer to <u>Drug Safety</u> Update August 2013)	✓	✓	✓
	Domperidone (Refer to MHRA Safety Update May 2014-risks-of-cardiac- side-effects	✓	✓	✓
1.3	Ulcer-healing Drugs			
1.3.1	H2-receptor antagonists	,	,	,
	Ranitidine	→	~	-
1.3.3	Chelates and complexes Sucralfate	\	\$	✓
1.3.5	Proton pump inhibitors			
	Omeprazole Capsules (1st Line)	✓	✓	✓
	Lansoprazole Capsules (2 nd Line)	✓	✓	✓
	Esomeprazole (Restricted to specialist recommendation on	+ ly within FV au	 	✓
	Esomeprazole (I.V.) [Nexium I.V.®]	,		✓
	Pantoprazole (I.V.)			✓
1.4	Antidiarrhoeal Drugs			
1.4.1	Absorbents and bulk-forming drugs Methylcellulose Tablets (see section 1.6.1)	✓	✓	✓
1.4.2	Antimotility drugs			
_	Codeine Phosphate	✓	✓	✓
	Loperamide (High doses used in Short bowel patients)	✓	✓	✓
Comment	Prevention of electrolyte depletion and replaceme diarrhoea. Oral rehydration therapy is listed in secterm use due to CNS side effects and dependence	ction 9.2. Codeir		

Chapter	/Section/Drug	Primary Care Mental CHPs Health Specialties		00,7,000	
1.5	Chronic Bowel Disorders				
1.5.1	Aminosalicylates				
	Balsalazide Sodium	+	<u> </u>	✓	
	Mesalazine	+	+	✓	
	Sulfasalazine [Sulphasalazine]	+	+	✓	
Comment	Biologic therapies can only be prescribed by consult	ant gastroente	erologist		
1.5.2	Corticosteroids Prednisolone (Budenofalk®/Predenema®/Predsol®)	+	+	✓	
1.5.3	Drugs affecting the immune response				
	Azathioprine	•	+	✓	
	Ciclosporin	+	+	✓	
	Mercaptopurine	•	•	-	
	Methotrexate		•		
		<u> </u>	<u> </u>		
	Adalimumab	+	+	•	
	Infliximab	+	+	✓	
Comment	Consultant Gastroenterologist initiation only				
1.6	Laxatives				
Comment	Please refer to the relevant Constipation Manage http://www.qifv.scot.nhs.uk/CE_ClinicalGuidelines.as		nes		
1.6.1	Bulk-forming laxatives Ispaghula Husk (2 nd Line)	✓	✓	✓	
	Methylcellulose Tablets (use in diarrhoea)	✓	✓	✓	
1.6.2	Stimulant laxatives				
	Bisacodyl	✓	✓	✓	
	Docusate (Norgalax Micro-enema®) - For midwife initiation only	•	+	✓	
	Glycerol	✓	✓	✓	
	Senna	✓	✓	✓	
	Co-danthramer (terminal care only)	✓	✓	✓	
1.6.4	Osmotic Laxatives				
	Laxido®	✓	✓	✓	
	Laxido Paediatric®	✓	✓	✓	
Comment	Prolonged use is not recommended.				
	Lactulose (1 st Line)	✓	✓	✓	
Comment	Lactulose may take up to 48 hours to act and is there for "prn" prescribing.	efore unsuitable	le for relief of acute	e symptoms an	
	Fleet® Ready-to-use Enema	✓	✓	✓	
	Phosphate enema	✓	✓	✓	
	Sodium Citrate Enema (Micralax®)	✓	✓	✓	
1.6.5	Bowel cleansing solutions				
	Moviprep®			✓	
	Picolax®			✓	
1.6.7	5HT ₄ -receptor agonists and guanylate cyc	lase-C rece	ptor agonists		
	Linaclotide(Restricted to SMC Guidance)	✓	✓	✓	
1.7	Preparation for Haemorrhoids				
	Anusol® Cream	✓	✓	✓	
	Anusol® Suppositories	✓	✓	✓	
	Anusol HC® Ointment	✓	✓	✓	
	7 11 14 15 17 17 17 17 17 17 17 17 17 17 17 17 17				
	Anusol HC® Suppositories	 	+	✓	

Chapter	/Section/Drug	Primar	y Care	Acute
		CHPs	Mental Health Specialties	Services
	Uniroid – HC® Ointment	✓	✓	√
	Uniroid – HC® Suppositories	✓	✓	✓
Comment	Uniroid - HC ® 1st line if steroid containing preparation preparations are not 1st line and should only be used			teroid
	Xyloproct® Ointment	✓	✓	✓
	Lidocaine [lignocaine] Gel (see section 15.2))		✓
1.8	Stoma Care			
Comment	Specialist advice - contact Stoma Care Nurse.			
1.9	Drugs affecting intestinal secretions			
1.9.1	Drugs acting on the gall bladder			
	Ursodeoxycholic Acid	 	+	✓
1.9.2	Bile acid sequestrants			
	Colestyramine	+	+	✓
	Colestipol	+	+	✓
1.9.4	Pancreatin			
	Pancrex®	 	+	✓
	Pancrex V®	+	+	✓
	Creon®	+	+	✓
Comment	Specialist Consultant recommendation.			

Chapter	/Section/Drug	Primary	Care	Acute	
		CHPs	Mental Health Specialties	Services	
2	Cardiovascular System				
Comment	For Hypertension guidance, Please refer to NIC http://guidance.nice.org.uk/CG127 and the Briti			c.org	
2.1	Positive inotropic drugs Digoxin DigiFab®	✓	✓	√	
2.2 2.2.1	Diuretics Thiazides and related diuretics Bendroflumethiazide [Bendrofluazide]	*	4	✓	
	Indapamide (1 st Line)	✓	✓	✓	
2.2.2	Metolazone Loop Diuretics Furosemide [Frusemide] (1st Line)	<u>+</u> ✓	<u>+</u> ✓	√	
	Bumetanide (2 nd Line)	<u>,</u>	· ·	<u> </u>	
Comment	Although the efficacy of burnetanide is the same prescribe in Primary Care. It should therefore by		is much more ex	pensive to	
2.2.3	Potassium-sparing diuretics				
	Spironolactone (1 st Line)	✓	√	√	
2.2.4	Eplerenone (2 nd Line) Potassium-sparing diuretics with other of Co-amilofruse	diuretics	✓	✓	
Comment	Please specify strength of Co-amilofruse.				
2.2.5	Osmotic Diuretics Mannitol			4	
Comment	Diuretics should be prescribed separately excep where combination products may be indicated. Potassium containing diuretic combinations: The supplementation. For those patients who may re diuretics should be used. Potassium containing potassium to match the patients' requirements as	majority of patient equire potassium si diuretics do not co	s do not require pupplements, pota	ssium-sparing mounts of	
2.3	Anti-arrhythmic Drugs				
2.3	Verapamil (see section 2.6) Amiodarone		ology recomme		
	Dronedarone (Multag®)		ology recomme		
	Propafenone		ology recomme		
	Lidocaine [Lignocaine]			✓	
	Disopyramide	Cardio	logy recomme	endation	
	Adenosine			✓	
	Flecainide	Cardio	logy recomme	endation	
2.4	Beta-Blockers Propranolol (see section 4.1.2)	J	1	1	
	Atenolol	,	,	,	
	Bisoprolol (1 st Line)	·	<u>·</u>	· /	
	Carvedilol	Cardio	logy Recomm	endation	
	Esmolol (I.V. for arrythmia)			✓	
	Labetalol	Cardiol	ogy Recomme	endation	
	Metoprolol Nebivolol (2 nd Line)	✓	logy Recomm		

Chapter	/Section/Drug	Primar	y Care	Acute
		CHPs	Mental Health Specialties	Services
2.5	Drugs affecting the renin-angiotensin s	ystem and	some other	
2.5.1	antihypertensive drugs Vasodilator antihypertensive drugs			
2.0.1	Riociguat f/c tablets (Adempas®)-	•	•	
	initiated by a tertiary centre	Ψ	•	•
	Macitentan (Opsumit®)	-	•	✓
	Hydralazine	+	•	✓
	Sildenafil (Revatio®) – (Paediatrics –	•	•	✓
	Continuation of treatment from tertiary cer	ntres)		
2.5.2	Centrally acting antihypertensive drugs	,		
	Methyldopa	+	+	✓
2.5.4	Alpha-adrenoceptor blocking drugs			
	Doxazosin (Not M/R)	✓	✓	✓
2.5.5.1	Angiotensin-converting enzyme inhibitors			
	Lisinopril	✓	✓	✓
	Ramipril	✓	✓	✓
	Perindopril	✓	✓	✓
2.5.5.2	Angiotensin-II receptor antagonists			
	Candesartan (1st Line)	✓	✓	✓
	Irbesartan	✓	✓	✓
	Losartan	✓	✓	✓
	Sacubitril/valsartan (Entresto®) -as	-	•	✓
	per local guidance			
-	Valsartan (2 nd Line)	✓	✓	✓
Comment	Evidence base is changing in this area and will be	kept under revi	ew.	
2.6	Evidence base is changing in this area and will be Nitrates, Calcium channel blockers, and	kept under revi d Potassium	ew. n-channel act	ivators
	Evidence base is changing in this area and will be Nitrates, Calcium channel blockers, and Products marked with an * are available as both sta preparations. Sustained release preparations may and may not have the same bioavailabilities, theref brand name (the locally recommended brands are	cept under review of Potassium and ard release be produced by ore, these produced by the second seco	ew. 1-channel act and sustained re y many different r ducts should be p	ivators lease manufacturers rescribed by
2.6 Comment	Evidence base is changing in this area and will be Nitrates, Calcium channel blockers, and Products marked with an * are available as both sta preparations. Sustained release preparations may and may not have the same bioavailabilities, theref brand name (the locally recommended brands are be prescribed generically.	cept under review of Potassium and ard release be produced by ore, these produced by the second seco	ew. 1-channel act and sustained re y many different r ducts should be p	ivators lease manufacturers rescribed by
2.6	Evidence base is changing in this area and will be Nitrates, Calcium channel blockers, and Products marked with an * are available as both sta preparations. Sustained release preparations may and may not have the same bioavailabilities, thereform brand name (the locally recommended brands are be prescribed generically. Nitrates	Mept under review of Potassium andard release be produced by ore, these processpecified). Star	ew. 1-channel act and sustained re y many different r ducts should be p	ivators lease manufacturers rescribed by eparations may
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2.6 Comment	Evidence base is changing in this area and will be Nitrates, Calcium channel blockers, and Products marked with an * are available as both ste preparations. Sustained release preparations may and may not have the same bioavailabilities, there brand name (the locally recommended brands are be prescribed generically. Nitrates Glyceryl Trinitrate Patches not recommended due to tolerance probler	kept under revide Potassium andard release be produced by ore, these procespecified). Star	ew. n-channel act and sustained re y many different r ducts should be p ndard release pre	ivators lease manufacturers rescribed by eparations may
2.6.1 Comment	Evidence base is changing in this area and will be Nitrates, Calcium channel blockers, and Products marked with an * are available as both ste preparations. Sustained release preparations may and may not have the same bioavailabilities, theref brand name (the locally recommended brands are be prescribed generically. Nitrates Glyceryl Trinitrate Patches not recommended due to tolerance probler Isosorbide Mononitrate	kept under revi	ew. n-channel act and sustained re y many different r ducts should be p ndard release pre	ivators lease manufacturers rescribed by eparations may
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2.6.1 Comment	Evidence base is changing in this area and will be Nitrates, Calcium channel blockers, and Products marked with an * are available as both ste preparations. Sustained release preparations may and may not have the same bioavailabilities, theref brand name (the locally recommended brands are be prescribed generically. Nitrates Glyceryl Trinitrate Patches not recommended due to tolerance probler Isosorbide Mononitrate Calcium-channel blockers Diltiazem * (Tildiem LA® & Retard®)	rept under revi	ew. n-channel act and sustained re y many different r ducts should be p ndard release pre	ivators lease manufacturers rescribed by pparations may
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Chapter	/Section/Drug	Primary	Care	Acute
		CHPs	Mental Health Specialties	Services
2.7.3	Cardiopulmonary resuscitation Adrenaline[Epinephrine]			✓
2.8	Anticoagulants and Protamine			
2.8.1	Parenteral anticoagulants			
	Heparin Enoxaparin			
	Argatroban Monohydrate			· ·
	Fondaparinux sodium inj. (to be used w	ith guidance)		✓
2.8.2	Oral anticoagulants	January .		
	Warfarin (First Line for AF)	✓	✓	✓
	Phenindione			✓
	Apixaban – (follow SMC guidance)	•	•	✓
	Rivaroxaban (First Line for DVT & PE)			
	Rivaroxaban (Second Line for AF) – refer to full guidance	 	 	∀
	Rivaroxaban for Stroke Prevention in Atrial	Fibrillation		
	Rivaroxaban will be second line and remain according a control defined as an INF in target in Apixaban and Dabigatran are alternative agents have been prescribed for a patient from another Rivaroxaban, Apixaban and Dabigatran should canticoagulation would not prelude the use of war	range on <60% of that should be con Health Board. only be considered	readings). ntinued in Forth	Valley if they
2.8.3	Protamine			√
2.9	Antiplatelet Drugs			
	Aspirin	✓	✓	√
	Clopidogrel	stent ⊕	✓	√
	Prasugrel – (For clopidogrel intolerance, s thrombosis on clopidogrel or for continua- of therapy recommended by tertiary centre	tion	₩	•
	Ticagrelor - Specialist initiation only	+	+	✓
Comment	Ticagrelor – Continuation of treatment initiated i - ACS patients intolerant of clopidog - Stent thrombosis while on clopidog - Consultant cardiologist initiation fo	rel grel		nins
	Tirofiban			✓
2.10	Fibrinolytics			
	Alteplase (For Ischaemic Stroke & For	Life Threatenin	ng P.E)	✓
	Tenecteplase (For ST Elevation M.I.)			✓
2.11	Antifibrinolytics	✓	,	,
	Tranexamic Acid	~	✓	*
	Etamsylate [Ethamsylate]			V
2.12	Lipid-regulating Drugs			
Comment	Ensure that statins and ezetimibe are prescribed Guidelines			
	Bezafibrate (2 nd Line)	•	+	✓
	Fenofibrate (Lipantil®) (1st Line)	+	+	
<u> </u>	Atorvastatin	√	✓	✓
Comment	Chewable Atorvastatin tablets not to be prescr	ibed ✓		
	Prayastatin	→	*	<u> </u>
	Rosuvastatin (limited indications, see Forth Valley Guideline	✓	∀	*
	Simvastatin (1 st Line)	✓	✓	✓
	Evolocumab	•	•	✓

Chapter	/Section/Drug	Primar	y Care	Acute			
		CHPs	Mental Health Specialties	Services			
	Ezetimibe (limited indications, see FV Guidelin	<u>ne</u>	✓	✓			
3	Respiratory System						
Comment	Local guidance is available from the Forth Valley Asi COPD Guidance with links to national guidance (CO		esource <u>Asthma G</u>	<u>uidelines</u> and			
3.1 3.1.1	Bronchodilators Adrenoceptor stimulants Short acting Beta 2 agonists						
	Salbutamol (1 st Line)	✓	✓	✓			
	Terbutaline (2 nd Line)	√	✓	✓			
	Long acting Beta 2 agonists						
	Formoterol Easyhaler(1st Line)	1	✓	✓			
	Indacaterol Breezhaler (2 nd Line)	✓	✓	✓			
	Salmeterol	•	•	•			
Comment	Salmeterol remains formulary for patients already est	ablished on th	is therany	•			
3.1.2	Long acting Antimuscarinic bronchodilators		із пістару				
3.1.2	Incruse Ellipta (1 st line)	'	✓	✓			
	Eklira Genuair (2 nd line)	✓	✓	✓			
	Tiotropium 2.5 microgram solution for inhalation (Spiriva® Respimat®)	✓	✓	✓			
3.1.3	Theophylline Aminophylline Injection			✓			
	Uniphyllin®	✓	✓	✓			
Comment	Different brands of theophylline modified release prepare NOT INTERCHANGEABLE, prescribers should sp						
Combinat	ion bronchodilator preparations Beta ₂ agonists / inhaled corticosteroid						
	Asthma	,	,	1			
0	Fostair® (1 st Line) Fostair® shelf life is 5 months – prescribe appropriate	√	✓				
Comment	Symbicort® (2 nd Line)	e quantities t	o avoid unnecessar	y wastage			
	Flutiform® (2 nd Line)						
	Seretide® (2 nd Line)	·	· ·				
	Relvar Ellipta (Consultant initiation only)	-	•				
	COPD	T	T	<u> </u>			
	Relvar Ellipta 92/22 (1 st line)	1	1	1			
	Fostair 100/6 NEXThaler or MDI(2 nd line)	√	✓	✓			
	Duoresp 320/9 DPI (3 rd line)	✓	✓	✓			
	Beta 2 agonists / antimuscarinic bronchodilator						
	Combivent® nebules	1	✓	✓			
	Long acting beta 2 agonists / antimuscar	inic broncl	hodilator				
	Anoro Ellipta (1 st line)	√	√	1			
	Duaklir Genuair (2 nd line)	· /	<u> </u>	<u>·</u>			
	Long acting antimuscarinic bronchodila	tor	·	<u> </u>			
			,				
	Incruse Ellipta (1 st line) Eklira Genuair (2 nd line)	√	→	✓			

Chapter/Sec	tion/Drug	Primar	y Care	Acute	
		CHPs	Mental Health Specialties	Services	
3.1.5	Peak flow meters, inhaler devices an (Mini-Wright® Adult & Paediatric)	d nebulisers	Peak Flow Met	er •	
	Inhaler spacer device	√	✓	✓	
Comment	Spacer devices are recommended in preferer particularly in young children.	nce to dry powe	der or breath actuat	ed inhalers	
	Emergency Drugs Adrenaline (Epinephrine) Specialist Products Caffeine Citrate	✓	✓	√	
Comment	Caffeine Citrate is the oral xanthine of choice	in neonates			
3.2	Corticosteroids Beclometasone Dipropionate (Clenil Modulite®1st line)	✓	✓	✓	
	Budesonide (2 ^{na} Line)	✓	✓	✓	
	Fluticasone	✓	✓	✓	
	Hydrocortisone IV (See section 6.3.2				
	Prednisolone Oral (See section 6.3.2				
	Other Compound Preparations- See	section B	eta ₂ agonists/ii	nhaled	
-	corticosteroid				
Comment	Refer to Guidance on Issuing Steroid Cards				
3.3 3.3.2	Cromoglicate, related therapy and Leukotriene receptor antagonists	ieukotriene	antagonists		
3.3.2	Montelukast	1	•	1	
3.4	Allergic Disorders	•	,	•	
3.4.1	Antihistamines				
	Cetirizine (1st Line)	✓	✓	✓	
	Loratadine (2 nd Line)	✓	✓	✓	
	Alimemazine [Trimeprazine] (Paediatrics)	✓		✓	
	Chlorphenamine	✓	✓	✓	
	[Chlorpheniramine]				
	Promethazine (Paediatrics)	✓		✓	
Comment	For drugs acting on the nose see section 12.	2			
3.4.2	Allergen Immunotherapy Omalizumab (Xolair®)		Specialist Use	Only	
3.4.3	Allergic emergencies Epipen®	✓	✓	✓	
	Icatibant Injection (Firazyr®)			✓	
3.5	Respiratory Stimulants and Pulmo	nary Surfac	tants		
3.5.2	Pulmonary Surfactants Caffeine base 5mg/ml Sol'n for injec	tion		✓	
	Poractant alfa			✓	
3.7	<i>Mucolytics</i> Carbocisteine (1 st Line)	1	✓	√	
	Mannitol (Bronchitol®) (Continuation of therapy from specialis	ф t centre)	+	✓	
3.11	Antifibrotics Pirfenidone (Specialist Recommendation only)	+	+	✓	

Chapter	/Section/Drug	Primary	Care	Acute
		CHPs	Mental Health Specialties	Services
4 4.1	Central Nervous System Hypnotics & Anxiolytics			
Comment	All sedative hypnotics and anxiolytic products are lic reserved for short courses to alleviate acute conditi- Refer to Guidance on Benzodiazepine Prescribing:	ons after causal	factors have be	en established
4.1.1	Hypnotics		,	,
	Zopiclone (1 st Line) Temazepam (2 nd Line)			→
4.1.2	Anxiolytics		•	•
4.1.2	Diazepam (1 st Line)	1	1	1
	Chlordiazepoxide (use in alcohol detoxificat	tion) 🗸	<u>√</u>	
Comment	Refer to Alcohol Dependence -In-patient Managem Alcohol Dependence-Community Management of A Alcohol Dependence-Maintenance of Abstinence	ent of Alcohol W		
	Lorazepam	✓	✓	✓
Comment	Lorazepam - Short term use only. Shorter acting compounds may be preferred in patigreater risk of withdrawal symptoms.	ents with hepati	c impairment bu	they carry a
	Propranolol (see section 2.4)	√	✓	✓
4.2 4.2.1	Drugs in psychoses and related disorder Antipsychotic Drugs	ers		
Comment:	Refer to Prescribing Guidelines			
	 Emergency Sedation Prescribing Guideline 			
	 Monitoring Guidance for Patients Receiving At 	typical Antipsyc	hotic Therapy	
	Integrated Care Pathway for Schizophrenia			
	Chlorpromazine (1st Line in Primary Care)	✓	✓	✓
	Haloperidol (Baseline ECG Required)	+	✓	√
	Levomepromazine	✓	✓	+
	[Methotrimeprazine] (Palliative Care) Trifluoperazine	•		•
	Zuclopenthixol Dihydrochloride	— ▼		— ▼
	(Clopixol® tabs)	₩	•	Ψ
	Zuclopenthixol Acetate (Clopixol Acuphas	eR)	✓	•
	Amisulpride	\$	<u>·</u>	
	Lurasidone (Latuda®)	•	✓	•
	Aripiprazole	•	✓	+
	Clozapine	+	✓	+
Comment	Clozapine used for treatment resistant schizophren	ia only.		
	Olanzapine	+	✓	\$
	Quetiapine	+	✓	+
	Risperidone	+	✓	+
4.2.2	Antipsychotic Depot Injections			
	Aripiprazole Inj	+	✓	
	Flupentixol Decanoate Inj	•	✓	<u> </u>
	Fluphenazine Decanoate Inj	+	✓	+
		+	✓	+
	Haloperidol Decanoate Inj	<u>-</u>		
	Olanzapine (See protocol for IM use)	•	1	+
	Olanzapine (See protocol for IM use) Paliperidone Inj	+	✓	+
	Olanzapine (See protocol for IM use)	•	•	<u> </u>

Chapter	Chapter/Section/Drug		Care	Acute	
		CHPs	Mental Health Specialties	Services	
4.2.3	Antimanic Drugs				
Comment	Refer to Integrated Care Pathway for Bipolar Diso	<u>rder</u>			
	Carbamazepine	+	✓	+	
	Valproate Semisodium (Depakote®)	 	✓	+	
	bipolar disorder but is not currently licensed for the disorder. It has been agreed by the Forth Valley N following stabilisation of the episode of acute man valproate should be substituted.	ew Drugs Sub G	Froup that if prophy	laxis is needed,	
	Lithium (Priadel® is now 1 st choice of lithium brand prescribed for all new patients started on this medication.)	\$	✓	+	
Comment	Lithium products Priadel® and Camcolit® have dis specified when prescribing. Liquid preparations P bioavailabilities. Refer to Guideline for the Management of Patient	riadel® and Li-L	iquid® also have d	ifferent	

4.3	Antidepressants			
Comment	Refer to Guidance for Mangement for Depression			
4.3.1	Tricyclic and related Antidepressant Drugs			
	Amitriptyline	✓	✓	✓
	Clomipramine	+	✓	+
	Lofepramine	✓	✓	✓
	Trazodone	✓	✓	✓
4.3.2	Monoamine-oxidase Inhibitors Phenelzine (dietary / interaction advice required)	+	✓	+
	Moclobemide	+	✓	+
4.3.3	Selective Serotonin Re-uptake Inhibitors Citalopram	√	✓	✓
	Fluoxetine	✓	✓	✓
	Sertraline	✓	✓	✓
4.3.4	Other Antidepressant Drugs Mirtazapine Venlafaxine	√	√	√
4.4	Central nervous system stimulants	•	•	<u> </u>
4.4	Atomoxetine	+	✓	•
	Dexamfetamine (Not first line)	•	√	•
	Lisdexamfetamine (Not first line)	•	✓	•
	Methylphenidate (1st line)	•	✓	•
Comment	Refer to SMC recommendation on sustained release m preparations. http://www.scottishmedicines.org.uk/	ethylphenida	ate and Atomoxeti	ne
4.5	Drugs used in the treatment of obesity			
	Orlistat (Prescribing in Primary Care Restricted – on the advice of Weight Management Service only	+	+	✓
Comment	To be prescribed in conjunction with NICE guidelines.			

Chapte	Chapter/Section/Drug		y Care	Acute
		CHPs	Mental Health Specialties	Services
4.6	Drugs used in Nausea & Vertigo			
Comment	Choose the correct antiemetic based on the likely cause			
	Haloperidol (palliative care) (see section 4.2)	+	•	✓
	Levomepromazine [Methotrimeprazine]	+	•	✓
	(palliative care) (see section 4.2)	√		
	Cinnarizine	→	→	v
	Cyclizine	*	*	*
	Prochlorperazine (2 nd Line)	-	· · ·	*
	Domperidone (1 st Line) (Refer to Alert	•	•	•
	Safety Update May 2014 Metaplanamida (Pafar ta Drug Safaty			
	Metoclopramide (Refer to <u>Drug Safety</u> <u>Update August 2013</u>)	•	•	•
	Ondansetron (Restricted – oncology & anae	othotica)		
			Scotland Cance	or Notwork
			Scotland Cance	el Network
	Hyoscine Hydrobromide	✓	√	✓
	Betahistine	✓		
4.7	Analgesics			
Comment	Refer to Primary Care Guidance on Use of Oral Analg	esics (Appendi	x 2) and also to Fo	rth Valley
	Palliative Care Guidelines and Specialist Formulary			-
	Refer to Guidance on Pain Management in a Person	with a Substan	ce Misuse Problem	(In-Patient)
4.7.1	Non-opioid Analgesics			
	Paracetamol (1 st Line)	✓	✓	✓
	Co-codamol 8/500	✓		
	Co-codamol 30/500	✓	✓	✓
Comment	N.B. increased opioid side-effects and risk of depende			
	Also, effervescent preparations of compound analges			
	For patients requiring low sodium intake please refer t			Characteristics.
	Refer also to Primary Care Guidance on Use of Oral A		pendix 2) and	
	Acute Pain Service Guideline for In-patient Acute Pair			
Comment	Codeine should only be used to relieve acute moderat			
	it cannot be relieved by other painkillers such as parac			
	significant risk of serious and life-threatening adverse			
	obstructive sleep apnoea who received codeine after Codeine is now contraindicated in all children younger			
	for obstructive sleep apnoea.	man to years	who undergo thesi	e procedures
4.7.2	Opioid Analgesics			
4.7.2	Dihydrocodeine	1	1	1
	Morphine	·		
Comment	Morphine to be used first line over Diamorphine		· ·	
Comment	Diamorphine	✓	1	
	Diamorphine hydrochloride nasal spray			
	(Ayendi®) – Only for use in the emergency s	etting in hos	nital	•
Comment	Ayendi Nasal Spray should be administered in the em			merienced in
Commone	the administration of opioids in children and with appro			(poriorioda iii
	Cyclimorph®	✓	✓	√
	Fentanyl Patch-(Prescribe by brand-Matrifent	3) 🗸	✓	
	Fentanyl		•	
	[Fentanyl Injection for Acute Services refer to	section 15	1 4 31	•
Comment	Fentanyl indicated 3 rd line or if GI absorption issues.			of Scotland
	Chronic Non Malignant Pain Opioid Prescribing Guide			
	Fentanyl Patch indicated for patient with severe pain		difficulties or intra	ctable nausea
	and vomiting. (SIGN 106 - Control of Pain in Adults	withCancer) &	Forth ValleyPallia	tive Care
	Guidelines and Specialist Formulary. Refer to manufa			
	transdermal route conversion ratios vary, so should b	e used only as	an initial approxim	
	West of Scotland Chronic Non Malignant Pain Opioid	Prescribing Gu	<u>uideline</u>	

Chapte	hapter/Section/Drug	Primary Care		Acute	
		CHPs	Mental Health Specialties	Services	
	ne (Restricted use in patients intolerant to Morphi		+	✓	
	ne) Refer to West of Scotland Chronic Non Malignant				
	Guideline & Forth ValleyPalliative Care Guidelines and				
Comment	To convert oral morphine to oral oxycodone divide total				
	the total dose of oxycodone in 24 hours. No advantag renal impairment, refer to West of Scotland Chronic N				
4.7.3	Neuropathic Pain	von Mangnan	t Pain Opiolo Preso	inding Guideline	
4.7.5	Amitriptyline-unlicensed [see section 4.8] (1st	l ine) 🗸		✓	
	Gabapentin [see section 4.8] (2 nd Line)	<u>√</u>	✓	·	
	Pregabalin		✓	√	
	Duloxetine [see section 7.4.2]	•	•	√	
	(SMC advice, restricted to initiation by prescribe diabetic peripheral neuropathic pain as 2 nd or 3 rd	rs experience	ced in the manag	ement of	
Comment	Refer to Local Neuropathic Pain Guidelines (Appendi	<u>x 3)</u>			
	Carbamazepine (see section 4.8)	✓	✓	✓	
	Sodium Valproate (see section 4.8)	✓	✓	✓	
4.7.4	Antimigraine Drugs				
	Sumatriptan (1 st Line)	√	<u> </u>	<u> </u>	
	Rizatriptan		<u> </u>	<u> </u>	
	Pizotifen		✓	✓	
4.8	Topiramate (Initiation by specialists) Antiepileptics	 	+	*	
4.8.1	topiramate and SIGN guideline No 70 "Diagnosis and Control of Epilepsy	Management	t of Epilepsy in Adu	ılts"	
	Carbamazepine	•	✓	✓	
	Gabapentin	+	✓	✓	
	Pregabalin	•	✓	✓	
	Lamotrigine (1st Line in women of child bearing potential)	+	✓	✓	
	Levetiracetam (2 nd Line)	•	✓	✓	
Comment	Lamotrigine and Levetiracetam 1st Line in obstetric e	pilepsy			
	Phenobarbital [Phenobarbitone](Paediatrics)	+		✓	
	Phenytoin	+	✓	✓	
	Retigabine (for specialist use only)	+	+	✓	
	Rufinamide (for specialist use only)	•	<u> </u>	· ·	
	Zonisamide (for specialist use only)	-	<u> </u>	· ·	
	Lacosamide (for specialist use only)	•		· /	
	Topiramate (under specialist supervision)	•	<u>·</u>	✓	
	Sodium Valproate (1st Line)	•	✓	✓	
	Clobazam	•	+	✓	
	Clonazepam	 	•	✓	
Comment 4.8.2	Many antiepileptic products are available as generic put therefore, not interchangeable. It is recommended that continuity of supply. Drugs used in Status Epilepticus				
- 1.0.∠	Diazepam (rectal)	✓	✓	✓	
	Diazemuls®	<u>√</u>	· •	<u>·</u>	
	Lorazepam I.V. (1 st Line)			✓	

Chapter	/Section/Drug	Primary	/ Care	Acute
		CHPs	Mental Health Specialties	Services
	m,oromucosal sol'n (Buccolam®) ee by brand)	+	✓	✓
Comment	While Buccolam® is only licensed in paediatric product in all new patients including adults.	s, the New Drugs Gr	oup supports the	use of this
Phenytoin	I.V. (2 nd Line)			✓
Comment	Refer to Acute Phenytoin Loading Guidelines (/	Appendix 4)		
1.9	Drugs used in Parkinsonism and rel	ated disorders		
1.9.1	Dopaminergic Drugs used in Parkinsor	nism		
	Apomorphine Refer to Clinic	for Specialist Co	nsultant Recomi	mendation
	Entacapone Refer to Clinic	for Specialist Co	nsultant Recom	mendation
	Madopar® Refer to Clinic	for Specialist Co	nsultant Recom	mendation
	Pramipexole Refer to Clinic	c for Specialist Co	nsultant Recom	mendation
		c for Specialist Co		
	Rotigotine Patch	Specialist Initia		
	Sinemet®	✓	<i>√</i>	✓
	Duodopa®	<u> </u>	· ·	· ·
	Selegiline	•	<u>, </u>	
	Stalevo®	<u> </u>	<u> </u>	,
			ion Only	
	Amantadine	Specialist Initiat		
Comment	Ideally patients should be referred to a special		ith any dopamine	rgic arug.
4.9.2	Antimuscarinic Drugs used in Parkinso	nism	,	,
	Orphenadrine	₩	<u> </u>	
	5 ""			
Comment	Procyclidine Anticholineraics should only be initiated in Park	inson's Disease on	specialist recomm	endation
Comment	Procyclidine Anticholinergics should only be initiated in Park	inson's Disease on	specialist recomm	endation
Comment				endation
	Anticholinergics should only be initiated in Park			endation
	Anticholinergics should only be initiated in Park Drugs used in Essential Tremor, Chore Propranolol (see section 2.4)	ea, Tics and Rela ✓	ated Disorders	endation
	Anticholinergics should only be initiated in Park Drugs used in Essential Tremor, Chore Propranolol (see section 2.4) Primidone (on specialist recommendatio	ea, Tics and Rela ✓	ated Disorders	endation
	Anticholinergics should only be initiated in Park Drugs used in Essential Tremor, Chore Propranolol (see section 2.4) Primidone (on specialist recommendatio Botulinum Toxin Type A (Xeomin®)	ea, Tics and Rela ✓	ated Disorders	endation
1.9.3	Anticholinergics should only be initiated in Park Drugs used in Essential Tremor, Chore Propranolol (see section 2.4) Primidone (on specialist recommendatio Botulinum Toxin Type A (Xeomin®) Botulinum Toxin Type A (Dysport®)	ea, Tics and Rela	ated Disorders	endation
i.9.3	Anticholinergics should only be initiated in Park Drugs used in Essential Tremor, Chore Propranolol (see section 2.4) Primidone (on specialist recommendatio Botulinum Toxin Type A (Xeomin®) Botulinum Toxin Type A (Dysport®) Drugs used in Substance Dependent	ea, Tics and Rela	ated Disorders	endation
1.9.3	Anticholinergics should only be initiated in Park Drugs used in Essential Tremor, Chore Propranolol (see section 2.4) Primidone (on specialist recommendatio Botulinum Toxin Type A (Xeomin®) Botulinum Toxin Type A (Dysport®) Drugs used in Substance Dependent See Section 4.1.2 and Refer to links	ea, Tics and Rela	ated Disorders	√ √ √ √
i.9.3	Anticholinergics should only be initiated in Park Drugs used in Essential Tremor, Chore Propranolol (see section 2.4) Primidone (on specialist recommendatio Botulinum Toxin Type A (Xeomin®) Botulinum Toxin Type A (Dysport®) Drugs used in Substance Dependent See Section 4.1.2 and Refer to links Alcohol Dependence -In-patient Management	ea, Tics and Relative in the control of Alcohol Withdraw	ated Disorders	✓ ✓ ✓
i.9.3	Anticholinergics should only be initiated in Park Drugs used in Essential Tremor, Chore Propranolol (see section 2.4) Primidone (on specialist recommendatio Botulinum Toxin Type A (Xeomin®) Botulinum Toxin Type A (Dysport®) Drugs used in Substance Dependen See Section 4.1.2 and Refer to links Alcohol Dependence -In-patient Management Management of Alcohol Withdrawal & Alcoho	ea, Tics and Relative in the second in the s	ated Disorders	✓ ✓ ✓ • • • • • • • • • • • • • • • • •
i.9.3	Anticholinergics should only be initiated in Park Drugs used in Essential Tremor, Chore Propranolol (see section 2.4) Primidone (on specialist recommendatio Botulinum Toxin Type A (Xeomin®) Botulinum Toxin Type A (Dysport®) Drugs used in Substance Dependent See Section 4.1.2 and Refer to links Alcohol Dependence -In-patient Management Management of Alcohol Withdrawal & Alcohol Acamprosate	ea, Tics and Relation (1) to the control of Alcohol Withdraw I Dependence – Ma	ated Disorders	✓ ✓ ✓ dence-Communi nence
i.9.3	Anticholinergics should only be initiated in Park Drugs used in Essential Tremor, Chore Propranolol (see section 2.4) Primidone (on specialist recommendatio Botulinum Toxin Type A (Xeomin®) Botulinum Toxin Type A (Dysport®) Drugs used in Substance Dependent See Section 4.1.2 and Refer to links Alcohol Dependence -In-patient Management Management of Alcohol Withdrawal & Alcohol Acamprosate Nicotine Products	ea, Tics and Relation (1) to the control of Alcohol Withdraw (1) Dependence – Ma	ated Disorders	✓ ✓ ✓ • • • • • • • • • • • • • • • • •
i.9.3	Anticholinergics should only be initiated in Park Drugs used in Essential Tremor, Chore Propranolol (see section 2.4) Primidone (on specialist recommendatio Botulinum Toxin Type A (Xeomin®) Botulinum Toxin Type A (Dysport®) Drugs used in Substance Dependent See Section 4.1.2 and Refer to links Alcohol Dependence -In-patient Management Management of Alcohol Withdrawal & Alcohol Acamprosate Nicotine Products Varenicline	ea, Tics and Relation n) ce of Alcohol Withdraw I Dependence – Ma v v	al, Alcohol Deperintenance of Absti	✓ ✓ ✓ dence-Communi nence
i.9.3	Anticholinergics should only be initiated in Park Drugs used in Essential Tremor, Chore Propranolol (see section 2.4) Primidone (on specialist recommendatio Botulinum Toxin Type A (Xeomin®) Botulinum Toxin Type A (Dysport®) Drugs used in Substance Dependent See Section 4.1.2 and Refer to links Alcohol Dependence -In-patient Management Management of Alcohol Withdrawal & Alcohol Acamprosate Nicotine Products	ea, Tics and Relation (1) to the control of Alcohol Withdraw (1) Dependence – Ma	ated Disorders	✓ ✓ ✓ dence-Communi nence
i.9.3	Anticholinergics should only be initiated in Park Drugs used in Essential Tremor, Chore Propranolol (see section 2.4) Primidone (on specialist recommendatio Botulinum Toxin Type A (Xeomin®) Botulinum Toxin Type A (Dysport®) Drugs used in Substance Dependent See Section 4.1.2 and Refer to links Alcohol Dependence -In-patient Management Management of Alcohol Withdrawal & Alcohol Acamprosate Nicotine Products Varenicline	ea, Tics and Relation (No. 1)	al, Alcohol Deperintenance of Absti	✓ ✓ ✓ dence-Communi nence
1.10 Comment	Anticholinergics should only be initiated in Park Drugs used in Essential Tremor, Chore Propranolol (see section 2.4) Primidone (on specialist recommendatio Botulinum Toxin Type A (Xeomin®) Botulinum Toxin Type A (Dysport®) Drugs used in Substance Dependent See Section 4.1.2 and Refer to links Alcohol Dependence -In-patient Management of Alcohol Withdrawal & Alcoho Acamprosate Nicotine Products Varenicline Bupropion Refer to FV Smoking Guideline http://www.gifv	ea, Tics and Relation (No. 1)	al, Alcohol Deperintenance of Absti	✓ ✓ ✓ dence-Communi nence
1.10 Comment	Anticholinergics should only be initiated in Park Drugs used in Essential Tremor, Chore Propranolol (see section 2.4) Primidone (on specialist recommendatio Botulinum Toxin Type A (Xeomin®) Botulinum Toxin Type A (Dysport®) Drugs used in Substance Dependen See Section 4.1.2 and Refer to links Alcohol Dependence -In-patient Management of Alcohol Withdrawal & Alcohol Acamprosate Nicotine Products Varenicline Bupropion Refer to FV Smoking Guideline http://www.qifv Disulfiram	ea, Tics and Relation n) tree of Alcohol Withdraw I Dependence – Ma v v scot.nhs.uk/	al, Alcohol Deperintenance of Absti	ordence-Communi
1.10 Comment	Anticholinergics should only be initiated in Park Drugs used in Essential Tremor, Chore Propranolol (see section 2.4) Primidone (on specialist recommendatio Botulinum Toxin Type A (Xeomin®) Botulinum Toxin Type A (Dysport®) Drugs used in Substance Dependen See Section 4.1.2 and Refer to links Alcohol Dependence -In-patient Management. Management of Alcohol Withdrawal & Alcoho Acamprosate Nicotine Products Varenicline Bupropion Refer to FV Smoking Guideline http://www.qifv Disulfiram Buprenorphine (Substance Misuse	ea, Tics and Relation of Alcohol Withdraw I Dependence – Ma	al, Alcohol Deperintenance of Absti	dence-Communinence
1.10 Comment	Anticholinergics should only be initiated in Park Drugs used in Essential Tremor, Chore Propranolol (see section 2.4) Primidone (on specialist recommendatio Botulinum Toxin Type A (Xeomin®) Botulinum Toxin Type A (Dysport®) Drugs used in Substance Dependent See Section 4.1.2 and Refer to links Alcohol Dependence -In-patient Management Management of Alcohol Withdrawal & Alcohol Acamprosate Nicotine Products Varenicline Bupropion Refer to FV Smoking Guideline http://www.gifv Disulfiram Buprenorphine (Substance Misuse Prescribing Services)	ea, Tics and Relation of Alcohol Withdraw I Dependence – Ma	al, Alcohol Deperintenance of Absti	dence-Communinence
1.10 Comment	Anticholinergics should only be initiated in Park Drugs used in Essential Tremor, Chore Propranolol (see section 2.4) Primidone (on specialist recommendatio Botulinum Toxin Type A (Xeomin®) Botulinum Toxin Type A (Dysport®) Drugs used in Substance Dependent See Section 4.1.2 and Refer to links Alcohol Dependence -In-patient Management Management of Alcohol Withdrawal & Alcohol Acamprosate Nicotine Products Varenicline Bupropion Refer to FV Smoking Guideline http://www.qifv Disulfiram Buprenorphine (Substance Misuse Prescribing Services) Buprenorphine/naloxone (Substance	ea, Tics and Relation n) the ce of Alcohol Withdraw i Dependence – Ma	al, Alcohol Deperintenance of Absti	dence-Communinence
1.10 Comment	Anticholinergics should only be initiated in Park Drugs used in Essential Tremor, Chore Propranolol (see section 2.4) Primidone (on specialist recommendatio Botulinum Toxin Type A (Xeomin®) Botulinum Toxin Type A (Dysport®) Drugs used in Substance Dependent See Section 4.1.2 and Refer to links Alcohol Dependence -In-patient Management Management of Alcohol Withdrawal & Alcoho Nicotine Products Varenicline Bupropion Refer to FV Smoking Guideline http://www.gifv Disulfiram Buprenorphine (Substance Misuse Prescribing Services) Buprenorphine/naloxone (Substance Misuse Prescribing Services)	ea, Tics and Relation n) the ce of Alcohol Withdraw i Dependence – Ma	al, Alcohol Deperintenance of Absti	dence-Communinence
1.10 Comment	Anticholinergics should only be initiated in Park Drugs used in Essential Tremor, Chore Propranolol (see section 2.4) Primidone (on specialist recommendatio Botulinum Toxin Type A (Xeomin®) Botulinum Toxin Type A (Dysport®) Drugs used in Substance Dependent See Section 4.1.2 and Refer to links Alcohol Dependence -In-patient Management of Alcohol Withdrawal & Alcohol Acamprosate Nicotine Products Varenicline Bupropion Refer to FV Smoking Guideline http://www.qifv Disulfiram Buprenorphine (Substance Misuse Prescribing Services) Buprenorphine/naloxone (Substance Misuse Prescribing Services) Suboxone®	ea, Tics and Relation n) the ce of Alcohol Withdraw i Dependence – Ma	al, Alcohol Deperintenance of Absti	dence-Communinence
1.10 Comment	Anticholinergics should only be initiated in Park Drugs used in Essential Tremor, Chore Propranolol (see section 2.4) Primidone (on specialist recommendatio Botulinum Toxin Type A (Xeomin®) Botulinum Toxin Type A (Dysport®) Drugs used in Substance Dependent See Section 4.1.2 and Refer to links Alcohol Dependence -In-patient Management. Management of Alcohol Withdrawal & Alcohol Acamprosate Nicotine Products Varenicline Bupropion Refer to FV Smoking Guideline http://www.qifv Disulfiram Buprenorphine (Substance Misuse Prescribing Services) Buprenorphine/naloxone (Substance Misuse Prescribing Services) Suboxone® Methadone (Substance Misuse	ea, Tics and Relation n) the ce of Alcohol Withdraw i Dependence – Ma	al, Alcohol Deperintenance of Absti	dence-Communinence
J.10 Comment Comment	Anticholinergics should only be initiated in Park Drugs used in Essential Tremor, Chore Propranolol (see section 2.4) Primidone (on specialist recommendatio Botulinum Toxin Type A (Xeomin®) Botulinum Toxin Type A (Dysport®) Drugs used in Substance Dependent See Section 4.1.2 and Refer to links Alcohol Dependence -In-patient Management Management of Alcohol Withdrawal & Alcohol Acamprosate Nicotine Products Varenicline Bupropion Refer to FV Smoking Guideline http://www.gifv Disulfiram Buprenorphine (Substance Misuse Prescribing Services) Buprenorphine/naloxone (Substance Misuse Prescribing Services) Suboxone® Methadone (Substance Misuse Prescribing Services)	ea, Tics and Relation n) the ce of Alcohol Withdraw i Dependence – Ma	al, Alcohol Deperintenance of Absti	dence-Communinence
1.10 Comment	Anticholinergics should only be initiated in Park Drugs used in Essential Tremor, Chore Propranolol (see section 2.4) Primidone (on specialist recommendatio Botulinum Toxin Type A (Xeomin®) Botulinum Toxin Type A (Dysport®) Drugs used in Substance Dependent See Section 4.1.2 and Refer to links Alcohol Dependence -In-patient Management Management of Alcohol Withdrawal & Alcohol Acamprosate Nicotine Products Varenicline Bupropion Refer to FV Smoking Guideline http://www.gifv Disulfiram Buprenorphine (Substance Misuse Prescribing Services) Buprenorphine/naloxone (Substance Misuse Prescribing Services) Suboxone® Methadone (Substance Misuse Prescribing Services) Refer to following links	ea, Tics and Relation n) the ce of Alcohol Withdraw i Dependence – Ma	al, Alcohol Deperintenance of Absti	dence-Communinence
J.10 Comment Comment	Anticholinergics should only be initiated in Park Drugs used in Essential Tremor, Chore Propranolol (see section 2.4) Primidone (on specialist recommendatio Botulinum Toxin Type A (Xeomin®) Botulinum Toxin Type A (Dysport®) Drugs used in Substance Dependent See Section 4.1.2 and Refer to links Alcohol Dependence -In-patient Management Management of Alcohol Withdrawal & Alcoho Acamprosate Nicotine Products Varenicline Bupropion Refer to FV Smoking Guideline http://www.gifv Disulfiram Buprenorphine (Substance Misuse Prescribing Services) Buprenorphine/naloxone (Substance Misuse Prescribing Services) Suboxone® Methadone (Substance Misuse Prescribing Services) Refer to following links Methadone Assisted Treatment Programme	ea, Tics and Relation in) in in in in in in in in	al, Alcohol Deperintenance of Absti	dence-Communinence
J.10 Comment Comment	Anticholinergics should only be initiated in Park Drugs used in Essential Tremor, Chore Propranolol (see section 2.4) Primidone (on specialist recommendatio Botulinum Toxin Type A (Xeomin®) Botulinum Toxin Type A (Dysport®) Drugs used in Substance Dependent See Section 4.1.2 and Refer to links Alcohol Dependence -In-patient Management Management of Alcohol Withdrawal & Alcohol Acamprosate Nicotine Products Varenicline Bupropion Refer to FV Smoking Guideline http://www.qfv Disulfiram Buprenorphine (Substance Misuse Prescribing Services) Buprenorphine/naloxone (Substance Misuse Prescribing Services) Suboxone® Methadone (Substance Misuse Prescribing Services) Refer to following links Methadone Assisted Treatment Programme Buprenorphine Assisted Treatment Programme Buprenorphine Assisted Treatment Programme	ea, Tics and Relation n) tree of Alcohol Withdraw I Dependence – Ma	al, Alcohol Deperintenance of Absti	dence-Communinence
.9.3	Anticholinergics should only be initiated in Park Drugs used in Essential Tremor, Chore Propranolol (see section 2.4) Primidone (on specialist recommendatio Botulinum Toxin Type A (Xeomin®) Botulinum Toxin Type A (Dysport®) Drugs used in Substance Dependent See Section 4.1.2 and Refer to links Alcohol Dependence -In-patient Management Management of Alcohol Withdrawal & Alcoho Acamprosate Nicotine Products Varenicline Bupropion Refer to FV Smoking Guideline http://www.gifv Disulfiram Buprenorphine (Substance Misuse Prescribing Services) Buprenorphine/naloxone (Substance Misuse Prescribing Services) Suboxone® Methadone (Substance Misuse Prescribing Services) Refer to following links Methadone Assisted Treatment Programme	ea, Tics and Relation n) tree of Alcohol Withdraw I Dependence – Ma	al, Alcohol Deperintenance of Absti	dence-Communinence
J.10 Comment Comment	Anticholinergics should only be initiated in Park Drugs used in Essential Tremor, Chore Propranolol (see section 2.4) Primidone (on specialist recommendatio Botulinum Toxin Type A (Xeomin®) Botulinum Toxin Type A (Dysport®) Drugs used in Substance Dependent See Section 4.1.2 and Refer to links Alcohol Dependence -In-patient Management Management of Alcohol Withdrawal & Alcohol Acamprosate Nicotine Products Varenicline Bupropion Refer to FV Smoking Guideline http://www.qfv Disulfiram Buprenorphine (Substance Misuse Prescribing Services) Buprenorphine/naloxone (Substance Misuse Prescribing Services) Suboxone® Methadone (Substance Misuse Prescribing Services) Refer to following links Methadone Assisted Treatment Programme Buprenorphine Assisted Treatment Programme Buprenorphine Assisted Treatment Programme	ea, Tics and Relation n) tree of Alcohol Withdraw I Dependence – Ma	al, Alcohol Deperintenance of Absti	dence-Communinence

Chapter	Section/Drug	Primary	Care	Acute
		CHPs	Mental Health Specialties	Services
4.11	Drugs for Dementia			
Comment	Refer to			
	Integrated Care Pathway for Dementia			
	Guideline for the use of Cognitive Enhancing Drugs			
	Donepezil		✓	
	Galantamine		✓	
	Memantine	+	✓	+
	Rivastigmine		✓	
5	Infections			
Comment	Please refer to appropriate guidelines for specific in	dications		
	ary Care Management of Infection Guidance			
	Valley GUM List (Appendix 6)			
	nts receiving Chemotherapy Who Become Unwell -Gu			
	h Lymphology Society – Consensus Document on the	Management of	of Cellulitis in Lym	phoedema
	//www.lymphoedema.org/lsn			
5.1	Antibacterial drugs			
5.1.1	Penicillins	,	,	,
	Benzylpenicillin	*		· ·
	Penicillin V	→	→	→
	Flucloxacillin	→	→	→
	Amoxicillin	√	√	√
	Co-amoxiclav (Generally not 1 st line in Primary Care)	✓	✓	√
	Piperacillin and tazobactam (Tazocin®)			✓
Comment	Tazocin® only to be used following microbiological	advice.		
5.1.2	Cephalosporins, cephamycins and other be	eta-lactams	,	,
	Cefalexin (for UTI)	*	→	→
	Cefotaxime (I.V.)	✓		✓
Comment	Cefotaxime I.V restricted for paediatrics / neonates. Invasive Meningococcal disease in children and you			nent of
	Ceftazidime			✓
	Ceftriaxone			✓
	Meropenem- (Restricted use, seek microbi	iology advice	e)	✓
Comment	Aztreonam used only following microbiological advice			
5.1.3	Tetracyclines			
01110	Doxycycline	✓	✓	✓
	Lymecycline (2nd line in acne)	√	✓	✓
	Oxytetracycline	√	✓	✓
	Tetracycline	√	✓	✓
Comment	Oral Tetracycline in combination with other agents for	or MRSA infect	tion only.	
	Tetracycline Injection is an unlicensed preparation		,	
5.1.4	Aminoglycosides			
	Gentamicin			✓
	Neomycin			✓
	Tobramycin (Paediatric Cystic Fibrosis only			✓
Comment	Tobramycin restricted to use in Cystic Fibrosis only.			
5.1.5	Macrolides			
	Erythromycin	✓	✓_	✓
	Azithromycin (For use in P.C. for Chlamydia)	✓		✓
	Clarithromycin	✓	✓	✓
5.1.6	Clindamycin			
	Clindamycin			✓

Chapter/Section/Drug		Primary	Care	Acute	
		CHPs	Mental Health Specialties	Services	
5.1.7	Some other antibacterials				
	Chloramphenicol			✓	
	Sodium fusidate	✓	✓	✓	
	Vancomycin	+		✓	
	Teicoplanin (Restricted use-Haematology		ogy advice)	✓	
	Linezolid (Restricted use, seek microbiolog	gy advice)		✓	
	Colistimethate [Colistin] (Cystic Fibrosis of			✓	
	Rifaximin (Targaxan®) Recommended by Sp	ecialist			
Comment	Sections 5.1.6 & 5.1.7 - Above products only to be	used following micro	obiological advice		
5.1.8	Sulphonamides and trimethoprim				
	Trimethoprim	✓	✓	✓	
	Co-Trimoxazole	✓	✓	✓	
Comment	Co-trimoxazole to be restricted for treatment and pro Stenotrophomonas multiphilia or following microbiolo		ocystis Pneumoni	a,	
5.1.9	Antituberculous drugs				
	Ethambutol Hydrochloride	•	•	✓	
	Isoniazid	+	+	√	
	Pyrazinamide	+	+	✓	
	Rifampicin	+	+	✓	
	Rifater®	•	•	✓	
	Rifinah® 150 & 300	+	+	✓	
	Streptomycin	+	+	✓	
	Amikacin (see section 5.1.4)	+	+	✓	
	Ciprofloxacin (see section 5.1.12)	+	+	✓	
5.1.10	Antileprotic drugs				
	Dapsone	+	+	✓	
5.1.11	Metronidazole and tinidazole				
	Metronidazole	✓	✓	✓	
5.1.12	Quinolones Ciprofloxacin (1 st line use only in acute pyelonephritis & prostatitis)	✓	✓	✓	
	Moxifloxacin			✓	
	Norfloxacin (Spontaneous Bacterial Peritonitis prophylaxis)	✓	✓	✓	
	Ofloxacin			✓	
	Levofloxacin (Quinsair®)	+	+	✓	
Comment	Moxifloxacin restricted to 2nd line treatment in Comrexacerbations of COPD in penicillin allergic patients. Pelvic Inflammatory Disease only. Norfloxacin for pro	Ofloxacin restricted	d to Orchitis, prost		
5.1.13	Urinary-tract infections Nitrofurantoin	✓	✓	✓	
5.2	Antifungal drugs			,	
	Amphotericin (I.V.) Fluconazole (IV & Oral)	✓	✓	√	
Comment	Fluconazole capsules 1st line in oral thrush in adult Nystatin oral suspension for Orophanyngeal fungal			1.3.2)	
	Flucytosine (IV)			*	
	Itraconazole	✓	√	√	
	Nystatin	+	+	✓	
	Posaconazole Infusion (Noxafil)				

Chapter/Section/Drug		Primary	Primary Care	
·	·	CHPs	Mental Health Specialties	Services
	Voriconazole (IV & Oral)			✓
	Terbinafine	✓	✓	✓
Comment	Voriconazole should only be used following micro	biological advic	е	
5.3	Antiviral drugs			
5.3.1	HIV Infection			
Comment	See F.V. GUM list (Appendix 6)			
5.3.2	Herpes virus infections			
	Aciclovir (1st line)	✓	<u> </u>	✓
	Famciclovir (2nd line if compliance is a probl	em) 🗸	<u> </u>	√
5.3.3	Viral Hepatitis (for specialist use only) Adefovir dipivoxil (Restricted use Follow We	st of Scotland G	Guidelines)	✓
	Dasabuvir (Exviera®)	+	+	✓
	Entecavir (Baraclude®)	+	•	✓
	Tenofovir	•	•	✓
	Boceprevir			✓
	Daclatasvir f/c tablets (Daklinza®)	+	+	✓
	Simeprevir (Olysio®)	+	+	✓
	Sofosbuvir (Sovaldi®)	+	+	✓
	Ledipasvir / sofosbuvir®) (Harvoni®)	+	+	✓
	Ombitasvir / paritaprevir / ritanavir(Viekir	ax®) ♦		✓
5.3.4	Influenza Oseltamivir (Tamiflu®)	✓	✓	<i>/ /</i>
5.3.5	Respiratory syncytial virus Ribavarin 200mg Capsules-(In combinat	ion with Viraf	eron & IntronA)	√
5.4	Antiprotozoal drugs		,	
5.4.1	Antimalarials			
Comment	Treatment of Malaria is prescribable on the NHS. but private prescriptions can be provided.	Prophylaxis is r	not prescribable at	NHS expense
	Chloroquine	1	+	✓
	Primaquine	· ✓	,	· ·
	Proguanil Hydrochloride	√	•	✓
	Pyrimethamine with Sulfadoxine (Fansidar®)	✓	•	√
	Pyrimethamine with Dapsone	✓	+	✓
	(Maloprim®)		•	
	Quinine Sulphate Hydroxychloroquine Sulphate (see		Ψ	
	section 10.1.3)	₹	₩	•
Comment	Prescribe following discussion with Infectious Dis	eases.		
	Prescribe following discussion with Infectious Dis Amoebicides Diloxanide Furoate	eases. ✓	+	√
	Amoebicides	eases. ✓	♦	✓
5.4.2	Amoebicides Diloxanide Furoate	√	•	<i>*</i>
5.4.2 Comment	Amoebicides Diloxanide Furoate Metronidazole Prescribe following discussion with Infectious Disc	√	•	<i>*</i>
Comment 5.4.2 Comment 5.5.5	Amoebicides Diloxanide Furoate Metronidazole	√	•	∀ ∀

Chapter	/Section/Drug	Primary	Care	Acute
		CHPs	Mental Health Specialties	Services
6	Endocrine System			
Comment	Please Refer to Forth Valley Management Programme for Guidance on Hypogylcaemic Agents on for Blood Glucose Meters- Formulary Choices	mulary -Pleas		endix 7)
6.1 6.1.1 Insu Insulins		4	✓	✓
6.1.2	endation by Practitioner experienced in management of Oral Antidiabetic Drugs	of diabetes)		
6.1.2.1	Sulphonylureas Gliclazide (1 st Line SU)	✓	1	✓
	Glimepiride (only if problems with compliance or polypharmacy) (2 nd Line)	✓	✓	✓
6.1.2.2	Biguanides Metformin	✓	✓	✓
6.1.2.3	Other Antidiabetics Pioglitazone (Dual or Triple Therapy with Metformin/SU)	✓	✓	✓
	Alogliptin- (1 st Line DPP4 for new patients)	✓	+	✓
	Linagliptin (DPP4 of choice in renal impairment)	✓	+	✓
	Sitagliptin – (Patients already prescribed this or intolerant to other DPP4)	✓	•	✓
	Empagliflozin- (1st choice SGLT2 for new patients)	✓	+	✓
	Canagliflozin (2 nd choice SGLT2)	✓	+	✓
	Dapagliflozin- patients already prescribed or Intolerant to other SGLT2	✓	\$	✓
	Exenatide (Initiate by practitioners experienced in diabetes)	✓	\$	√
	Liraglutide (Initiate by practitioners experienced in diabetes)	✓	\$	✓
	Xultophy® (Initiate by practitioners experienced in diabetes)	✓	\$	✓
Comment	The Forth Valley Diabetes team have reviewed the formular includes each Oral Hypoglycaemic Drugs on the formulary			
6.1.4	Treatment of Hypoglycaemia Glucagon	1	1	1
	Glucogel	·	·	· /
	Glucose 50%	<u>√</u>	✓	· /
6.2 6.2.1	Thyroid and Antithyroid Drugs Thyroid Hormones			
	Levothyroxine [Thyroxine] Sodium (1st Line)	✓	✓	
	Liothyronine Sodium	+	+	
6.2.2	Antithyroid Drugs	1	1	1
	Carbimazole (1 st Line) Propylthiouracil	,		
	Potassium iodide	•	7	,
	Propranolol	✓	✓	<u>·</u> ✓
6.3 6.3.1	Corticosteroids Replacement Therapy	<u> </u>	-	<u> </u>
5.5.1	Fludrocortisone Acetate	✓	✓	✓
		-		

Chapter	/Section/Drug	Primar	y Care	Acute
		CHPs	Mental Health Specialties	Services
6.3.2	Glucocorticoid Therapy			
	Hydrocortisone Tablets	•	+	✓
	Hydrocortisone Injection	✓	✓	✓
	Dexamethasone	✓	+	✓
	Methylprednisolone	✓	✓	✓
	Prednisolone	✓	✓	✓
Comment	Consider osteoporosis prevention treatment if cor Please refer to Forth Valley Osteoporosis Guidelii		long term.	
6.4	Sex Hormones	163		
6.4.1	Female Sex Hormones			
6.4.1.1	Oestrogens and HRT			
	Tibolone	✓	✓	✓
With	Premique® (Includes low dose)	✓	✓	✓
uterus	Prempak-C®	✓	✓	✓
	Femoston®	✓	✓	✓
	FemSeven Conti®	✓	✓	✓
	FemSeven Sequi®	✓	✓	✓
	Elleste Duet®	✓	✓	✓
	Evorel (includes Conti)	✓	✓	✓
	Elleste Duet Conti®	✓	✓	✓
	Kliovance®	✓	✓	✓
Without	Premarin®	✓	✓	✓
uterus	Elleste Solo®	✓	✓	✓
	Estraderm MX®	✓	✓	✓
	Oestrogel®	✓	✓	✓
6.4.1.2	Progestogens			
	Progesterone (Cyclogest® for subfertility			✓
	Dydrogesterone	✓	✓	✓
	Ulipristal acetate (Esmya®)	<u> </u>	<u> </u>	✓
	Medroxyprogesterone	✓	4	✓
	Norethisterone	✓	✓	✓
6.4.2	Male Sex Hormones & Antagonists	+	+	./
	Testosterone Cyprotorone Apototo			<u> </u>
	Cyproterone Acetate Finasteride		→	<u> </u>
6.5		·		•
6.5.1	Hypothalamic and pituitary hormones Hypothalamic and anterior pituitary horm			
0.0.1	Clomifene Citrate	iones and and	-ocsirogeris	1
	Chorionic Gonadotrophin (HCG)			· ·
	Follicle Stimulating Hormone (FSH)			<u> </u>
	Gonadorelin (LH-RH)			<u> </u>
	Tetracosactrin (Synacthen®)			· ·
	(Synthetic Human Growth Hormone)			✓
Comment	Specific recommendation from Dr McQueen. All centrally and GPs should not prescribe .	products for assis	sted conception are	funded
6.5.2	Posterior Pituitary Hormones and Antago	onists		
	Desmopressin	✓	+	✓
	Terlipressin (oesophageal varices)			✓

Chapter/Section/Drug		Primar	y Care	Acute
		CHPs	Mental Health Specialties	Services
6.6	Drugs affecting bone metabolism			
6.6.1	Calcitonin			
	Parathyroid hormone 100mcg powder			✓
	for injection			
	Salcatonin Nasal Spray			
<u> </u>	Teriparatide			→
Comment	Teriparatide -restricted use refer to SMC Guidance			
6.6.2	Bisphosphonates			
Comment	Please refer to Hypercalcaemia of Malignancy Treatme			
	Malignancy Guideline for Primary Care- (http://www.qif	v.scot.nns.uk/CE	ClinicalGuidelines	s.asp)
	Alendronic Acid (1st Line) (prophylaxis and treatment in men and women)	•	•	•
	Risedronate Sodium (prophylaxis and			
	treatment in women only) (2 nd Line in	•	•	•
	patients with G.I. problems)			
Comment	Risedronate 2 nd Line if GI intolerance of alendronic acid	d. Recommended	in G.I problems, C	Caution ensure
	correct strength is prescribed for indication.			
	Disodium Pamidronate(I.V.)- (1st Line for hype	rcalcaemia)		√
	Zoledronic Acid Sol'n (2 nd line)			✓
	Ibandronic Acid-(3 rd Line)	✓		✓
	Denosumab			✓
Comment	Denosumab restricted to specialist recommendation in	secondary care i	n women only, also	0
	available in line with West of Scotland Cancer Network	k Protocols		
	Strontium ranelate (Protelos®)	✓	✓	✓
Comment	Strontium ranelate 2 nd Line to bisphosphonates for pati	ents who cannot t	olerate bisphospho	onates
	Raloxifene	✓	✓	✓
Comment	Rafoxifene may be used for patients where bisphospho	onates and Stontiu	ım are contra indic	ated or not
	tolerated			
6.7	Other endocrine drugs			
6.7.1	Bromocriptine and other dopamine-receptor			
	Bromocriptine	✓	✓	✓
	Cabergoline	+	+	✓
	Quinagolide	 	+	✓
6.7.2	Drugs affecting gonadotrophins			
	Danazol	•	+	✓
	Naferelin	+	 	✓

Chapter/Section/Drug		Primary Care		Acute
		CHPs	Mental Health Specialties	Services
7 7.1	Obstetrics, gynaecology and urinary Drugs used in obstetrics	y tract dis	sorders	
7.1.1	Prostaglandins and oxytocics			
	Carboprost			✓
	Dinoprostone			√
	Ergometrine Maleate			✓
	Syntometrine®			-
	Oxytocin			✓
7.1.1.1	Ductus arteriosus			
	Alprostadil (restricted to paediatrics)			1
7.1.2	Mifepristone Mifepristone			✓
	Misoprostol (NB. Unlicensed indication)			✓
7.1.3	Myometrial Relaxants			
-	Atosiban			✓
	Terbutaline			✓
7.2	Treatment of vaginal and vulval condition	ns		
Comment	See also Forth Valley GUM List (Appendix 6)			
7.2.1	Preparations for vaginal and vulval changes Conjugated oestrogens (Premarin®	4	√	✓
	cream) Estradiol [Oestradiol] (Vagifem®,	✓	✓	✓
	Estring®) Estriol [Oestriol] (Ovestin®)	✓		
	Relactagel	·	· ✓	· /
7.2.2	Vaginal and vulval infections			
	Clotrimazole	✓	✓	✓
	Miconazole	✓	✓	✓
	Clindamycin			✓
	Povidone Iodine (Betadine®)	✓	✓	✓
7.3 7.3.1	Contraceptives Combined hormonal contraceptives	,	,	
	Loestrin20®	√	· ·	✓
	Logynon® Tri Pogol®	→	→	→
	Tri-Regol® Microgynon30®	→	→	→
	Rigevidon®	→		- ✓
	Marvelon®	→		→
	Gedarel® 30/150	→	,	<u> </u>
	Mercilon®	·	· ·	→
	Gedarel® 20/150	→	· ·	<u>,</u>
	Femodene®	·	· ·	· ·
	Millinette® 30/75	·	· ✓	<u>·</u>
	Femodette®	1	✓	✓
	Millinette® 20/75	√	✓	✓
	Cilest®	√	✓	-
	CIIESIW			

	/Section/Drug	Primar	y Care	Acute	
		CHPs	Mental Health Specialties	Services	
7.3.2.1	Oral Progestogen-only contraceptives				
	Desogestrel	✓	✓	✓	
	Femulen®	✓	✓	✓	
	Norethisterone	✓	✓	✓	
7.3.2.2	Parenteral Progestogen-only contraceptives				
	Medroxyprogesterone acetate (Depo-provera®)			✓	
	Sayana Press®	✓		✓	
	Nexplanon®	✓		✓	
7.3.2.3	Intra-uterine progestogen-only contaceptive				
	Mirena® (not 1st line)	✓		✓	
	Jaydess®	✓		✓	
7.3.4	Contraceptive devices		_		
	Nova-T ® 380	✓	√	✓	
	Multiload ® Cu375	✓	✓	- ✓	
	T-Safe® CU 380A	✓	✓	✓	
7.3.5	Emergency contraception				
	Levonorgestrel	✓	✓	✓	
Comment	Levonorgestrel only effective if taken within 72 hours. Taki	ing the dose a	s soon as		
	possible increases efficacy.				
	EllaOne®	✓	✓	✓	
Comment	EllaOne® not to be used 1st line unless patient presents a	after 72 hours			
7.4	Drugs for genito-urinary disorders				
7.4.1	Drugs for urinary retention				
	Tamsulosin	✓	+	✓	
	Alfuzosin	-	•	✓	
7.4.2	Alfuzosin is available as both standard release and M/R formulations. If prescribing M/R preparation, please prescribe by brand. Drugs for urinary frequency, enuresis and incontinence				
	Darifenacin	+	+	✓	
	Duloxetine (restricted use refer to SMC Guidance)	+	+	✓	
	Fesoterodine fumarate	+	+	1	
				✓	
	Oxybutynin – m/r or patch only	+	+	→	
	Oxybutynin – m/r or patch only Propiverine	+	+	•	
	Propiverine			✓	
		+	•	√	
	Propiverine Solifenacin Succinate	♦	♦	√ √ √	
	Propiverine Solifenacin Succinate Tolterodine Trospium chloride	♦ ✓	♦ ✓	√ √ √	
	Propiverine Solifenacin Succinate Tolterodine Trospium chloride Mirabegron	♦✓♦✓	♦✓♦	√ √ √ √	
	Propiverine Solifenacin Succinate Tolterodine Trospium chloride	♦✓♦✓	♦✓♦	√ √ √ √	
Comment	Propiverine Solifenacin Succinate Tolterodine Trospium chloride Mirabegron Botulinum toxin type A (Botox®) - (For neurogen overactivity or idiopathic detrusor overactivity) See FV Guideline for the Initial Management of Urinary In		• • • • • • • • • • • • • • • • • • •	√	
Comment	Propiverine Solifenacin Succinate Tolterodine Trospium chloride Mirabegron Botulinum toxin type A (Botox®) - (For neurogenoveractivity or idiopathic detrusor overactivity) See FV Guideline for the Initial Management of Urinary In Tolterodine IR (immediate-release tablets) should be		• • • • • • • • • • • • • • • • • • •	√	
Comment	Propiverine Solifenacin Succinate Tolterodine Trospium chloride Mirabegron Botulinum toxin type A (Botox®) - (For neurogen overactivity or idiopathic detrusor overactivity) See FV Guideline for the Initial Management of Urinary In Tolterodine IR (immediate-release tablets) should b patient experiences side-effects, try Tolterodine MR		ttp://www.gifv.s	√	
Comment	Propiverine Solifenacin Succinate Tolterodine Trospium chloride Mirabegron Botulinum toxin type A (Botox®) - (For neurogen overactivity or idiopathic detrusor overactivity) See FV Guideline for the Initial Management of Urinary In Tolterodine IR (immediate-release tablets) should b patient experiences side-effects, try Tolterodine MR If Tolterodine is ineffective a trial of Solifenacin wou	de tried first. It de be advocation de tried first.		✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓	
Comment	Propiverine Solifenacin Succinate Tolterodine Trospium chloride Mirabegron Botulinum toxin type A (Botox®) - (For neurogen overactivity or idiopathic detrusor overactivity) See FV Guideline for the Initial Management of Urinary In Tolterodine IR (immediate-release tablets) should b patient experiences side-effects, try Tolterodine MR If Tolterodine is ineffective a trial of Solifenacin wou Mirabegron is available where an adequate trial of the solifenacin would be solifenacine wo	tic detrusor continence - I e tried first. Id be advoca		✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓	
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Comment 7.4.3	Propiverine Solifenacin Succinate Tolterodine Trospium chloride Mirabegron Botulinum toxin type A (Botox®) - (For neurogenoveractivity or idiopathic detrusor overactivity) See FV Guideline for the Initial Management of Urinary In Tolterodine IR (immediate-release tablets) should be patient experiences side-effects, try Tolterodine MR If Tolterodine is ineffective a trial of Solifenacin wou Mirabegron is available where an adequate trial of tineffective, the drugs were not tolerated or are control Desmopressin (see section 6.5.2) Desmopressin Spray is no longer indicated for nocturnal treatment is associated with multiple sclerosis Drugs used in urological pain Potassium citrate (Effercitrate®) Bladder instillations and urological surgery Sodium chloride	de tried first. It is a detrusor continence - I e tried first. It is is a detrusor continence - I e tried first. It is is a detrusor continence - I e tried first. continence - I	ttp://www.gifv.s	v v v v v v v v v v v v v v v v v v v	

Chapter	/Section/Drug	Primary	Care	Acute		
		Mental CHPs Health Specialties		Services		
7.4.5	Drugs for impotence					
Comment	National guidance for prescribing drugs for erectile dysfunction (and other schedule 11 drugs) is available at the following web link http://www.show.scot.nhs.uk/sehd/pca/pca1999(m)9(p)3.htm					
	Alprostadil	✓	✓	✓		
	Sildenafil	✓	✓	✓		
	Tadalafil	✓	✓	1		
	Vardenafil	· ·				
_			•	•		
8	Malignant disease and immu					
Comment	Please refer to Superior Vena Cava Obstruction Treatment Guideline for Acute Services, Superior Vena Cava Obstruction Guideline for Primary Care, Malignant Spinal Cord Compression Guideline for Seconday Care & Malignant Spinal Cord Compression Guideline for Primary Care (http://www.qifv.scot.nhs.uk/CE_ClinicalGuidelines.asp)					
Comment	Prescribing of anti-cancer medicines shou			ncer Network		
	approved clinical management guidelines	and chemotherapy protocols,	where available			
8.1	Cytotoxic drugs					
8.1.1	Alkylating drugs			,		
	Bendamustine Chlorambucil			∀		
						
	Cyclophosphamide	₩				
	Folinic acid					
	Ifosfamide					
	Melphalan			*		
	Lomustine			✓		
	Busulfan	To be prescribed only by stem cell transpla		SCT protocols		
	Mesna (urothelial toxicity)			✓		
	Treosulfan			•		
8.1.2	Cytotoxic antibiotics			1		
	Bleomycin					
	Doxorubicin			→		
	Epirubicin			<u> </u>		
	Idarubicin					
	Mitomycin-C			✓		
	Mitozantrone			•		
	Daunorubicin			✓		
8.1.3	Antimetabolites					
	Capecitabine			✓		
	Cladribine			√		
	Cytarabine			√		
	Fludarabine Phosphate	141 1		√		
	5-Fluorouracil (cream - in liaison w	vith †		✓		
	Dermatologist)					
	Pemetrexed			✓		
	Nelarabine			→		
	Gemcitabine	<u>.</u>		<u> </u>		
<u> </u>	Methotrexate	+	. +	✓		
Comment	For patients, who are receiving S/C Metho	trexate use licensed pre-filled	syringe.			
	Mercaptopurine					
	Tioguanine			✓		

8.1.4 Vinca alkaloids and etoposide Etoposide Vinblastine Vincristine Vinoristine Vinorelbine 8.1.5 Other antineoplastic drugs Affilbercept (Zaltrap®) Bortezomib Panobinostat (Farydak®) Brentuximab vedotin Carboplatin Cisplatin Hydroxycarbamide Procarbazine Ashared care policy is in place for the prescribing and monitoring of hydroxycarbamide in Procarbazine Bevacizumab (Avastin®) Cetuximab Ipillimumab Pembrolizumab Dacarbazine Everolimus Gefftinib Innatinib Irinotecan Bosutinib Certinib (Zykadia®) Dabrafenib Idelalisib Nilotinib Ponatinib Regorafenib Ruxolitinib Sorafenib (Rexavar®) Sunitinib Vemurafenib (Zelboral®) Afatinib (Giotrifi®) Lipegfilgrastim (Lonquex) Oxaliplatin Paciltaxel Topotecan Trastuzumab Nintedanib Cabazzitaxel Docetaxel Temozolomide Eribulin (mesilate) Tretinoin Erlotinib Axitinib (Inlyta®) Crizotinib (Kalkori®) Cabozantinib (Cabometyx®) Crizotinib (Kalkori®) Crizotinib (Kalkori®) Cabozantinib (Cabometyx®)	Chapter/	Section/Drug	Prima	Primary Care	
Etoposide Vinloastine Vinoristine Vinoristine Vinorelbine 8.1.5 Other antineoplastic drugs Affibercept (Zaltrap®) Bortezomib Panobinostat (Farydak®) Brentuximab vedotin Carboplatin Cisplatin Hydroxycarbamide A shared care policy is in place for the prescribing and monitoring of hydroxycarbamide in Procarbazine Amsacrine Bevacizumab (Avastin®) Cetuximab Ipilimumab Pembrolizumab Dacarbazine Everolimus Gefitinib Imatinib Irinotecan Bosutinib Ceritinib (Zykadia®) Dabrafenib Idelalisib Nilotinib Ponatinib Regorafenib Ruxolitinib Sorafenib (Ruxolar®) Sunitinib Vemurafenib (Zelboral®) Afatinib (Giotrif®) Lipegfilgrastim (Lonquex) Oxaliplatin Paciltaxel Topotecan Trastuzumab Nintedanib Cabazitaxel Docetaxel Temozolomide Eribulin (mesilate) Tretinoin Erlotinib Erlotinib (Alkori®) Crizotinib (Xalkori®) Crizotinib (Xalkori®) Crizotinib (Xalkori®)			CHPs	Health	Services
Vinblastine Vincristine Vinorelbine 8.1.5 Other antineoplastic drugs Affibercept (Zaltrap®) Bortezomib Panobinostat (Farydak®) Brentuximab vedotin Carboplatin Cisplatin Hydroxycarbamide A shared care policy is in place for the prescribing and monitoring of hydroxycarbamide in Procarbazine Amsacrine Bevacizumab (Avastin®) Cetuximab Ipilimumab Pembrolizumab Dacarbazine Everolimus Gefitinib Imatinib Irinotecan Bosutinib Ceritinib (Zykadia®) Dabrafenib Idelalisib Nilotinib Ponatinib Ruxolitinib Sorafenib (Nexavar®) Sunitinib Vemurafenib (Zelboral®) Afatinib (Giotnf®) Lipegfigrastim (Lonquex) Oxaliplatin Paciltaxel Topotecan Trastuzumab Nintedanib Cabazitaxel Docetaxel Temozolomide Eribulin (mesilate) Tretinoin Erlotinib Erlotinib Axitinib (Inlyta®) Crizotinib (Xalkori®) Crizotinib (Xalkori®)	8.1.4				,
Vincristine Vinorelbine Vinorelbine 8.1.5 Other antineoplastic drugs Aflibercept (Zaltrap®) Bortezomib Panobinostat (Farydak®) Brentuximab vedotin Carboplatin Cisplatin Hydroxycarbamide A shared care policy is in place for the prescribing and monitoring of hydroxycarbamide in Procarbazine Amsacrine Bevacizumab (Avastin®) Cetuximab Ipilimumab Pembrolizumab Dacarbazine Everolimus Gefitinib Imatinib Irinotecan Bosutinib Certitinib (Zykadia®) Dabrafenib Idelalisib Nilotinib Ponatinib Regorafenib (Ruxolitinib Sorafenib (Nexavar®) Sunitinib Vemurafenib (Zelboral®) Afatinib (Giotrif®) Lipegfilgrastim (Lonquex) Oxaliplatin Paclitaxel Topotecan Trastuzumab Nintedanib Cabazitaxel Docetaxel Temozolomide Eribulin (mesilate) Tretinoin Erlotinib Axitinib (Inlyta®) Crizotinib (Xalkori®)					√
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8.1.5 Other antineoplastic drugs Aflibercept (Zaltrap®) Bortezomib Panobinostat (Farydak®) Brentuximab vedotin Carboplatin Hydroxycarbamide Procarbazine Amsacrine Bevacizumab (Avastin®) Cetuximab Ipilimumab Pembrolizumab Dacarbazine Everolimus Gefitinib Irnotecan Bosutinib Ceritinib (Zykadia®) Dabrafenib Idelalisib Nilotinib Regorafenib Ruxolitinib Sorafenib (Nexavar®) Sunitinib Vemurafenib (Zelboral®) Afatinib (Giotri®) Lipegfilgrastim (Lonquex) Oxaliplatin Paclitaxel Topotecan Trastuzumab Nintedanib Cabazitaxel Docetaxel Temozolomide Eribulin (mesilate) Tretinoin Erfotniib Eriotinib Cerizotinib (Zelboral®) Afatinib (Siotri®) Lipegfilgrastim (Lonquex) Oxaliplatin Paclitaxel Topotecan Trastuzumab Nintedanib Cabazitaxel Docetaxel Temozolomide Eribulin (mesilate) Tretinoin Erlotinib Axitinib (Inlyta®) Crizotinib (Xalkori®)					 ✓
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Brentuximab vedotin Carboplatin Cisplatin Hydroxycarbamide					· /
Carboplatin Cisplatin Hydroxycarbamide A shared care policy is in place for the prescribing and monitoring of hydroxycarbamide in Procarbazine Amsacrine Bevacizumab (Avastin®) Cetuximab Ipilimumab Pembrolizumab Dacarbazine Everolimus Gefitinib Imatinib Irinotecan Bosutinib Ceritinib (Zykadia®) Dabrafenib Idelalisib Nilotinib Ponatinib Regorafenib (Nexavar®) Sunitinib Vemurafenib (Zelboral®) Afatinib (Giotrif®) Lipegfiligrastim (Lonquex) Oxaliplatin Paclitaxel Topotecan Trastuzumab Nintedanib Cabazitaxel Docetaxel Temozolomide Eribulin (mesilate) Tretinoin Erlotinib Axitinib (Inlyta®) Crizotinib (Xalkori®) Crizotinib (Xalkori®) Crizotinib (Xalkori®) Crizotinib (Xalkori®)					√
Cisplatin Hydroxycarbamide A shared care policy is in place for the prescribing and monitoring of hydroxycarbamide in Procarbazine Amsacrine Bevacizumab (Avastin®) Cetuximab Ipilimumab Pembrolizumab Dacarbazine Everolimus Gefitinib Imatinib Irinotecan Bosutinib Ceritinib (Zykadia®) Dabrafenib Idelalisib Nilotinib Ponatinib Regorafenib (Nexavar®) Sunitinib Sorafenib (Nexavar®) Sunitinib Vemuratenib (Zelboral®) Afatinib (Giotri®) Lipegfiligrastim (Lonquex) Oxaliplatin Paclitaxel Topotecan Trastuzumab Nintedanib Cabazitaxel Docetaxel Temozolomide Eribulin (mesilate) Tretinoin Erlotinib Axitinib (Inlyta®) Crizotinib (Xalkori®) Crizotinib (Xalkori®) Crizotinib (Xalkori®) Crizotinib (Xalkori®)					√
Hydroxycarbamide					✓
Comment A shared care policy is in place for the prescribing and monitoring of hydroxycarbamide in Procarbazine Amsacrine Bevacizumab (Avastin®) Cetuximab Ipilimumab Pembrolizumab Dacarbazine Everolimus Gefitinib Imatinib Irinotecan Bosutinib Certitinib (Zykadia®) Dabrafenib Idelalisib Nilotinib Ponatinib Ruxolitinib Sorafenib (Nexavar®) Sunitinib Vemurafenib (Zelboral®) Afatinib (Giotri®) Lipegfilgrastim (Lonquex) Oxaliplatin Paciltaxel Topotecan Trastuzumab Nintedanib Cabazitaxel Docetaxel Temozolomide Eribulin (mesilate) Tretinoin Erlotinib (Axikori®) Crizotinib (Xalkori®) Crizotinib (Xalkori®) Crizotinib (Xalkori®)			+	+	✓
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Cetuximab Ipilimumab Pembrolizumab Dacarbazine Everolimus Gefitinib Imatinib Irinotecan Bosutinib Ceritinib (Zykadia®) Dabrafenib Idelalisib Nilotinib Ponatinib Regorafenib Ruxolitinib Sorafenib (Nexavar®) Sunitinib Vemurafenib (Zelboral®) Afatinib (Giotrif®) Lipegfilgrastim (Lonquex) Oxaliplatin Paclitaxel Topotecan Trastuzumab Nintedanib Cabazitaxel Docetaxel Temozolomide Eribulin (mesilate) Tretinoin Erlotinib Axitinib (Inlyta®) Crizotinib (Xalkori®) Crizotinib (Xalkori®)					✓
Ipilimumab Pembrolizumab Dacarbazine Everolimus Gefitinib Imatinib Irinotecan Bosutinib Ceritinib (Zykadia®) Dabrafenib Idelalisib Nilotinib Ponatinib Regorafenib Ruxolitinib Sorafenib (Nexavar®) Sunitinib Vemurafenib (Zelboral®) Afatinib (Giotrif®) Lipegfilgrastim (Lonquex) Oxaliplatin Paclitaxel Topotecan Trastuzumab Nintedanib Cabazitaxel Docetaxel Temozolomide Eribulin (mesilate) Tretinoin Erlotinib Axitinib (Inlyta®) Crizotinib (Xalkori®)					✓
Pembrolizumab Dacarbazine Everolimus Gefitinib Imatinib Irinotecan Bosutinib Ceritinib (Zykadia®) Dabrafenib Idelalisib Nilotinib Ponatinib Regorafenib Ruxolitinib Sorafenib (Nexavar®) Sunitinib Vemurafenib (Zelboral®) Afatinib (Giotrif®) Lipegfilgrastim (Lonquex) Oxaliplatin Paclitaxel Topotecan Trastuzumab Nintedanib Cabazitaxel Docetaxel Temozolomide Eribulin (mesilate) Tretinoin Erlotinib Axitinib (Inlyta®) Crizotinib (Kalkori®)					✓
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Everolimus Gefitinib Imatinib Imatinib Irinotecan Bosutinib Ceritinib (Zykadia®) Dabrafenib Idelalisib Nilotinib Ponatinib Regorafenib Ruxolitinib Sorafenib (Nexavar®) Sunitinib Vemurafenib (Zelboral®) Afatinib (Giotrif®) Lipegfilgrastim (Lonquex) Oxaliplatin Paclitaxel Topotecan Trastuzumab Nintedanib Cabazitaxel Docetaxel Temozolomide Eribulin (mesilate) Tretinoin Erlotinib Axitinib (Inlyta®) Crizotinib (Xalkori®)		Pembrolizumab			✓
Gefitinib Imatinib Irinotecan Bosutinib Ceritinib (Zykadia®) Dabrafenib Idelalisib Nilotinib Ponatinib Regorafenib Ruxolitinib Sorafenib (Nexavar®) Sunitinib Vemurafenib (Zelboral®) Afatinib (Giotrif®) Lipegfilgrastim (Lonquex) Oxaliplatin Paclitaxel Topotecan Trastuzumab Nintedanib Cabazitaxel Docetaxel Temozolomide Eribulin (mesilate) Tretinoin Erlotinib Axitinib (Inlyta®) Crizotinib (Xalkori®)					✓
Imatinib Irinotecan Bosutinib Ceritinib (Zykadia®) Dabrafenib Idelalisib Nilotinib Ponatinib Regorafenib Ruxolitinib Sorafenib (Nexavar®) Sunitinib Vemurafenib (Zelboral®) Afatinib (Giotrif®) Lipegfilgrastim (Lonquex) Oxaliplatin Paclitaxel Topotecan Trastuzumab Nintedanib Cabazitaxel Docetaxel Temozolomide Eribulin (mesilate) Tretinoin Erlotinib Axitinib (Inlyta®) Crizotinib (Xalkori®)					✓
Irinotecan Bosutinib Ceritinib (Zykadia®) Dabrafenib Idelalisib Nilotinib Ponatinib Regorafenib Ruxolitinib Sorafenib (Nexavar®) Sunitinib Vemurafenib (Zelboral®) Afatinib (Giotrif®) Lipegfilgrastim (Lonquex) Oxaliplatin Paclitaxel Topotecan Trastuzumab Nintedanib Cabazitaxel Docetaxel Temozolomide Eribulin (mesilate) Tretinoin Erlotinib Axitinib (Inlyta®) Crizotinib (Xalkori®)					✓
Bosutinib Ceritinib (Zykadia®) Dabrafenib Idelalisib Nilotinib Ponatinib Regorafenib Ruxolitinib Sorafenib (Nexavar®) Sunitinib Vemurafenib (Zelboral®) Afatinib (Giotrif®) Lipegfilgrastim (Lonquex) Oxaliplatin Paclitaxel Topotecan Trastuzumab Nintedanib Cabazitaxel Docetaxel Temozolomide Eribulin (mesilate) Tretinoin Erlotinib Axitinib (Inlyta®) Crizotinib (Xalkori®)					✓
Ceritinib (Zykadia®) Dabrafenib Idelalisib Nilotinib Ponatinib Regorafenib Ruxolitinib Sorafenib (Nexavar®) Sunitinib Vemurafenib (Zelboral®) Afatinib (Giotrif®) Lipegfilgrastim (Lonquex) Oxaliplatin Paclitaxel Topotecan Trastuzumab Nintedanib Cabazitaxel Docetaxel Temozolomide Eribulin (mesilate) Tretinoin Erlotinib Axitinib (Inlyta®) Crizotinib (Xalkori®)					✓
Dabrafenib Idelalisib Nilotinib Ponatinib Regorafenib Ruxolitinib Sorafenib (Nexavar®) Sunitinib Vemurafenib (Zelboral®) Afatinib (Giotrif®) Lipegfilgrastim (Lonquex) Oxaliplatin Paclitaxel Topotecan Trastuzumab Nintedanib Cabazitaxel Docetaxel Temozolomide Eribulin (mesilate) Tretinoin Erlotinib Axitinib (Inlyta®) Crizotinib (Xalkori®)					✓
Idelalisib Nilotinib Ponatinib Regorafenib Ruxolitinib Sorafenib (Nexavar®) Sunitinib Vemurafenib (Zelboral®) Afatinib (Giotrif®) Lipegfilgrastim (Lonquex) Oxaliplatin Paclitaxel Topotecan Trastuzumab Nintedanib Cabazitaxel Docetaxel Temozolomide Eribulin (mesilate) Tretinoin Erlotinib Axitinib (Inlyta®) Crizotinib (Xalkori®)					✓
Nilotinib Ponatinib Regorafenib Ruxolitinib Sorafenib (Nexavar®) Sunitinib Vemurafenib (Zelboral®) Afatinib (Giotrif®) Lipegfilgrastim (Lonquex) Oxaliplatin Paclitaxel Topotecan Trastuzumab Nintedanib Cabazitaxel Docetaxel Temozolomide Eribulin (mesilate) Tretinoin Erlotinib Axitinib (Inlyta®) Crizotinib (Xalkori®)					✓
Ponatinib Regorafenib Ruxolitinib Sorafenib (Nexavar®) Sunitinib Vemurafenib (Zelboral®) Afatinib (Giotrif®) Lipegfilgrastim (Lonquex) Oxaliplatin Paclitaxel Topotecan Trastuzumab Nintedanib Cabazitaxel Docetaxel Temozolomide Eribulin (mesilate) Tretinoin Erlotinib Axitinib (Inlyta®) Crizotinib (Xalkori®)					✓
Regorafenib Ruxolitinib Sorafenib (Nexavar®) Sunitinib Vemurafenib (Zelboral®) Afatinib (Giotrif®) Lipegfilgrastim (Lonquex) Oxaliplatin Paclitaxel Topotecan Trastuzumab Nintedanib Cabazitaxel Docetaxel Temozolomide Eribulin (mesilate) Tretinoin Erlotinib Axitinib (Inlyta®) Crizotinib (Xalkori®)					✓
Ruxolitinib Sorafenib (Nexavar®) Sunitinib Vemurafenib (Zelboral®) Afatinib (Giotrif®) Lipegfilgrastim (Lonquex) Oxaliplatin Paclitaxel Topotecan Trastuzumab Nintedanib Cabazitaxel Docetaxel Temozolomide Eribulin (mesilate) Tretinoin Erlotinib Axitinib (Inlyta®) Crizotinib (Xalkori®)					✓
Sorafenib (Nexavar®) Sunitinib Vemurafenib (Zelboral®) Afatinib (Giotrif®) Lipegfilgrastim (Lonquex) Oxaliplatin Paclitaxel Topotecan Trastuzumab Nintedanib Cabazitaxel Docetaxel Temozolomide Eribulin (mesilate) Tretinoin Erlotinib Axitinib (Inlyta®) Crizotinib (Xalkori®)					✓.
Sunitinib Vemurafenib (Zelboral®) Afatinib (Giotrif®) Lipegfilgrastim (Lonquex) Oxaliplatin Paclitaxel Topotecan Trastuzumab Nintedanib Cabazitaxel Docetaxel Temozolomide Eribulin (mesilate) Tretinoin Erlotinib Axitinib (Inlyta®) Crizotinib (Xalkori®)					✓
Vemurafenib (Zelboral®) Afatinib (Giotrif®) Lipegfilgrastim (Lonquex) Oxaliplatin Paclitaxel Topotecan Trastuzumab Nintedanib Cabazitaxel Docetaxel Temozolomide Eribulin (mesilate) Tretinoin Erlotinib Axitinib (Inlyta®) Crizotinib (Xalkori®)					✓
Afatinib (Giotrif®) Lipegfilgrastim (Lonquex) Oxaliplatin Paclitaxel Topotecan Trastuzumab Nintedanib Cabazitaxel Docetaxel Temozolomide Eribulin (mesilate) Tretinoin Erlotinib Axitinib (Inlyta®) Crizotinib (Xalkori®)					✓
Lipegfilgrastim (Lonquex) Oxaliplatin Paclitaxel Topotecan Trastuzumab Nintedanib Cabazitaxel Docetaxel Temozolomide Eribulin (mesilate) Tretinoin Erlotinib Axitinib (Inlyta®) Crizotinib (Xalkori®)					✓
Oxaliplatin Paclitaxel Topotecan Trastuzumab Nintedanib Cabazitaxel Docetaxel Temozolomide Eribulin (mesilate) Tretinoin Erlotinib Axitinib (Inlyta®) Crizotinib (Xalkori®)					✓
Paclitaxel Topotecan Trastuzumab Nintedanib Cabazitaxel Docetaxel Temozolomide Eribulin (mesilate) Tretinoin Erlotinib Axitinib (Inlyta®) Crizotinib (Xalkori®)					✓
Topotecan Trastuzumab Nintedanib Cabazitaxel Docetaxel Temozolomide Eribulin (mesilate) Tretinoin Erlotinib Axitinib (Inlyta®) Crizotinib (Xalkori®)					✓
Trastuzumab Nintedanib Cabazitaxel Docetaxel Temozolomide Eribulin (mesilate) Tretinoin Erlotinib Axitinib (Inlyta®) Crizotinib (Xalkori®)					<u> </u>
Nintedanib Cabazitaxel Docetaxel Temozolomide Eribulin (mesilate) Tretinoin Erlotinib Axitinib (Inlyta®) Crizotinib (Xalkori®)					→
Cabazitaxel Docetaxel Temozolomide Eribulin (mesilate) Tretinoin Erlotinib Axitinib (Inlyta®) Crizotinib (Xalkori®)					→
Docetaxel Temozolomide Eribulin (mesilate) Tretinoin Erlotinib Axitinib (Inlyta®) Crizotinib (Xalkori®)					
Temozolomide Eribulin (mesilate) Tretinoin Erlotinib Axitinib (Inlyta®) Crizotinib (Xalkori®)					√
Eribulin (mesilate) Tretinoin Erlotinib Axitinib (Inlyta®) Crizotinib (Xalkori®)					→
Tretinoin Erlotinib Axitinib (Inlyta®) Crizotinib (Xalkori®)					✓
Erlotinib Axitinib (Inlyta®) Crizotinib (Xalkori®)					→
Axitinib (Inlyta®) Crizotinib (Xalkori®)					→
Crizotinib (Xalkori®)					→
					→
Cadozantinid (Cadometyx®)					→
Carfilzomib (Kyprolis®)					→

	Mycophenolic acid	+	 	✓	_
Chapter/Section/Drug		Primary Care		Acute	-
		CHPs	Mental Health Specialties	Services	
8.2.2	Corticosteroids and other immunosuppre				
	Ciclosporin [Cyclosporin]	<u> </u>	<u> </u>	√	
	Prednisolone	√	✓.	√	
	Methylprednisolone	•	ф	*	
8.2.3	Tacrolimus Rituximab	₩	₩		_
8.2.3	Rituximab 10mg/ml Concentrate for infu	sion (MahTher	-a@)	1	
	Alemtuzumab (Lemtrada®)	SIOIT (IVIADITIE	a0)	· ·	-
	Obinutuzumab			· ✓	-
	Blinatumomab (Blincyto®)			· ✓	-
	Nivolumab (Opdivo®)			✓	-
8.2.4	Other immunomodulating drugs				-
	Interferon-alfa (Haematology use only)	+		✓	
	Peginterferon Alfa (Pegasys®)			✓	_
	Viraferon® (Hepatitis B)			✓	
	Interferon alfa 2b (Viraferon & Intron A)	18 million IU. S	Solution For inje	ection, 🗸	_
	multidose pen in Combination with ribay	arin (Rebetol®) capsules 200	mg	
	Peginterferon Solution for Injection (Ple	gridy®) (Res	tricted Specialis		_
	Dimethyl Fumarate (Tecfidera®)(Restric		se)	✓	
	Fingolimod (Gilenya®) (Restricted Speci			✓	
	Glatiramer Acetate (Copaxone) (Restrict	ed Specialist Us	se)	✓	
	Mifamurtide			√	
	Lenalidomide (Revlimid®)			<u> </u>	_
	Pomalidomide			√	_
	Thalidomide (Restricted to Consultant Hae	ematologist use	only)		_
	Mifamurtide				_
	Natalizumab (Specialist Initiation) Teriflunomide (Aubagio®) (Restricted Sp	!-!!-(!!)		<u> </u>	_
	Others	ecialist Use)		· · · · · · · · · · · · · · · · · · ·	_
	BCG bladder instillation			✓	
8.3	Sex hormones and hormone antagon	ists in malian	ant dispaso	•	
8.3.1	Oestrogens	ists in mangin	ant discuse		
	Ethinylestradiol [Ethinyloestradiol]	+	+	✓	
8.3.2	Progestogens				
	Medroxyprogesterone acetate	✓	✓	✓	
	Megestrol acetate	✓	✓	✓	
	Norethisterone	✓	✓	✓	
8.3.4	Hormone antagonists				
	Tamoxifen	+	+	√	
	Abiraterone Acetate			✓	
	Anastrozole			✓	
	Degarelix	<u> </u>	<u> </u>		
	Histrelin	+	<u>+</u>		
	Letrozole	+	•		
	Cyproterone acetate	+	<u> </u>		
	Enzalutamide (Xtandi®)		+		
	Flutamide				
	Bicalutamide Goserelin		+		
	GUSEIEIIII	Ψ	Ψ	· · · · · · · · · · · · · · · · · · ·	

Exemestane	+	+	✓
Leuprorelin (Prostap DCS®)	✓	✓	✓
Octreotide	+	+	✓
Pacirootide (Signifor®)	4	+	

Chapter	Chapter/Section/Drug		Primary Care	
		CHPs	Mental Health Specialties	Services
9	Nutrition and Blood			
9.1	Anaemias and some other blood disorde	ers		
9.1.1	Iron-deficiency anaemias			
9.1.1.1	Oral Iron			
	Ferrous sulphate	✓	✓	✓
	Ferrous fumarate (Fersamal) (1st Line)	✓	✓	✓
	Pregaday®	+	+	✓
	For midwife initiation only			
	Ferrous gluconate	✓	✓	✓
	Sodium feredetate	✓	✓	✓
9.1.1.2	Parenteral Iron			
	Ferric Carboxymaltose			✓
	Iron Sucrose (Venofer®)			✓
9.1.2	Drugs used in megaloblastic anaemias			_
	Folic Acid	√	✓	✓
	Hydroxocobalamin	✓	✓	✓
Comment	Giving vitamin B12 without further investigation, due subsequent accurate diagnosis. Intrinsic factor antib			
	of high levels of high levels of B12 (serum B12 leve			
	there is clinical suspicion of sub-acute combined de			
	immediately after generous samples for analysis are			
9.1.3	Drugs used in hypoplastic, haemolytic, and			
0.1.0	Darbepoetin alfa	 	•	✓
	Epoetin delta	•	<u> </u>	√
	Epoetin alfa	•	<u> </u>	1
	Epoetin did Epoetin beta	-	-	·
	Epoetin zeta	•	•	·
	Deferasirox	•		·
Comment	Epoetin for renal unit/shared care use only.	<u> </u>	<u> </u>	•
9.1.4	Drugs used in platelet disorders			
9.1.4	9 1	with West of Scot	and Cancor Not	work Protocole
	Eltrombopag (Revolade)	with west of Scott	and Cancer Net	WOIK PIOLOCOIS
9.1.6	Drugs used in neutropenia			•
9.1.0	Filgrastim (restricted - haematology/oncolo	av uso only)		
9.1.7	Drugs used to mobilise stem cells	gy use only)		•
3.1.7	Plerixafor (Mozobil®) [for use upon Tertiary	/ Recommendati	ion1	1
9.2	Fluids and electrolytes	recommendati	long	•
9.2.1	Oral preparations for fluid and electrolyte in	halance		
0.2.1	Potassium chloride (Sando-K®, Kay-Cee-	<i>√</i>	✓	✓
	L syrup®)			
	Calcium polystyrene sulphonate (Calcium r	esonium®)		✓
	Sodium polystyrene sulphonate (Resonium			✓
	Oral rehydration salts	√	✓	✓
	Sodium bicarbonate	•	+	✓
9.2.2	Parenteral preparations for fluid and electron			
9.2.2.1	Electrolytes and water	.,		
	Sodium chloride		✓	✓
	Sodium chloride/glucose			✓
	Sodium chloride with Potassium		✓	✓

	Glucose		✓	✓
	Glucose with Potassium		✓	✓
	Potassium chloride strong solution			✓
	Sodium bicarbonate			✓
Chapter	/Section/Drug	Primary	Care	Acute
		CHPs	Mental Health Specialties	Service
9.2.2.2	Plasma and plasma substitutes Volulyte®			4
9.4	Oral Nutrition Dietetic recommendation			
9.5	Minerals			
Comment	Refer to Hypomagnesaemia in Adults Guideline and Hy Guideline (Appendix 11).	pophosphataem	ia in Adults	
9.5.1	Calcium and magnesium Sandocal®	4	4	✓
	Calcium-Sandoz® syrup	✓	✓	✓
	Calcium Gluconate Injection			✓
	Magnesium aspartate dehydrate (Magnaspartate®)	✓	✓	✓
	Magnesuim sulphate injection			✓
9.5.2	Phosphorus			
9.5.2.2	Phosphate binding agents			
	Aluminium hydroxide			✓
	Calcium Salts (1 st Line)	✓	✓	✓
	Lanthanum	✓	✓	✓
	Sevelamer (2 nd Line)	✓	✓	✓
9.5.4	Zinc			
	Zinc sulphate (Solvazinc®)			✓
9.6	Vitamins			
9.6.1	Vitamin A			
	Vitamins A and D	✓	✓	✓
	Vitamins A C and D	✓	✓	✓
9.6.2	Vitamin B			
	Thiamine (Vit B1)	✓	✓	✓
	Pyridoxine (Vit B6)	✓	✓	✓
	Nicotinamide	✓	✓	✓
	Vitamins B and C IV/HP (Pabrinex®)		✓	
9.6.3	Vitamin C			
	Ascorbic acid	✓	✓	✓
9.6.4	Vitamin D			
	Ergocalciferol (readily available as	✓	✓	✓
	calcium and ergocalciferol)			
	Alfacalcidol	+	+	✓
	Calcium and colecalciferol (Adcal-D3® & Calfovit D3®)	✓	✓	✓
	Colecalciferol drops & solution (InVita D3®)	✓	- ✓	✓
Comment	Refer to Investigation and Treatment of Vitamin D De		ults	
	Colecalciferol (800iu equiv. to 20 micrograms vitamin D ³)		✓	✓
0.00				
9.6.6	Vitamin K	,	,	,
	Phytomenadione		✓	<u> </u>
	Menadiol sodium phosphate	+		√
	Konakion MM®	•		<u> </u>
	Konakion MM Paediatric®	./		./

9.6.7	Multivitamin preparations Vitamin A, B group, C,and D (Abidec® & Dalivit®)	✓	✓	✓
	Forceval ®(+/-junior) Capsules	✓	✓	✓
	Vitamin Capsules BPC	✓	✓	✓
Chapter/	/Section/Drug	Primary	Care	Acute
		CHPs	Mental Health Specialties	Services
9.8	Metabolic disorders			
9.8.1	Drugs used in matabolic disorders			
	Betaine anhydrous oral powder (Cystadane®) (restricted use-specialist Initiation only)	\$	\$	✓
10	Musculoskeletal and joint diseases			
10.1	Drugs used in rheumatic diseases and ge	out		
10.1.1	Non-steroidal anti-inflammatory drugs			
	Ibuprofen	✓	√	√
	Diclofenac sodium (not M/R product)	✓	√	√
	Diclofenac 75mg/2ml Sol'n for intravenous	injection (Dyloje	ct®)	✓
	(Restricted use for post operative pain)	✓		
	Naproxen Celecoxib (not 1st line)	,		
	Etoricoxib (Alternative to Celecoxib)	· ·	· ·	· ·
10.1.2	Corticosteroids	•		· · · · · · · · · · · · · · · · · · ·
10.1.2	Triamcinolone hexacetanide	✓		✓
	Methylprednisolone acetate	✓		✓
	Hydrocortisone acetate	✓		✓
10.1.3	Drugs which suppress the rheumatic diseas Sodium aurothiomalate	e process •	+	✓
	Penicillamine	+	+	✓
	Hydroxychloroquine sulphate	+	+	✓
	Cyclophosphamide	+	+	✓
	Azathioprine	+	+	✓
	Ciclosporin (Prescribe by brand)	+	. +	✓
Comment	Due to differences in bioavailability ciclosporin brand			houmatalagu
	Mycophenolate	Specialist recom	pert for SLE only	
	Methotrexate	+	+	✓
	Leflunomide	Rheumatolo	gy recommenda	ition only
	Abatacept	\$	+	✓
	Adalimumab	Rheumatolo	gy recommenda	tion only
	Certolizumab		gy recommenda	<u> </u>
	Etanercept		gy recommenda	
	Golimumab		gy recommenda	<u> </u>
	Infliximab		gy recommenda	·
	Rituximab		gy recommenda	<u> </u>
	Ustekinumab (Stelara®)	Rheumatol	ogy recommend	ation only
	Tocilizumab (RoActemra®)			<u> </u>
	Sulphasalazine (EC formulation)	+	+	✓
10.1.4	Drugs for treatment of gout Colchicine (acute attack)	✓	✓	✓
Comment	Caution with course length/total dose of colchicine -	refer to BNF.		
	Allopurinol (prophylaxis)	✓	✓	✓
	<u> </u>			

hapter/Section/Drug	Primary Care		Acute	
	CHPs	Mental Health Specialties	Services	
Febuxostat (Adenuric®) (Restricted specialist initiation only)	+	+	✓	

Chapter	/Section/Drug	Primary Care		Acute	
		CHPs	Mental Health Specialties	Services	
10.2	Drugs used for neuromuscular disor	ders			
10.2.1	Drugs which enhance neuromuscular to	ransmission			
	Neostigmine	•	+	✓	
	Distigmine (see section 7.4.1)	•	+	✓	
	Edrophonium chloride	+	+	✓	
	Pyridostigmine bromide	•	+	✓	
10.2.2	Skeletal muscle relaxants				
	Baclofen	•	- ✓	√	
	Dantrolene	•	+	√	
	Diazepam (short term use)	✓	✓	√	
	Quinine Sulphate (300mg)	✓	+	✓	
0.3	Drugs for the relief of soft-tissue dis	orders and t	opical pain	relief	
0.3.1	Enzymes				
	Collagenase Clostridium			✓	
	Histolyticium (Xiapex®)				
	Hyaluronidase			✓	
0.3.2	Rubefacients, topical NSAIDs,				
	capsaicin and poultices				
	Ibuprofen				
	Capsaicin	✓	+	✓	
	O	4	,4	,	
	Capsaicin Patch 8% (Qutenza®) –	t training is regu	ired for applica	✓ ation of natch)	
	(Recommended by pain clinic only. Specialis			ation of patch)	
11	(Recommended by pain clinic only. Specialis Algesal®			✓ ation of patch)	
	(Recommended by pain clinic only. Specialis Algesal® Eye	t training is requ ✓	uired for applica		
	(Recommended by pain clinic only. Specialis Algesal® Eye Optometrist Independent Prescribers (IPs) w	t training is requ	uired for application		
Comment	(Recommended by pain clinic only. Specialis Algesal® Eye Optometrist Independent Prescribers (IPs) w prescribe any item considered suitable for an option of the control	t training is requ	uired for application		
Comment	(Recommended by pain clinic only. Specialis Algesal® Eye Optometrist Independent Prescribers (IPs) w prescribe any item considered suitable for an Anti-infective eye preparations	t training is requ	uired for application		
Comment	(Recommended by pain clinic only. Specialis Algesal® Eye Optometrist Independent Prescribers (IPs) w prescribe any item considered suitable for an option of the control	t training is requ	uired for application		
11.3 1.3.1	(Recommended by pain clinic only. Specialis Algesal® Eye Optometrist Independent Prescribers (IPs) w prescribe any item considered suitable for an Anti-infective eye preparations Antibacterials Chloramphenicol	t training is requ	ute Services wito prescriber	Il be eligible to ✓	
11.3 1.3.1	Recommended by pain clinic only. Specialis Algesal® Eye Optometrist Independent Prescribers (IPs) we prescribe any item considered suitable for an analysis of the considered suitable for an analy	rorking in the Accophthalmologist	ute Services wito prescriber	Il be eligible to ✓	
Comment 11.3 1.3.1	(Recommended by pain clinic only. Specialis Algesal® Eye Optometrist Independent Prescribers (IPs) we prescribe any item considered suitable for an example of the considered suitable of the considered s	rorking in the Accophthalmologist	ute Services wito prescriber	Il be eligible to ✓	
Comment 11.3 1.3.1	(Recommended by pain clinic only. Specialis Algesal® Eye Optometrist Independent Prescribers (IPs) we prescribe any item considered suitable for an example of the considered suitable of t	rorking in the Accophthalmologist	ute Services wito prescriber endation that the twell founded.	Il be eligible to	
Comment 11.3 11.3.1	Recommended by pain clinic only. Specialis Algesal® Eye Optometrist Independent Prescribers (IPs) we prescribe any item considered suitable for an analysis of the considered suitable for analysis of the considered suitable for an analysis	rorking in the Accophthalmologist	ute Services wito prescriber endation that the twell founded.	Il be eligible to	
Comment 11.3 1.3.1	Recommended by pain clinic only. Specialis Algesal® Eye Optometrist Independent Prescribers (IPs) we prescribe any item considered suitable for an example of the considered of th	rorking in the Accophthalmologist	ute Services wito prescriber endation that the well founded.	Il be eligible to	
Comment 11.3 1.3.1	(Recommended by pain clinic only. Specialis Algesal® Eye Optometrist Independent Prescribers (IPs) w prescribe any item considered suitable for an analysis of the considered suitable and the considered suitable and the considered suitable for an analysis of the considered suitable for an analysis of the consideration of	rorking in the Accophthalmologist	ute Services wito prescriber	Il be eligible to	
11.3 1.3.1	(Recommended by pain clinic only. Specialis Algesal® Eye Optometrist Independent Prescribers (IPs) w prescribe any item considered suitable for an Anti-infective eye preparations Antibacterials Chloramphenicol Chloramphenicol eye drops are well tolerated a be avoided because of increased risk of aplastification Fusidic acid Gentamicin Ofloxacin (IPs) Levofloxacin (drops and preservative free)	rorking in the Acophthalmologist und the recomme c anaemia is not	ute Services wito prescriber endation that the twell founded.	Il be eligible to	
11.3 1.3.1 Comment	(Recommended by pain clinic only. Specialis Algesal® Eye Optometrist Independent Prescribers (IPs) w prescribe any item considered suitable for an analysis of the considered suitable and the considered suitable and the considered suitable for an analysis of the considered suitable for an analysis of the consideration of	rorking in the Acophthalmologist und the recomme c anaemia is not	ute Services wito prescriber	Il be eligible to	
11.3 1.3.1 Comment	Recommended by pain clinic only. Specialis Algesal® Eye Optometrist Independent Prescribers (IPs) we prescribe any item considered suitable for an example of the consideration	rorking in the Accomplishment of the Accomplete	ute Services wito prescriber endation that the twell founded.	Il be eligible to	
200mment 11.3 1 1.3.1 Comment 11.3.3 1 1.3.3	Recommended by pain clinic only. Specialis Algesal® Eye Optometrist Independent Prescribers (IPs) we prescribe any item considered suitable for an example of the considered suitable for an example of the considered suitable for an exam	rorking in the Accomplishment of the Accompl	ute Services wito prescriber andation that the twell founded.	ey should	
11.3 1.3.1 Comment	(Recommended by pain clinic only. Specialis Algesal® Eye Optometrist Independent Prescribers (IPs) we prescribe any item considered suitable for an example of the considered suitable of t	rorking in the Accomplishment of the Accompl	ute Services wito prescriber andation that the twell founded.	ey should	
200mment 11.3 11.3.1 12.0 12.3 11.3.1 11.3.3 11.4 11.4.1	Recommended by pain clinic only. Specialis Algesal® Eye Optometrist Independent Prescribers (IPs) we prescribe any item considered suitable for an analysis of the control of the contro	rorking in the Accophthalmologist and the recomme c anaemia is not amoeba) Op IPs) \$ nmatory preparations are a second and a second	ute Services wito prescriber andation that the twell founded.	ey should	
11.3.1 Comment 11.3.1 11.3.1 11.3.1 11.3.3	Recommended by pain clinic only. Specialis Algesal® Eye Optometrist Independent Prescribers (IPs) was prescribe any item considered suitable for an example of the consideration of the consideratio	rorking in the Accophthalmologist and the recomme c anaemia is not amoeba) Op IPs) \$ nmatory preparations are a second and a second	ute Services wito prescriber andation that the twell founded.	ey should	
11.3.1 Comment 11.3.3 11.3.3 11.4 11.4.1 11.4.1	Recommended by pain clinic only. Specialis Algesal® Eye Optometrist Independent Prescribers (IPs) was prescribe any item considered suitable for an example of the considerable	rorking in the Accophthalmologist and the recomme canaemia is not amoeba) Op IPs) In the recomme canaemia is not amoeba) Op IPs) In the recomme canaemia is not amoeba) Op	ute Services wito prescriber and attion that the well founded. And the well founded. And the well founded the well founded. And the well founded the well f	ey should	
11.3.1 Comment 11.3.1 11.3.1 11.3.1 11.3.3	Recommended by pain clinic only. Specialis Algesal® Eye Optometrist Independent Prescribers (IPs) we prescribe any item considered suitable for an example of the considerable o	rorking in the Accophthalmologist and the recomme canaemia is not amoeba) Op IPs) In the recomme canaemia is not amoeba) Op IPs) In the recomme canaemia is not amoeba) Op	ute Services wito prescriber and attion that the well founded. And the well founded. And the well founded the well founded. And the well founded the well f	ey should	
11.3.1 Comment 11.3.1 11.3.1 11.3.1 11.3.3	Recommended by pain clinic only. Specialis Algesal® Eye Optometrist Independent Prescribers (IPs) was prescribe any item considered suitable for an example of the considerable	rorking in the Acophthalmologist and the recomme c anaemia is not amoeba) Op IPs) Imatory prepidential operations of the prepidential operations of th	ute Services wito prescriber condition that the twell founded.	ey should	
11.3.1 Comment 11.3.1 11.3.1 11.3.1 11.3.3	Recommended by pain clinic only. Specialis Algesal® Eye Optometrist Independent Prescribers (IPs) we prescribe any item considered suitable for an example of the consideration	rorking in the Accophthalmologist and the recomme canaemia is not amoeba) Op IPs) matory prep Id not initiate cor	ute Services wito prescriber condition that the twell founded.	ey should v v v use only hout advice.	
11.3.1 Comment 11.3.1 11.3.1 11.3.1 11.3.3	Recommended by pain clinic only. Specialis Algesal® Eye Optometrist Independent Prescribers (IPs) we prescribe any item considered suitable for an example of the considerable	rorking in the Accophthalmologist and the recomme c anaemia is not amoceba) Op IPs) amotory prepident of the initiate cor Op	ute Services wito prescriber andation that the well founded. twell founded. the hathalmologist of the parations ticosteroids with	ey should	
1.3.1 Comment 1.3.1 1.3.1 1.3.1 1.3.3	Recommended by pain clinic only. Specialis Algesal® Eye Optometrist Independent Prescribers (IPs) was prescribe any item considered suitable for an example of the consideration	rorking in the Accophthalmologist and the recomme c anaemia is not amoceba) Op IPs) amotory prepident of the initiate cor Op	ute Services wito prescriber and attion that the well founded. the hithalmologist of the parations ticosteroids with the hithalmologist of the parations	ey should	
1.3.1 Comment 1.3.3 1.3.1 1.3.3 1.3.4 1.4.1	Recommended by pain clinic only. Specialis Algesal® Eye Optometrist Independent Prescribers (IPs) w prescribe any item considered suitable for an antibacterials Chloramphenicol eye drops are well tolerated a be avoided because of increased risk of aplastification of Incompanies (IPs) Levofloxacin (IPs) Levofloxacin (drops and preservative free) Brolene® & Chlorhexidine (for acantha Antivirals Aciclovir (on advice from secondary care) (IPs) Corticosteroids and other anti-infalm Corticosteroids Ophthalmologist recommendations - GPs should be Betamethasone (Betnesol® Drops & Oint, Betnesol-N® Drops) (IPs) Dexamethasone (Maxidex® Drops & Maxitrol® Oint.) (IPs) Dexamethasone Minims®) (IPs)	rorking in the Accophthalmologist working in the A	ute Services wito prescriber and attion that the well founded. and the well founded. and the well founded with the well founded. but the services with the well founded with the well founded. but the services with the well founded with the well founded.	ey should y y use only hout advice.	

	Dexamethasone (Ozudrex®) (IPs)	Opht	halmologist use or	nly
Chapter	/Section/Drug	Primary	Care	Acute
		CHPs	Mental Health Specialties	Services
11.4.2	Other anti-inflammatory preparations	✓	./	./
	Olopatadine (IPs) Antazoline (Otrivine-Antistin®)(IPs)			<u> </u>
Comment	Otrivine-Antistin® also contains the sympathomime angle-closure glaucoma.	tic xylometazo	line. It should be a	avoided in
	Azelastine (IPs)	+	+	✓
	Lodoxamide (IPs)	+	+	✓
	Nedocromil (2nd line) (IPs)	✓	✓	✓
	Sodium Cromoglicate (IPs)	✓	✓	✓
11.5	Mydriatics and cycloplegics Atropine 1% (Drops & Minims®)(IPs)	+	+	√
	Cyclopentolate (Drops & Minims®)(IPs)	 	+	✓
	Tropicamide 1% (Drops & Minims®)(IPs)	✓	+	✓
	Phenylephrine (10% Drops, 2.5% & 10% Minims®) (IPs)	\$	\$	✓
11.6	Treatment of glaucoma			
Comment	Where clinically indicated preservative-free version			
	Pilocarpine	+	+	<u> </u>
	Brimonidine	•	•	✓
	Betaxolol	+	<u> </u>	
	Timolol	√	√	· ·
	Timolol 0.5% preservative free	<u> </u>	<u> </u>	✓
Comment	Please refer to CSM guidance on Beta-blocker use appropriate if both constituents are on the formular	y.		
	Acetazolamide	 	+	✓
Comment	Acetazolamide can be initiated in Primary Care unde	er ophthalmolo	gist advice	
	Brinzolamide	 	+	✓
	Dorzolamide (drops & preservative free)	+	+	✓
	Bimatoprost	+	+	✓
	Latanoprost	+	+	✓
	Tafluprost (if proven sensitivity to benzalkonium chloride)	+	+	✓
	Travoprost	+	+	✓
11.7	Local anaesthetics			
	Proxymetacaine Minims® (less stinging than others)	✓		✓
	Lidocaine and Fluoresceine Minims®			✓
	Oxybupricaine Minims® (IPs)			✓
	Tetracaine [Amethocaine] 1% Minims® (II	Ps)		✓
	Cocaine10% paste			✓
	Cocaine 4% drops & 10% paste			✓

Chapter	/Section/Drug	Primary	/ Care	Acute
		CHPs	Mental Health Specialties	Services
11.8	Miscellaneous ophthalmic preparations			
11.8.1	Tear deficiency, ocular lubricants and astringents			,
	Acetylcysteine	<u> </u>	<u> </u>	√
	Carbomer980(polyacrylic acid)0.2%	✓	✓	✓
	(1 st Line)			
	Carmellose sodium 0.5% (drops & p.f.)	·/	· · ·	
• .	Hydroxyethylcellulose			•
Comment	Preservative free for use in patients with allergy to preserv more than 4 doses of preservative per day.			
	Hydroxypropyl guar (drops & preservative free)	✓	✓	<u>√</u>
	Hypromellose 0.3% (drops & preservative free)	✓.	✓	✓
	Liquid paraffin	✓	√	✓
	Sodium hyaluronate (0.1% & 0.2% drops	✓	✓	✓
	and 0.2% preservative free)			
11.8.2	Optive® Fusion		∀	V
11.8.2	Ocular diagnostic and peri-operative preparation Fluorescein sodium (Minims®)	s and phot	odynamic trea	tment •
	Fluorescein sodium (Strips)	·		
	Acetylcholine	•	•	· /
	Apraclonidine(0.5% drops & 1% preservative fre		,	<u>√</u>
	Diclofenac Sodium 0.1%	•	<u>.</u>	√
	Flurbiprofen 0.3%	•	•	✓
	Flurbiprofen 0.3% and Penicillin 0.3% eye drops	. +	•	✓
	Ketorolac 0.5%	+	+	✓
	Nepafenac	+	+	✓
	Aflibercept (Eylea®)			✓
	Ocriplasmin (Jetrea®)			✓
Comment	Severe corneal infection (keratitis) should be managed with microbiology sensitivities.	th ofloxacin i	nitially pending	
	Cefuroxime 5% eye drops (severe keratitis)			✓
	Penicillin 0.3% eye drops (severe keratitis)			✓
	Gentamicin 1.5% eye drops (severe keratitis)			✓
	Natamycin (fungal keratitis)			✓
Comment	Severe intraocular infection (endophthalmitis) should be m Ophthalmologist guidelines and following discussion with t http://www.reophth.ac.uk/docs/scientific/IVTRevisionfinal2 http://www.mrcophth.com/focus1/endophthalmitis.html	he local Vitre		of
	Vancomycin (endophthalmitis)			✓
	Amikacin (endophthalmitis)			✓
	Ceftazidime (endophthalmitis)			✓
	Amphoteracin B (endophthalmitis)			✓
	Ranibizumab (Specialist Use Only according to	SMC Resti	riction)	✓
	Others			
	Ciclosporin eye drops			✓
	Dexamethasone sodium injection preservative fr	ree		✓
	Disodium edetate (EDTA) 0.37% eye drops (corneal burns)			✓
	Fluorescein IV 20%			✓
	Hyaluronidase 1500 units			✓
	Hydroxyamphetamine eye drops (for pupil testin	g)		✓
	Potassium ascorbate (ascorbic acid 10%)			✓
	Povidone-iodine 5%			✓
	Trifluorothimidine eye drops (2 nd line after Acicl	ovir)		✓

Chapter	/Section/Drug	Primar	y Care	Acute	
		CHPs	Mental Health Specialties	Services	
12	Ear, Nose and Oropharynx				
12.1	Drugs acting on the ear				
12.1.1	Otitis externa		,	,	
	Betamethasone sodium phosphate (Betnesol®)	✓	<u> </u>		
	Betnesol-N®	-	→	→	
	Flumetasone Pivalate (Locorten-Vioform®)	-	<u> </u>		
	Gentisone HC®	✓	→	→	
	Prednisolone (Predsol®)	√	→	→	
	Predsol-N®	·		→	
	Gentamicin (Genticin®, Garamycin®)	✓		· ·	
	Triadcortyl-Otic®			✓	
12.1.3	Removal of ear wax	,	,	,	
	Cerumol®	√		→	
	Sodium bicarbonate 5%	✓	✓	✓	
12.2	Drugs acting on the nose				
12.2.1	Drugs used in nasal allergy	,	,	_	
	Azelastine Hydrochloride	<i>-</i>	✓	-	
	Beclometasone Dipropionate (1st Line)				
	Betamethasone sodium phosphate	<u> </u>	✓	→	
	Budesonide	-	→	· ·	
-	Fluticasone	✓	√	✓	
Comment	Avamys is the most cost-effective fluticasone–containing of	option for pro	hylaxis and treati	ment of	
	allergic rhinitis. Flixonase Nasule 1st Line for nasal polyps Mometasone Furoate (Nasonex®) (2nd line)	1	√	1	
			— <i>'</i>	· /	
40.00	Sodium Cromoglicate		<u> </u>	*	
12.2.2	Topical nasal decongestants	1	✓	1	
	Ephedrine Hydrochloride (under 12 year olds)	-			
	Sodium Chloride 0.9% (for infants)				
	Xylometazoline Hydrochloride				
12.2.3	Ipratropium Bromide (Rinatec®)	•	· · · · · ·		
12.2.3	Nasal preparations for infection and epistaxis Mupirocin (Bactoban Nasal®)	1	1	1	
	Naseptin®	-			
40.0	•	· ·	· ·	•	
12.3 12.3.1	Drugs acting on the oropharynx Drugs for oral ulceration and inflammation				
12.3.1	Benzydamine Hydrochloride	1	1	1	
	Adcortyl in Orabase®	· /		· /	
	Hydrocortisone pellets (Corlan®)	·	· ·		
	Choline salicylate dental gel BP	· /		· /	
	(Bonjela®, Teejel®)	•	•	•	
12.3.2	Orophanyngeal anti-infective drugs				
12.0.2	Amphotericin	✓	✓	✓	
	Miconazole	√	✓	√	
	Nystatin (1 st Line)	·	·	· /	
12.3.3	Lozenges and sprays	· · · · · · · · · · · · · · · · · · ·	<u> </u>	•	
.2.0.0	Benzalkonium chloride (Bradosol®)	✓	✓	✓	
12.3.4	Mouthwashes, gargles and dentifrices	•	•		
	Chlorhexidine gluconate	✓	✓	✓	
	Povidone-lodine	√	✓	_	

Chapter	/Section/Drug	Primary	/ Care	Acute	
		CHPs	Mental Health Specialties	Services	
12.3.5	Treatment of dry mouth				
	AS Saliva Orthana®	· ·			
	Glandosane®	→	√	✓	
	Oralbalance Gel®			→	
Comment	General Practitioners with special interest (GPSIs) are make recommendations on behalf of Acute Services	based in prima	ary care but may p	rescribe or	
13	Skin				
13.2	Emollient and barrier preparations	For all and an	datas Tuta assista		
Comment	Please refer to Forth Valley Dermatology Guidelines 8 the choice of a FV formulary product	Emollient gi	ulae: This guia	e is to aid in	
13.2.1	Emollients				
Comment	Aveeno products are expensive and non-formulary				
Comment	Emulsifying Ointment	✓	1	1	
	White soft paraffin				
	50:50 Ointment (Lig paraffin/White soft				
	paraffin)		<u>, </u>		
	Cetraben® – alternative for patients unable to use an oily product)	✓	✓	✓	
	Dermamist				
	Dermacool (Menthol & Aqueous Cream)				
	Diprobase® cream		· ·		
	Doublebase®	· /			
	Doublebase Dayleve Gel (only for patient				
	undergoing UVB treatment)	<u> </u>		<u> </u>	
	Emollin	✓	✓	✓	
Comment	Dermamist and Emollin are only for use in children wh need to apply emollients to parts of their body which a			n adults who	
	Epaderm®	✓	✓	✓	
	Hydromol Ointment	✓	✓	✓	
	Oilatum®	✓	✓	✓	
	Ultrabase®	✓	✓	✓	
	Oilatum®	✓	✓	✓	
	Zerobase Cream	✓	✓	√	
	Zerocream Cream	✓	✓	✓	
	Zeroderm Ointment	✓	✓	✓	
Preparation	ons containing urea (for exceptionally dry skin)				
•	Balneum Plus® (1st line)	✓	✓	✓	
	Calmurid® cream	✓	✓	✓	
	Eucerin intensive lotion 10%	✓	✓	✓	
Emollients	with antibacterials				
	Dermol ®	✓	✓	✓	
	Eczmol Cream	✓	✓	✓	
	Oilatum plus	✓	✓	✓	
13.2.2	Barrier preparations			-	
Comment	Barrier preparations are not appropriate for use in the				
	Conotrane	✓	✓	✓	
13.3	Topical local anaesthetics and antiprurition Calamine oily lotion	s ✓	✓	√	
Comment	The oily lotion gives a more prolonged effect, but cont	ains peanut oil.			
	Crotamiton (Eurax®)	✓		✓	
	Doxepin Hydrochloride	•	•	· /	
	DONOPIII I I YUI OOI II OI IU C	T	T	•	

Chapter/s	Section/Drug	Primary	Care	Acute	
		CHPs	Mental Health Specialties	Services	
13.4	Topical corticosteroids				
Mild	Hydrocortisone - cream/oint	<u>√</u>	✓	<u> </u>	
	Haelan ® Tape (Hospital initiation only)		✓		
	Haelan® Cream (Hospital initiation only)				
Mild with	Timodine®	√	✓	<u> </u>	
Antimicro- bials	Fucidin H®	✓	✓	✓	
Diais	Nystaform-HC ® (peri-oral use)	•	•	✓	
	Canesten HC®	·	·	√	
	Daktacort®	✓	✓	√	
Moderate	Eumovate® - cream/oint	✓	✓	✓	
	Moderate with antimicrobials → Trimovate®	✓	✓	√	
Potent	Betnovate® - cream/oint	✓	✓	✓	
	Diprosone® - cream/oint (2 nd line)	√	✓	√	
	Betacap®	+	+	✓	
	Betamousse®	•	•	✓	
	Synalar® gel - for scalp use	<u> </u>	<u> </u>	✓	
	Elocon® (Once daily application)	✓	✓	✓	
	Potent with antimicrobials →				
	Lotriderm ® (2 nd line)	+	•	✓	
	Fucibet®	· ·	<u>√</u>	✓	
	Betamethasone and clioquinol	•	•	-	
Very Potent	Clobetasol Propionate	· /	<u>√</u>	-	
	Clobetasol with neomycin & nystatin	•		√	
	Diprosalic® - oint/scalp application	<u>√</u>	<u>√</u>	✓	
	Nerisone Forte® (2 nd line)	+	+	✓	
	Topical cortico-steroids with salicyclic acid Diprosalic ointment/scalp application	+	•		
13.5	Preparations for eczema and psoriasis	Ψ	Ψ		
Comment	Extemporaneous preparations of "nostrums" containin no longer "cheap" options. It is highly likely that these manufacturer at very high cost (upwards of 10 times the prescribe proprietary preparations which correspond of	will require to be ne expected cos	e produced by a " t).Therefore, if po	Specials"	
13.5.1	D # 1				
	Preparations for eczema				
	Ichthammol ointment	✓	+		
		√	+		
	Ichthammol ointment Zinc paste and ichthammol bandage Alitretinoin (Restricted use consultant dermatologists only)	+	+		
	Ichthammol ointment Zinc paste and ichthammol bandage Alitretinoin (Restricted use consultant dermatologists only) Steripaste bandage (hospital initiation only)	+ + +	+ +		
	Ichthammol ointment Zinc paste and ichthammol bandage Alitretinoin (Restricted use consultant dermatologists only) Steripaste bandage (hospital initiation only) Silk Clothing (hospital initiation only)	+ + + +	+ + +		
	Ichthammol ointment Zinc paste and ichthammol bandage Alitretinoin (Restricted use consultant dermatologists only) Steripaste bandage (hospital initiation only)	ф ф ф	+ + + + +		
	Ichthammol ointment Zinc paste and ichthammol bandage Alitretinoin (Restricted use consultant dermatologists only) Steripaste bandage (hospital initiation only) Silk Clothing (hospital initiation only) DermaSilk DreamSkin	+ + + +	+ + +		
13.5.2	Ichthammol ointment Zinc paste and ichthammol bandage Alitretinoin (Restricted use consultant dermatologists only) Steripaste bandage (hospital initiation only) Silk Clothing (hospital initiation only) DermaSilk DreamSkin Preparations for psoriasis	++++++	+ + + + +	right required.	
13.5.2	Ichthammol ointment Zinc paste and ichthammol bandage Alitretinoin (Restricted use consultant dermatologists only) Steripaste bandage (hospital initiation only) Silk Clothing (hospital initiation only) DermaSilk DreamSkin Preparations for psoriasis Salicylic acid (as part of extemporaneous	ф ф ф	+ + + + +		
13.5.2	Ichthammol ointment Zinc paste and ichthammol bandage Alitretinoin (Restricted use consultant dermatologists only) Steripaste bandage (hospital initiation only) Silk Clothing (hospital initiation only) DermaSilk DreamSkin Preparations for psoriasis Salicylic acid (as part of extemporaneous preparation) (see comments above)	• • • • • • • • • • • • • • • • • • •	+ + + + +	y y y y y y y y y y y y	
13.5.2	Ichthammol ointment Zinc paste and ichthammol bandage Alitretinoin (Restricted use consultant dermatologists only) Steripaste bandage (hospital initiation only) Silk Clothing (hospital initiation only) DermaSilk DreamSkin Preparations for psoriasis Salicylic acid (as part of extemporaneous preparation) (see comments above) Calcipotriol	++++++	+ + + + +	right required.	
13.5.2	Ichthammol ointment Zinc paste and ichthammol bandage Alitretinoin (Restricted use consultant dermatologists only) Steripaste bandage (hospital initiation only) Silk Clothing (hospital initiation only) DermaSilk DreamSkin Preparations for psoriasis Salicylic acid (as part of extemporaneous preparation) (see comments above) Calcipotriol Dovobet®	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	+ + + + +	y y y y y y y y y y y y	
13.5.2	Ichthammol ointment Zinc paste and ichthammol bandage Alitretinoin (Restricted use consultant dermatologists only) Steripaste bandage (hospital initiation only) Silk Clothing (hospital initiation only) DermaSilk DreamSkin Preparations for psoriasis Salicylic acid (as part of extemporaneous preparation) (see comments above) Calcipotriol Dovobet® Enstilar®	+ + + + + + + + - -	+ + + + + + + - -	right required.	
13.5.2	Ichthammol ointment Zinc paste and ichthammol bandage Alitretinoin (Restricted use consultant dermatologists only) Silk Clothing (hospital initiation only) DermaSilk DreamSkin Preparations for psoriasis Salicylic acid (as part of extemporaneous preparation) (see comments above) Calcipotriol Dovobet® Enstilar® Calcitriol Ointment	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	* * * * * * * * * * * * * * * * * * *	registration of the second of	
	Ichthammol ointment Zinc paste and ichthammol bandage Alitretinoin (Restricted use consultant dermatologists only) Silk Clothing (hospital initiation only) DermaSilk DreamSkin Preparations for psoriasis Salicylic acid (as part of extemporaneous preparation) (see comments above) Calcipotriol Dovobet® Enstilar® Calcitriol Ointment Psoriderm	* * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * *	y y y y y y y y y y y y y	
13.5.2	Ichthammol ointment Zinc paste and ichthammol bandage Alitretinoin (Restricted use consultant dermatologists only) Silk Clothing (hospital initiation only) DermaSilk DreamSkin Preparations for psoriasis Salicylic acid (as part of extemporaneous preparation) (see comments above) Calcipotriol Dovobet® Enstilar® Calcitriol Ointment	* * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * *	y y y y y y y y y y y y y	

Chapter/	Section/Drug	Primary	/ Care	Acute	
		CHPs	Mental Health Specialties	Services	
	Dithranol	✓	✓	✓	
	Acitretin			✓	
13.5.3	Drugs affecting the immune response			_	
	Ciclosporin	+	•	✓	
	Methotrexate	+	+	✓	
Comment	Ciclosporin and Methotrexate – Near patient tes				
	Tacrolimus - ointment (in accordance with	SMC +	+	✓	
	guidance) Adalimumab (Humira®)			✓	
	Etanercept (Enbrel®)				
			alada a	- ✓	
	Infliximab (Remicade®) Restricted Advice	e, Follow SMC A	dvice		
	Secukinumab (Cosentyx®)			→	
	Ustekinumab (Stelara®)			· ·	
	Apremilast (Otezla®)			✓	
13.6	Acne and rosacea				
13.6.1	Topical preparations for acne				
	Benzoyl peroxide (Panoxyl®)		φ		
	Benzoyl peroxide and clindamycin gel (Duac®)	•	₩	•	
	Azelaic acid (2 nd line)		•		
	Clindamycin	•	*	· ·	
	Zineryt® lotion	✓	✓	✓	
	Adapalene (Differin®) (less irritant	✓	✓	✓	
	than tretinoin)				
	Adapalene, Benzoyl peroxide	✓	✓	✓	
	(Epiduo®)				
	Isotrex® gel (1st line)	✓	✓	✓	
	Isotrexin® gel	✓	✓	✓	
	Nicotinamide gel	✓	✓	✓	
13.6.2	Oral preparations for acne				
	Isotretinoin (specialist use only)			✓	
	Co-cyprindiol 2000/35	<u> </u>	✓	✓	
13.6.3	Brimonidine (Mirvaso®)	4	+	√	
40.7	Invermectin (Soolantra®)	Y		<u> </u>	
13.7	Preparations for warts and callouses		./	./	
	Salicylic acid (Salactol®, Occlusal®) (Verrugon® - for plantar warts only)	•	•	•	
	Podophyllotoxin - Cream & Solution (Wa	rticon®)	•	1	
13.8	Sunscreens and camouflagers	irticorie)	τ	•	
13.8.1	Sunscreen preparations				
	Sunsense® Ultra	✓	✓	✓	
	SpectraBan®	✓	✓	✓	
	Uvistat® SPF30	✓	✓	✓	
	Diclofenac 3% in sodium hyaluronate	✓	✓	✓	
	gel (Solaraze®)				
	Fluorouracil 5% cream	✓	✓	✓	
	Fluorouracil 0.5% / salicylic acid 10%	 	+	✓	
	cutaneous solution (Actikerall®)				
	<u> </u>				

Chapter/Section/Drug		Primary	Care	Acute	
		CHPs	Mental Health Specialties	Services	
	Imiquimod (Aldara)	✓	✓	✓	
	Methly-5-aminolevulinate cream (Hospital in			✓	
Comment	Imiquimod - Where surgery is not appropriate or in particular for information and guidelines on the treatment of ac Dermatology Society website at the following link http://www.pcds.org.uk/clinical-guidance/actini	ctinic keratosis	s please refer to the	e Primary Care sis	
10.00	Ingenol mebutat 150 & 500mg gel	✓	→	✓	
13.8.2	Camouflagers				
Comment	Camouflagers are prescribable for postoperative scal therapy for emotional disturbances due to disfiguring be endorsed as "ACBS"				
13.9	Shampoos and other scalp preparations Capasal®	✓	✓	✓	
	Dermax®	✓	✓	✓	
	Ketoconazole shampoo (Nizoral®)	✓	✓	✓	
	Polytar®	✓	✓	✓	
	Sebco®	✓	✓	✓	
	T/Gel®	✓	✓	✓	
	Hirsutism	,	,	,	
10.10	Eflornithine 11.5% (Restriced to SMC Advice)	✓	✓	✓	
13.10 13.10.1	Anti-infective skin preparations Antibacterial preparations				
13.10.1	Mupirocin (Bactroban®)- restrict for MRSA	1	1	✓	
	Silver sulfadiazine (for burns)	·	<u> </u>	<u>·</u>	
	Fusidic acid	✓	✓	✓	
	Metronidazole	✓	✓	✓	
13.10.2	Antifungal preparations				
	Amorolfine (for fungal nail infections)	✓	√	<u> </u>	
	Clotrimazole	√	✓	√	
	Ketoconazole cream (Nizoral®)	√	√	√	
Comment	Nizoral® cream is only prescribable for seborrhoeic of endorsed "SLS".	lermatitis and	pityriasis versicolo	r and must be	
	Miconazole Nitrate	1	1	1	
	Terbinafine	·			
	Tioconazole	·	· ·		
13.10.3	Antiviral preparations		<u> </u>		
	Aciclovir	✓	✓	✓	
13.10.4	Paracitical preparations				
	Dimeticone Lotion (Hedrin®)	✓	✓	✓	
	Malathion (Derbac M®)	✓.	✓.	✓.	
	Lyclear® Dermal Cream	✓	✓	<u> </u>	
Comment	Refer to Forth Valley Headlice Policy				
13.10.5	Preparations for minor cuts and abrasions				
	Histoacryl®	✓	✓	✓	
13.11	Skin cleansers, antiseptics, and desloug	hing agent	's		
13.11.1	Alcohols and saline	1	./	./	
	Industrial Methylated Spirit	√	√	√	
13.11.1	Industrial Methylated Spirit Sodium Chloride 0.9%	√	√	√	
	Industrial Methylated Spirit	✓ ✓	✓	√ √	

Chapter/Section/Drug		Primar	y Care	Acute	
		CHPs	Mental Health Specialties	Services	
13.11.5	Phenolics Triclosan		./	1	
13.11.6	Oxidisers and dyes Crystacide® (Only for use if resistance develops)	✓	→	→	
	Potassium permanganate	✓	✓	✓	
13.12	Antiperspirants Aluminium Salts	✓			
14	Immunological products and vaccin	nes			
Comment	Refer to Forth Valley Vaccine Handling Guidelines These include a down-loadable temperature recordin		igerators		
14.4	Vaccines and antisera				
	BCG vaccines intradermal Tuberculin PPD RT 23 SSI 2T.U/0.1ml			4	
	Solution for Injection			•	
	Tuberculin PPD RT 23 SSI 10T.U/0.1ml			✓	
	Soution for Injection			,	
	Oral Cholera Vaccine	1		4	
	Diphtheria, Tetanus, Pertussis, Polio, Hib (Pediacel)	•		•	
	Diphtheria, Tetanus, Pertussis Polio (Repevax®, Infanrix IPV®)	✓		✓	
	Menitorix® (combined Hib & MenC)	✓		✓	
	Hepatitis A vaccine	✓.			
	Hepatitis A/B vaccine (Twinrix®)	✓,			
	Hepatitis A and Typhoid vaccine Hepatitis B vaccine	*		1	
	Human Papilloma Virus Vaccine (Gardasil®, Cervarix®)	<i>'</i>		*	
Comment	Gardasil® first line unless completing a course alread	dy started with	n Cervarix®		
	Influenza vaccine	✓.	✓	✓.	
	MMR vaccine	1		✓	
	Meningococcal Group C Conjugate Vaccine	•			
	Meningococcal Polysaccharide A, C, W135 and Y vaccine	✓			
	Meningococcal group A,C,W,135 and Y Conjugate vaccine	✓			
	Pneumococcal Polysaccharide (23- valent) Vaccine	✓	✓	✓	
	Pneumococcal Polysaccharide (13- valent) Conjugated Vaccine (Prevenar13)	✓	✓	✓	
	Rabies vaccine	✓			
	Diphtheria (low dose), Tetanus and Inactivated Poliomyelitis Vaccine (Revaxis®)	✓	✓	✓	
	Typhoid vaccine	✓			
	Yellow Fever vaccine	1			
	Varicella – zoster vaccine Botulinum A Toxin (Haemagglutanin comp	✓ lex see BN	F	✓	
115	section 4.9.3)				
14.5	Immunoglobulins Please contact the Consultant Haematolog	ist			

Chapter/Section/Drug		Primary Care		Acute	
		CHPs	Mental Health Specialties	Services	
15	Anaesthesia				
15.1	General anaesthesia				
15.1.1	Intravenous anaesthetics				
	Thiopental Sodium			✓	
	Etomidate			✓.	
	Ketamine			✓	
	Propofol		✓	✓	
15.1.2	Inhalational anaesthetics				
	Desflurane			✓	
	Enflurane			✓	
	Halothane			✓	
	Isoflurane			✓	
	Sevoflurane			✓	
	Nitrous oxide			✓	
	Entonox®/Equanox®			✓	
	Oxygen (refer to section 3.6)			✓	
15.1.3	Antimuscarinic drugs				
	Atropine sulphate			✓	
	Glycopyronium bromide			✓	
15.1.4	Sedative and analgesic peri-operative drug	ıs			
15.1.4.1	Anxiolytics and neuroleptics	•			
	Diazepam			✓	
	Midazolam			✓	
	Temazepam			✓	
	Alimemazine [Trimeprazine] (see section :	3.4.1)		✓	
15.1.4.2	Non-opioid analgesics	,			
	Diclofenac (See section 10.1)			✓	
	Ibuprofen (See section 10.1)			✓	
	Tenoxicam Injection (See section 10.1)			✓	
	Co-codamol (see section 4.7.1)			✓	
15.1.4.3	Opioid analgesic				
	Alfentanil			✓	
	Fentanyl			-	
	Remifentanil			1	
15.1.4.4	Other drugs for sedation				
10.1.4.4	Dexmedetomidine (Dexdor®)			✓	
15.1.5	Muscle relaxants				
	Atracurium besilate			✓	
	Cisatracurium			✓	
	Mivacurium			1	
	Rocuronium bromide			√	
	Vercuronium bromide			· /	
	Suxamethonium chloride			· /	
15.1.6	Anticholinesterases used in anaesthesia			•	
13.1.0	Edrophonium chloride			✓	
	Neostigmine metilsulfate			<u>, </u>	
	Robinul-Neostigmine®			<u>,</u>	
				→	
15 1 7	Sugammadex	*****		•	
15.1.7	Antagonists for central and respiratory dep	ression		✓	
	Doxapram hydrochloride				
	Flumazenil			→	
	Naloxone hydrochloride			✓	
15.1.8	Drugs for malignant hyperthermia			✓	
	Dantrolene sodium			✓	

Chapter/Section/Drug		Primary	Primary Care	
		CHPs	Mental Health Specialties	Services
15.2	Local anaesthesia			
	Lidocaine [Lignocaine] HCI			✓
	Lidocaine [Lignocaine] and Epinephrine [Adrenaline]	✓		✓
	Lidocaine [Lignocaine] and Prilocaine (Emla®)	✓		✓
	Bupivacaine HCI			✓
	Bupivacaine and Glucose			✓
	Bupivacaine and Epinephrine [Adre	naline]		✓
	Bupivacaine and Fentanyl	-		✓
	Levobupivacaine			✓
	Prilocaine HCI			✓
	Ropivacaine HCI			✓
	Tetracaine [Amethocaine]			✓

Appendices

- 1 Guidance on Issuing Steroid Cards
- 2 The Use of Oral Analgesics for Pain in Primary Care
- 3 Neuropathic Pain Guideline
- 4 Acute Services Phenytoin Guidelines
- 5 Therapeutic Drug Monitoring Guidelines6 Genito-Urinary Medicine List
- 7 Recommendations for Blood Glucose Monitoring
- 8 Blood Glucose Meters-Formulary Choices
- 9 Hypophosphataemia In Adults
- 10 Emollient guide: This guide is to aid in the choice of a FV formulary product
- 11 Further Guidance on Hypoglycaemic Agents on Forth Valley Formulary



Pharmacy Services

Guidance on Issuing Steroid Cards

This advice has been produced by the Forth Valley Airways Group

Inhaled Steroids

Steroid Cards should be issued to the following patients^{1,2,3}

	Inhaled Steroid	Threshold Dose (per day)
Adults	Beclometasone	Dose > 1000mcg ⁴
	Budesonide	Dose > 800mcg ⁴
	Fluticasone	Dose > 500mcg ⁴
	Mometasone (Non – Formulary)	Dose > 800mcg ⁴
	Ciclesonide (Non – Formulary)	Dose > 320mcg ⁴ Unlicensed dose
Children	Beclometasone	Dose > 400mcg ¹ (age not stated)
	Budesonide	Dose > 800mcg ¹ (12 years and under)
	Fluticasone	Dose > 400mcg ¹ (4-16 years)
	Mometasone (Non – Formulary)	Dose > 800mcg ¹ (12-16 years)
	Ciclesonide (Non – Formulary)	Dose > 320mcg ⁴ (12-16 years) Unlicensed dose

Systemic Steroids

Steroid Cards should be issued to the following patients^{1,2,3}

Adults

- Receiving repeated courses, 2-3 courses per year (particularly if taken for longer than 3 weeks)
- Taking a short course within 1 year of stopping long-term therapy
- Receiving more than 40mg prednisolone daily (or equivalent)
- Receiving repeated doses in the evening
- Receiving more than 3 weeks treatment
- Patients with other possible causes of adrenal suppression

Children

- As above except⁵:
 - Receiving more than 20mg prednisolone daily for children < 5 years
 - Receiving more than 30mg prednisolone daily for children > 5 years

These patients are at risk of disease relapse and/or hypoadrenalism if treatment is withdrawn rapidly² Chemotherapy Patients – Acute Pharmacy Services

Pharmacists providing clinical check on chemotherapy prescriptions will endorse any prescription that requires a steroid card to be given

References: 1. CSM. Current problem in pharmacovigilance. May 2006; 31:5 2. Scottish Executive. Steroid treatment cards. SEHD/CMO (2006) 10. 26th July 2006 3. BNF 52. BMJ/RPS. September 2006 4. GINA Guideline 2006 5. Personal correspondance. Dr. McFadyen.

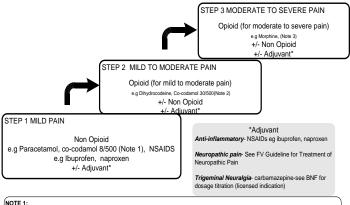
Consultant Paediatrician. Stirling Royal Infirmary. 27.10.2006. Lead Pharmacsit Clare Colligan Review August 2014

Appendix 2

The Use of Oral Analgesics for Pain in Primary Care



The World Health Organisation's three-step analgesic ladder for cancer pain (see below) may also be used for non-malignant chronic or acute nociceptive pain. Analgesics should be started at the 'step' most appropriate to the patient's level of pain. Decision on analgesic choice depends on the type of pain, patient factors and supporting clinical evidence. For pain that is present constantly, analgesia should be prescribed regularly and not on an "as required" basis. For more detailed guidance on the management of chronic non malignant pain, please refer to West of Scotland Chronic Non Malignant Pain Opioid Prescribing Guideline



Compound analgesics containing a low dose of opioid (e.g. 8mg of codeine phosphate per tablet) are commonly used, but the advantages have not been substantiated. Effervescent preparations of compound analgesics may contain high levels of sodium. For patients requiring low sodium intake please refer to individual Summary of Product Characteristics.

Prescribe regular laxatives when opioids are being taken regularly

NOTE 3 : Advice regarding strong opioids

Distinguish between malignant and non malignant chronic pain and refer to guideline as appropriate. In non malignant chronic pain max recommended morphine equivalent dose is 60mg bd (or fentanyl 25mcg patch) before considering pain clinic referal. Avoid short acting opioids for breakthrough in non malignant chronic pain. Malignant

Use oral route first, start with normal release oral morphine eq 5-10mg every 4 hours and as required for breakthrough pain. A 2.5mg dose may be enough in the elderly or those with renal impairment. Consider alternative opioids ony if experiencing side effects to morphine or can no longer manage oral route

Every patient on regular opioid should have access to breakthrough analgesia (equivalent to 1/6th total dose oral morphine). Start regular laxative and prophylactic ant-emetic as required for 7-10 days

NOTE 4: Consider self help booklets and pain assessment tools in non malignant pain.

e.g. PADT (http://www.healthinsight.org/Internal/assets/SMART/PADT.pdf), NRS, VAS and opioid risk tools...

Date of Approval August 2013 **Review Date** August 2014 References BNF March 2013,

Relief of Pain and Related Symptoms - The Role of Drug Therapy - Scottish

Partnership Agency

Pharmacist Lead: Moira Baillie

General Advice on Pain Management in Non Malignant Chronic Pain

Accurate assessment should be undertaken to determine the cause, type and severity of pain and effect on patient (anxiety/depression, neuropathic, mechanical, psychosocial).

Non-pharmacological interventions

Consideration should be given **at all stages** to utilising non-pharmacological interventions eg TENS, acupuncture, physiotherapy, weight loss, exercise, stress management counselling, pain management programmes, Pain Association Scotland and self management booklets available in practices.

1. Optimise non-opioid (ie paracetamol and/or NSAID) or opioid treatment

- Titrate doses to achieve optimal balance between analgesic benefit, side effects and functional improvement
- For continuous pain, ensure maximum tolerated dose is prescribed on a regular basis, by the clock, not 'prn'.

2. Add in adjuvant

- Consider adjuvant drugs (any drug that has a primary indication other than for pain management but is analgesic in some painful conditions) and choose the class of drug according to your assessment of type of pain (see shaded box on the WHO analgesic ladder)⁽¹⁾.
- Adjuvants can provide greater pain relief and less toxicity with lower doses of each drug given. Start low and go slow (for TCA's and anticonvulsants)
- Topical NSAIDs are recommended for short term usage (up to 6 weeks) for small joint pain wrist, elbow, knees and ankles (2)

3. Give adequate length of trial

- neuropathic / inflammatory pain 2-4 weeks to take effect and continue for 8 weeks, if tolerated, then assess
- non-opioid / opioid 1 month at regular, maximal doses
- 4. Assess regularly using PADT or Numerical Rating Scale (ask the patient to rate their pain on a score of 1 to 10) or Visual Analogue Scale and consider stop if 30% improvement and / or significant improvement in functional ability is not achieved.
- 5. If pain treatment effective, **consider withdrawal of treatment after significant improvement every 6 months** with careful review ⁽³⁾
- 6. If pain management still uncontrolled, **refer to pain clinic or if non malignant** pain if no/little pain relief on equivalent daily dose morphine 60mg bd

Appendix 2



Tramadol in Non Malignant Pain

If co-codamol 30/500 + adjuvant drug therapies are ineffective or side-effects are not tolerated, tramadol could be considered. Tramadol should **not be co-prescribed** with **co-codamol** and should **not be considered as first line therapy.**

Tramadol is licensed for moderate to severe pain and is approximately twice as potent as codeine⁽³⁾. It is promoted as between WHO step 2 analgesics for moderate pain (eg codeine) and WHO step 3 analgesics (morphine). Hallucinations, confusion and convulsions as well as drug dependence, abuse and withdrawal are reported at therapeutic doses. There is some evidence for Tramadol in the treatment of neuropathic pain.

Consultation is out whether to re classify as a schedule 3.

Ref

- 1.SIGN 106. Control of pain in adults with cancer November 2008 2.NICE Osteorthritis February 2008
- 3. MeReC Briefing. Issue 22, 2003. The use of strong opioids in palliative care
- 4. Cochrane Database Systematic Review 2006 July 19; (3):CD003726

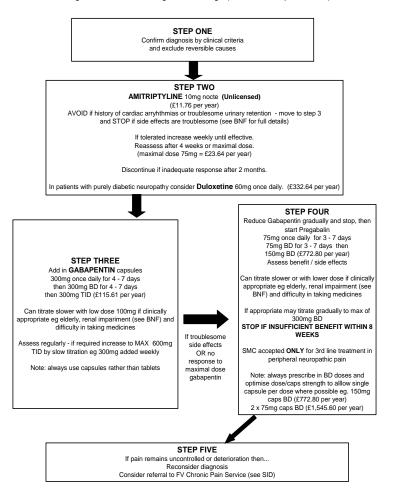
Appendix 3



Forth Valley Guideline for Treatment of Neuropathic Pain*

Forth Valley Guideline for Treatment of Neuropathic Pain*

This guidance EXCLUDES Trigeminal Neuralgia (use Carbamazepine first line)



Neuropathic pain* - Pain caused by a lesion or disease of the somatosensory nervous system

(International Association for the Study of Pain July 2011) Ref. BNF, NICE, SIGN 116, prices based on MIMS November 2011 and Scottish Drug Tariff November 2011 Version 4 30/11/11



Acute Services

Phenytoin Loading Guidelines For Status Epilepticus

Parenteral Phenytoin is an antiepileptic used for the control of status epilepticus and seizures due to head trauma. **These guidelines apply to adults only**.

Drug Presentation:

Phenytoin is available as a 50mg/ml (250mg/5ml) injection. If the injection or infusion has precipitated or is hazy it should be discarded.

- Continuous ECG monitoring is mandatory when administering this drug.
- For administration on designated areas only A&E, Intensive Care areas, Acute Admissions Unit.

Status Epilepticus-Loading Dose

1. For patients not previously receiving phenytoin: 18mg/kg

Preparation:

Dilute with sodium chloride 0.9% to a maximum concentration of 10mg/ml e.g. 1000mg in 100ml.

The solution must be given immediately.

Administration:

DO NOT ADMINISTER INTRAMUSCULARLY

Intravenous Bolus:

Rate should NOT exceed 50 mg/min (e.g. 20 minutes for a 1000 mg dose). Administer into a large vein via a large gauge needle or IV catheter.

Intravenous Infusion:

Rate should NOT exceed 50mg/min. The infusion must be completed within one hour. Administer via an in-line filter (0.22-0.5micron) which is available on the ward. Sterile saline should be administered prior to and following phenytoin administration through the same access site to avoid local irritation and to ensure adequate venous flow.

Important Side-effects:

CNS and cardiac depression, hypotension, local tissue irritation, arrhythmias. Cardiac resuscitation equipment should be available.

Monitoring:

ECG, blood pressure, signs of respiratory depression.

Blood levels should only be taken if the patient shows signs of toxicity or is uncontrolled. This should be taken immediately prior to the next dose and levels of 10-20mg/litre aimed for.

References:

- 1. British National Formulary
- 2. Manufacturers Datasheet Compendium 2010.
- 3. Handbook of Clinical Drug Data, 8th Edition, 1997-98.
- 4. A Thomson, Clinical Pharmacokinetics Unit, Glasgow, November 1995



Acute Services

Phenytoin Guidelines For Maintenance therapy

Maintenance Dose: 5mg/kg/day (IV or oral as appropriate)

Monitoring Concentrations Target Range: 10 – 20 mg/L

Sampling Time: predose not critical

Ideally samples should be taken after at least 5 days of maintenance therapy but may be taken earlier if toxicity is suspected or if a patient fails to respond. Steady state may not be reached until 2-3 weeks treatment at a constant dose.

Dose Adjustment

The relationship between phenytoin dose and steady state concentration is non-linear i.e. when the dose is doubled the concentration will increase disproportionately. The following guidelines may be useful if a dosage adjustment is clinically indicated.

Concentration (mg/L)	Dose	Dose Increase
<5	<4mg/kg/day	100mg
<5	4.5-6.0mg/kg/day	check compliance
5 - 10	4.5-6.0mg/kg/day	50mg
5 - 10	>6mg /kg/day	check compliance
>10		25mg

Phenytoin Formulations

Phenytoin sodium 100mg capsules/tablets/injection = phenytoin suspension 90mg in 15ml

Factors Affecting Phenytoin Concentrations

Protein Binding Binding can be reduced in renal impairment, hypoalbuminaemia and

pregnancy. This affects the interpretation of concentration

measurements.

The following equation can be used to correct the total phenytoin concentration for low albumin:

Corrected concentration = $\frac{\text{Concentration observed}}{\text{(0.9 x albumin concentration / 44 g/L)} + 0.1}$

Drug Interactions

Phenytoin concentrations can be increased or decreased by other drugs. Check the current BNF for details.

References:

- 1. British National Formulary
- Manufacturers Medicines Compendium 2010.
- 3.A Thomson, Clinical Pharmacokinetics Unit, Glasgow, November 1995

Pharmacist Lead: C. Monaghan



Therapeutic Drug Monitoring Guidelines

DRUGS				
Drug	Time to steady state	Ideal Sampling time	Target range	Comments
Carbamazepine	2-3 weeks (new therapy) 2-4 days (dose change)	Pre dose (not critical)	4 – 12 mg/L	Metabolised by the liver, autoinduction See BNF for interactions
Digoxin	7-10 days (depends on renal function)	> 6 hours post dose	0.5 – 2.0μg/L	Mainly renal excretion See BNF for interactions
Lithium	5-7 days	12 hours post dose	0.4-1.0 mmol/L	Renal excretion
Phenytoin	2-3 weeks	Pre dose (not critical)	10-20 mg/L	Metabolised in liver. Non linear increase in conc with dose.
Theophylline	2-3 days	8-12 hours post dose	10-20 mg/L	Metabolised in the liver.
Valproic acid	3 days	Pre dose	40-100 mg/L	Metabolised in the liver. Levels do not correlate well with therapeutic effect



Genito-Urinary Medicine List

The following products are not included in the Formulary but are available for restricted use by GUM Clinics:-

Antimicrobials

Erythromycin capsules

Procaine Benzylpenicillin[Procaine penicillin] injection (UNLICENSED

PRODUCT)

Spectinomycin injection (UNLICENSED PRODUCT)

Benzathine penicillin (UNLICENSED PRODUCT)

Antiretrovirals

Nucleoside Reverse Transcriptase Inhibitors (NRTIs)

Abacavir

Didanosine

Emtricitabine

Lamivudine

Stavudine

Tenofovir

Zidovudine

Combined NRTIs

Elvitegravir + cobicistat + emtricitabine + tenofovir (Stribild®)

Elvitegravir + cobicistat + emtricitabine + tenofovir (Genvoya®)

Emtricitabine/Tenofovir (Truvada®)

Abacavir / Lamivudine (Kivexa®)

Abacavir / Lamivudine / Zidovudine (Trizivir®)

Lamivudine / Zidovudine (Combivir®)

Atazanavir / cobicistat 300mg/150mg (Evotaz®)

Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs)

Efavirenz

Etravirine

Nevirapine

Rilpivirine (Edurant®)

NRTI & NNRTI Combination Product

Efavirenz/emtricitabine/tenofovir (Atripla®)

Emtricitabine/Tenofovir/Rilpivirine (Eviplera®)

Emtricitabine/Tenofovir/Alafenamide (Descovy®)

Rilpivirine/emtricitabine/tenofovir alafenamide (Odefsey®)

Protease Inhibitors (PIs)

Atazanavir

Fosamprenavir

Lopinavir / Ritonavir (Kaletra®)

Ritonavir

Saquinavir

Tipranavir

Darunavir

Darunavir

Darunavir 800mg, cobicistat 150mg f/c tablets (Rezolsta®)

Other Antiretrovirals

Raltegravir (As per SMC Guidance)

Maraviroc

Dolutegravir (Tivicay®)

Topical preparations

Clindamycin 2% cream, Econazole 1% cream, Imiquimod 5% cream Unguentum M cream

Recommendations for Blood Glucose Monitoring

Type 1 diabetes

All patients with Type 1 diabetes need to be able to self-monitor blood glucose – the extent to which they do this will reflect how useful they find the information it. Driving legislation states that patients with type 1 diabetes should test before driving every time, and every 2 hours during long car journeys.

Type 2 diabetes

Patients on insulin or sulphonylurea medication are at risk of hypoglycaemia and should be able to monitor blood glucose to identify this. The driving rules also apply to patients with type 2 diabetes who use insulin.

Patients who combine nocturnal insulin with oral hypoglycaemic agents will need to test fasting blood glucose in order to dose-titrate.

Some patients who manage their diabetes with diet or on metformin and are therefore not at risk of hypoglycaemia, will nonetheless find it helpful to be able to test their blood glucose periodically, e.g. to confirm a stable level of glycaemic control or during a period of ill-health. Those who periodically are treated with steroids may find it useful to be able to test at these times – some patients use sulphonylureas or even insulin during a course of prednisolone, reverting to diet alone afterwards.

If there is a suspicion that a patient with Type 2 diabetes is likely to become insulin-requiring it is prudent to ensure they are able to blood glucose monitor.

However in patients at no risk of hypoglycaemia who would not gain any benefit from self blood-glucose monitoring, regular HbA1c checks is an acceptable way of assessing glycaemic control.

Target blood glucose levels

Target blood glucose levels should be individualised.

Textbook values would be 4-7 mmols fasting, 7-8 mmols pre-meals and less than 9 mmols post-prandially. However, whilst we recognise an HbA1c < 48mmol/mol greatly reduces the risk of microvascular complications, it increases the risk of hypoglycaemia. Those with a short life expectancy, impaired awareness of hypoglycaemia, mobility or visual problems may benefit from a higher target blood glucose range. Furthermore introduction of very tight glycaemic control may increase morbidity and mortality in those at risk of ischemic heart disease.

Lead Dr. Alison MacKenzie /Dr. Linda Buchanan

Appendix 8

Blood Glucose Meter Recommendations

BLOOD GLUCOSE METER RECOMMENDATIONS Forth Valley Diabetes Specialist Group Review Date October 2016

TYPE 2 DIABETES METERS				
Meter Name	TRUEyou®	GlucoRx Nexus®		
Manufacturer	Nipro Diagnostics (UK) Ltd	GlucoRx		
Strip Name	TRUEyou®	GlucoRx Nexus®		
Cost of Strips	£9.92 (50)	£9.95(50) PIP Code 355-2726		
Careline	Customer Service 0800 0858808	Customer Service 0800 0075892		

FreeStyle Libre Flash Glucose Monitoring – Initiation will be controlled b the specialist diabetes team in line with Scottish Guidance.

There are no meter restrictions for patients with Type 1 Diabetes.

Date of next review: October 2018

Appendix 9



FORTH VALLEY ACUTE HOSPITALS

PRESCRIBING GUIDELINES PHARMACY DEPARTMENT

HYPOPHOSPHATAEMIA in ADULTS

Risk factors for hypophosphataemia include critical illness, a period of starvation prior to nutritional support, malnutrition, alcoholism, and respiratory alkalosis.

Phosphate supplementation should be considered where there is evidence of phosphate deficiency. Serum phosphate does not always correlate to total body stores as most phosphate is stored intracellularly. The onset and severity of symptoms will determine the need for and type of treatment.

Drug Presentation:

Addiphos® 20ml vial containing : phosphate 40 mmol (2mmol phosphate /ml) potassium 30 mmol and sodium 30 mmol

No other drugs should be added to a phosphate infusion.

No other drugs should be co administered at a Y site with phosphate.

Caution should be used if the patient has renal impairment.

<u>Mild to moderate deficiency</u>: usually associated with levels of 0.3-0.6mmol/l and is usually asymptomatic

Severe deficiency: usually associated with levels less than 0.3mmol/l, especially if

symptomatic.

Drugs and Administration

INTRAVENOUS:

- In acute deficiency, or when a clinical difference to serum phosphate needs to be assured quickly.
- 20mmols phosphate (10mls Addiphos) over 6 hours in 100mls 0.9% N Saline through a central line, or 20mmols phosphate (10mls Addiphos) in 500mls 0.9% N Saline over 12 hours through a peripheral line.
- In cases where the hypophosphataemia is symptomatic, or if prolonged phosphate wastage has occurred, then the dosage may be repeated within 12 hours and a level obtained several hours after the end of the infusion

Oral - see notes on diarrhoea before contemplating oral replacement

- 1-2 Phosphate Sandoz ® tablets (see BNF) three times a day (provides 48 96mmol phosphate, 60-120mmol sodium and 9-18mmol potassium per day)
- Continued therapy may be required depending on clinical response/adverse effects.
- Oral phosphate is slow to effect and should be used in slow-losers of phosphate only, and not when a rapid response is required.

Appendix 9

Important side effects²

important side effects	
Hyperphosphataemia	Symptoms may be those of resultant hypocalcaemia namely, muscle cramps, tetany and convulsion and metastatic calcification.
Hyperkalaemia and Hypernatraemia	As a result of infusion of these elements along with phosphate
Hyperphosphataemia	High dose rapid infusions of phosphate. Excessive doses of phosphates may cause
Hypotension	hypocalcaemia and metastatic calcification; it is essential to monitor closely plasma concentrations of
Hypocalcaemia	calcium, phosphate, potassium and other electrolytes. Treatment of adverse effects involves withdrawal of phosphate infusion, general supportive measures and correction of serum electrolyte concentrations, especially calcium.
Diarrhoea with oral therapy	Oral phosphate is poorly absorbed from the gut and may cause diarrhoea, with the potential to exacerbate losses of Magnesium, Sodium, Potassium and water.

Precautions

In renal impairment, Addisons disease and where restricted sodium or potassium intake is required e.g.. cardiac failure, hypertension, hyperkalaemia, severe oedema. Care should be taken when replacing phosphate to minimise electrolyte disturbances and the biochemist should be contacted for advice.

Monitoring

Blood pressure monitoring is advised

Calcium, magnesium, phosphate, potassium and other electrolyte monitoring is essential. Phosphate levels should be checked at least 6 hours after the end of the infusion³

Acknowledgements

Jane Sillars Senior Dietitian
Mark Holliday Consultant Biochemist

References June 2012-

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- Thatte L, Oster J et al. Review of literature: Severe Hyperphosphataemia. Am J Med Sciences 1995; 310(4):167-174
- Bugg NC, Jones A Hypophosphataemia. Anaesthesia 1998;53:895-902

Note: June 2012 This guideline is currently under review

Pharmacist Lead: Peter Buckner

Appendix 10



Emollient guide: This guide is to aid in the choice of a FV formulary product. (3:1 products can be used as bath additive, soap substitutes and as

'leave on' emollients)

VERY GREASY OINTMENT
Liquid and White Soft Paraffin Ointment
White soft paraffin
GREASY OINTMENT
Zeroderm ointment (3:1)
Hydromol ointment (3:1
Epaderm ointment (3:1)
Emulsifying ointment BP
Dermamist spray*
Emollin (liquid paraffin 50%, white soft paraffin 50%) spray*
GEL
Doublebase gel
Doublebase Dayleve gel – only for patients undergoing UVB treatment
CREAM
Zerobase cream
Ultrabase cream
Epaderm cream
Diprobase cream
Cetraben cream
Oilatum cream
CREAM WITH ANTIBACTERIALS
Dermol cream
Eczmol cream
CREAM WITH UREA (FOR EXCEPTIONALLY DRY SKIN)
Balneum plus (urea 5%)
Calmurid (urea 10%)
LIGHT CREAM
Zerocream (same as E45)
Dermol 500 lotion (with antimicrobial)
Eucerin intensive lotion (with urea 10%)
EMOLLIENT BATH AND SHOWER PREPS WITH ANTIMICROBIALS
Dermol 600 bath emollient
Oilatum plus
* Dermamist and Emollin are only for use in children whose skin cannot be touched and in adults who need to apply emollients to parts of their body which are difficult to reach.

Appendix 11 FURTHER GUIDANCE ON ORAL HYPOGLYCAEMIC AGENTS ON FORTH VALLEY FORMULARY

This appendix provides detailed guidance on the formulary choices for oral hypoglycaemic agents. The drug classes are colour coded, with the place in therapy of each drug within that group highlighted. Please refer to the FV diabetes management guidelines

available on the intranet for the place in therapy for each class

		lace in therapy for each		T	· · · · · · · · · · · · · · · · · · ·
DRUG	CLASS	PLACE IN THERAPY	DOSE	DOSE CHANGES	CAUTIONS/CONTRAINDICATIONS
METFORMIN	BIGUANIDE	FIRST LINE CAN BE COMBINED WITH ALL ORAL AND INJECTABLE HYPOGLYCAEMIC AGENTS	INITIALLY 500MG DAILY INCREASING TO 2 GRAMS DAILY	STOP IF eGFR <30	TAKE WITH FOOD CHANGE TO MR IF GI INTOLERANT AVOID IN KETOACIDOSIS CHECK VITAMIN B12 ANNUALLY IF LONGTERM USE AVOID IF IODINE CONTAINING CONTRAST USED
GLICLAZIDE	SULPHONYLUREA	USE IF BMI<25 or symptomatic or metformin intolerant DOSE SHOULD BE REVIEWED IF ANOTHER ORAL HYPOGLYCAEMIC AGENT ADDED	40-320MG DAILY	AVOID IN SEVERE RENAL IMPAIRMENT AVOID IN HEPATIC IMPAIRMENT	HYPOGLYCAEMIA WEIGHT GAIN AVOID IN PREGNACY AND BREASTFEEDING REVIEW DOSE IN ELDERLY PATIENTS (>75 YEARS)
GLIMEPIRIDE	SULPHONYLUREA	ALTERNATIVE TO GLICLAZIDE IF COMPLIANCE PROBLEMS DOSE SHOULD BE REVIEWED IF ANOTHER ORAL HYPOGLYCAEMIC AGENT ADDED	1-6MG DAILY WITH BREAKFAST	AVOID IN SEVERE RENAL AND HEPATIC IMPAIRMENT	HYPOGLYCAEMIA WEIGHT GAIN AVOID IN PREGNACY AND BREASTFEEDING REVIEW DOSE IN ELDERLY PATIENTS (>75 YEARS)
PIOGLITAZONE	THIAZOLIDINEDIONE (TZD)	DUAL OR TRIPLE THERAPY WITH METFORMIN/SU	15-45MG DAILY	AVOID IN HEPATIC IMPAIRMENT DIP URINE BEFORE INITIATING TREATMENT AND IF MICROSCOPIC HAEMATURIA PRESENT DO NOT PRESCRIBE CAN BE USED WITH INSULIN UNDER SPECIALIST SUPERVISION	AVOID IF HEART FAILURE ACTIVE OR HISTORY BLADDER CANCER UNINVESTIGATED MACROSCOPIC HAEMATURIA AVOID IN ELDERLY AVOID IF HIGH FRACTURE RISK MONITOR LFT BEFORE AND DURING TREATMENT AVOID PREGNANCY AND BREASTFEEDING

Appendix 11 FURTHER GUIDANCE ON ORAL HYPOGLYCAEMIC AGENTS ON FORTH VALLEY FORMULARY

This appendix provides detailed guidance on the formulary choices for oral hypoglycaemic agents. The drug classes are colour coded, with the place in therapy of each drug within that group highlighted. Please refer to the FV diabetes management guidelines

available on the intranet	for the p	lace in therar	pv for each class

	available on the intranet for the place in therapy for each class				
ALOGLIPTIN	DPP4 INHIBITOR	FIRST CHOICE DPP4 DUAL THERAPY WITH EITHER METFORMIN OR SU, TRIPLE THERAPY (SEE CONSENSUS STATEMENT) INSULIN ADD ON	25MG ONCE DAILY	eGFR 30-50: 12.5mg eGFR <30 : 6.25mg DOSES OF SU, INSULIN MAY REQUIRE TO BE REDUCED IF USED CONCOMITANTLY	CAUTION IN MODERATE / SEVERE HEART FAILURE AVOID IF HISTORY ACUTE PANCREATITIS AVOID PREGNANCY / BREASTFEEDING AVOID SEVERE HEPATIC IMPAIRMENT AVOID IN KETOACIDOSIS
LINAGLIPTIN	DPP4 INHIBITOR	DPP4 FOR PATIENTS WITH RENAL IMPAIRMENT MONO, DUAL WITH METFORMIN OR TRIPLE (METFORMIN /SU) USE WITH INSULIN	5MG ONCE DAILY	NONE DOSES OF SU, INSULIN MAY REQUIRE TO BE REDUCED IF USED CONCOMITANTLY	AVOID PREGNANCY / BREASTFEEDING AVOID IF HISTORY ACUTE PANCREATITIS CAUTION IN HEPATIC IMPAIRMENT
EMPAGLIFLOZIN	SGLT2 INHIBITOR	FIRST CHOICE SGLT2 MONO DUAL TRIPLE INSULIN ADD ON	10MG ONCE DAILY	CAN CONTINUE IF eGFR < 60 WHEN ON TREATMENT IF eGFR <45 STOP DOSES OF SU, INSULIN MAY REQUIRE TO BE REDUCED IF USED CONCOMITANTLY	NO INTIATION IF eGFR <60 AVOID IN SEVERE HEPATIC IMPAIRMENT AVOID PREGNANCY / BREASTFEEDING AVOID IN PATIENTS >85 YEARS AVOID IF ON LOOP DIURETICS CORRECT HYPOVOLAEMIA BEFORE INITIATION AVOID IF KETOACIDOSIS CAUTION IF RECURRENT UTI / GENITAL INFECTION REINFORCE THE IMPORTANCE OF GOOD FOOTCARE STOP IF DEVELOP ANY FOOT COMPLICATIONS AND CONSIDER ALTERNATIVE CLASS

Appendix 11 FURTHER GUIDANCE ON ORAL HYPOGLYCAEMIC AGENTS ON FORTH VALLEY FORMULARY

This appendix provides detailed guidance on the formulary choices for oral hypoglycaemic agents. The drug classes are colour coded, with the place in therapy of each drug within that group highlighted. Please refer to the FV diabetes management guidelines available on the intranet for the place in therapy for each class.

Appendix 11 FURTHER GUIDANCE ON ORAL HYPOGLYCAEMIC AGENTS ON FORTH VALLEY FORMULARY

DAPAGLIFLOZIN	SGLT2 INHIBITOR	PATIENTS ALREADY PRESCRIBED OR INTOLERANT TO OTHER SGLT2 DUAL WITH METFORMIN TRIPLE INSULIN ADD ON	10MG DAILY	5MG IN SEVERE HEPATIC IMPAIRMENT	AVOID IF eGFR <60 AVOID PREGNANCY(2 /3 TRIMESTER) / BREASTFEDING AVOID IN PATIENTS >75 YEARS AVOID IF ON LOOP DIURETICS AVOID IF ON PIOGLITAZONE CORRECT HYPOVOLAEMIA AVOID IN KETOACIDOSIS REINFORCE THE IMPORTANCE OF GOOD FOOTCARE STOP IF DEVELOP ANY FOOT COMPLICATIONS AND CONSIDER ALTERNATIVE CLASS
EXENATIDE	GLP1	HBa1C >59 SECOND LINE TREATMENT IF BMI > 40 THIRD LINE IF BMI>30 AND DIABETES <10 YEARS	2MG WEEKLY (BYDUREON)	AVOID IF eGFR<50 AVOID IF LFT'S ARE ABNORMAL	AVOID PREGNANCY AND BREASTFEEDING AVOID SEVERE GI DISEASE/ GASTROPARESIS AVOID IN PANCREATITIS / CHOLECYSTITIS/ HIGH ALCOHOL INTAKE HbA1C MUST REDUCE BY 11mmol/mol AT 3 MONTHS TO CONTINUE
LIRAGLUTIDE	GLP1	FIRST CHOICE IF PATIENT <55 YEARS HBa1C >59 SECOND LINE TREATMENT IF BMI > 40 THIRD LINE IF BMI>30 AND DIABETES <10 YEARS	0.6 mg ONCE DAILY TITRATED TO A MAXIMUM 1.8MG DAILY	AVOID IF eGFR <30 AVOID IF LFT'S ARE ABNORMAL	AVOID PREGNANCY AND BREASTFEEDING AVOID SEVERE GI DISEASE/ GASTROPARESIS AVOID IN PANCREATITIS / CHOLECYSTITIS Hba1C MUST REDUCE BY 11mmol/mol AT 6 MONTHS TO CONTINUE
XULTOPHY	BASAL INSULIN / GLP1	ADD ON TO EXISTING ORAL HYPOGLYCAEMIC AGENTS	INITIALLY BETWEEN 10-16 DOSE STEPS ONCE DAILY MAXIMUM 50 DOSE STEPS DAILY	AVOID IN HEPATIC AND SEVERE RENAL IMPAIRMENT	AVOID PREGNANCY AND BREASTFEEDING AVOID SEVERE GI DISEASE/ GASTROPARESIS AVOID IN PANCREATITIS / CHOLECYSTITIS

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