

4 Central Nervous System

1 Dementia	Primary Care/HSCPs	Mental Health	Acute/ Specialist services
<p>Comment: Also see NHS FV Guideline for the use of Cognitive Enhancing Drugs (intranet only)</p> <p>Due to significant cost-differences standard tablets/capsules are preferred unless unable to swallow. In which case, orodispersible tablets or a liquid should be considered instead.</p> <p>Rivastigmine patches are relatively expensive and should only be prescribed in patients who cannot take oral formulations.</p>			
Anticholinesterases			
Mild to Moderate			
Donepezil (1 st line)	⊕	✓	⊕
Rivastigmine (2 nd line) (for patches preferred brand is Alzest [®])	⊕	✓	⊕
Galantamine (3 rd line)	⊕	✓	⊕
Dopaminergic Drugs			
Moderate to Severe			
Memantine	⊕	✓	⊕

2. Epilepsy and other Seizure Disorders	Primary Care/CHPs	Acute/ Specialist services
<p>Comment: Refer to NICE guideline NG 217 Epilepsies in children, young people and adults SIGN guideline No 143 Diagnosis and Management of Epilepsy in Adults MHRA Guidance – Valproate use by Women and Girls</p>		
Anti-epileptics		
<p>Comment: The MHRA have divided anti-epileptic drugs into 3 categories in order to determine whether it is necessary to maintain continuity of supply of specific manufacturer's products.</p> <p>The categories relate only to the treatment of epilepsy, it does not apply to the use of these drugs for other indications e.g. mood stabilisation, neuropathic pain.</p> <p>Cat. 1 – Maintain on specific manufacturer's products</p> <p>Cat. 2 – May be OK to prescribe as a generic. Need for continued supply of a particular manufacturer's product should be based on clinical judgement and consultation with patient and/or carer. Taking into account factors such as seizure frequency and treatment history. Medicines specified with a specific brand in the list below must be prescribed by brand name only.</p> <p>Cat. 3 - Usually unnecessary to ensure patients are maintained on a specific manufacturer's product unless specific patient reason e.g. patient anxiety and risk of confusion or dosing errors.</p> <p>If a patient has to be maintained on a particular product this should be prescribed by brand name or the name of the manufacturer should be stated on the prescription.</p> <p>In order to maintain continuity of supply, when a specified product is unavailable, pharmacists may dispense a product from a different manufacturer if discussed and agreed with both the prescriber and patient/carers.</p> <p>For further information on use of generic anti-epileptic drugs in patients with epilepsy see the Specialist Pharmacy Services Guide</p>		

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Preferred 1st line choice anti-epileptics			
Cat. 1	Carbamazepine (Tegretol® Prolonged Release)	⊕	✓
Comment: Tegretol® Prolonged Release is the preferred tablet formulation for epilepsy patients. For patients without epilepsy, standard generic tablets are preferred.			
Cat. 2	Lamotrigine	⊕	✓
Cat. 3	Levetiracetam	⊕	✓
Cat. 2	Sodium valproate	⊕	✓
Formulary restricted indications: <ul style="list-style-type: none"> Sodium valproate/valproate salts will remain formulary for male patients for the treatment of generalized, partial or other epilepsy, mania and bipolar disorder. Sodium valproate/valproate salts shall only be prescribed for (female) adults who have the ability to bear children and for children for the treatment of generalized, partial or other epilepsy. Any new initiation for other indications for (female) adults who have the ability to bear children including migraine, mania and bipolar disorder will be non formulary across NHS Forth Valley. Access to sodium valproate/valproate salts for new patients of child bearing age for these indications will be via the IPTR process. All prescribing of valproate in patients of child bearing potential should follow the MHRA guidance 			
Cat. 2	Topiramate (preferred formulation is tablets rather than sprinkle capsules)	⊕	✓
Adjunctive Therapy in Patients Refractory to 1st line treatment			
Cat. 3	Brivaracetam	⊕	✓
	Cannabidiol (Epidyolex®)		✓
	Cenobamate (Ontozry®)	⊕	✓
Comment: Cenobamate is the preferred 2 nd line adjunctive therapy in patients with resistant epilepsy			
Cat. 2	Clobazam (SLS requirements – only to be prescribed for epilepsy)	⊕	✓
Cat. 2	Clonazepam	⊕	✓
Cat. 3	Ethosuximide	⊕	✓
Cat. 3	Lacosamide	⊕	✓
Cat. 2	Oxcarbazepine	⊕	✓
Cat. 1	Phenobarbital	⊕	✓
Cat. 1	Phenytoin (Phenytoin Sodium Flynn Pharma)	⊕	✓
Comment: Due to differences in bioavailability all new patients should be prescribed phenytoin capsules rather than tablets.			
Cat. 2	Rufinamide (Inovelon®) (For restricted use in Lennox–Gastaut Syndrome)	⊕	✓
Cat. 2	Zonisamide	⊕	✓
2.1 Status Epilepticus			
	Lorazepam i.v. (1 st line)		✓
	Phenytoin i.v. (2 nd line)		✓
Comment: Refer to Guideline for the In-Hospital Drug Treatment of Convulsive Status Epilepticus in Adults			
	Diazepam (Diazemuls® injection, diazepam rectal tubes)	✓	✓
	Midazolam oromucosal solution (Buccolam®) (Must be prescribed by brand)	⊕	✓

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Comment: While Buccolam® is only licensed in paediatrics, the New Drugs & Formulary Group supports the use of Buccolam® in all new patients including adults

3 Mental Health Disorders		Primary Care/HSCPs	Mental Health/Substance Misuse	Acute/Specialist services
3.1 Anxiety				
Comment: All sedative hypnotics and anxiolytics are licensed for short term use only (up to 4 weeks) and should be reserved for short courses to alleviate acute conditions after causal factors have been established. Refer to Guidance on Benzodiazepines: Prescribing and Management of Dependence in Primary Care (intranet only) Further self-help resources for patients can be accessed via the Mental Health and Wellbeing site				
	Diazepam (Long-acting) (due to risk of misuse 10mg tablets are non-formulary and should not be prescribed)	✓	✓	✓
	Lorazepam (Short-acting)	✓	✓	✓
Comment: Lorazepam - Short term use only. Shorter acting compounds may be preferred in patients with hepatic impairment but they carry a greater risk of withdrawal symptoms.				
	Propranolol (standard tablets)	✓	✓	✓
Comment: Pregabalin is not SMC approved for use in General Anxiety Disorder. Requires submission and approval of a PACS2 form.				
3.2 Attention deficit hyperactivity disorder				
Comment: For further guidance refer to NICE NG87 March 2018 Attention deficit hyperactivity disorder: diagnosis and management				
CNS Stimulants				
	Methylphenidate (1 st line) (standard tablets, modified release formulations) (preferred modified release brand for tablets is Xaggitin® XL, for modified release capsules Equasym® XL, Medikinet® XL)	⊕	✓	⊕
Comment: Modified release formulations of methylphenidate should be prescribed by brand name due to different release profiles				
	Lisdexamfetamine (Elvanse®) (2 nd line)	⊕	✓	⊕
	Dexamfetamine (3 rd line)	⊕	✓	⊕
Non-stimulants				
	Atomoxetine (2 nd line for ADHD, may be used 1 st line in some patients with co-morbidities)	⊕	✓	⊕
	Guanfacine (Intuniv®) (3 rd line for ADHD, may be used 2 nd line in some patients with co-morbidities. Off-label use in adults)	⊕	✓	⊕
	Clonidine (Used off-label for adult patients with ADHD and tic disorder)	⊕	✓	⊕

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Adjunctive treatments for Neurodevelopmental Disorders				
Comment: Further self-help resources for patients can be accessed via the Mental Health and Wellbeing site				
Melatonin + sleep hygiene measures Melatonin Immediate Release Tablets 1-5mg (1 st line) Melatonin Modified Release Tablets 2mg (2 nd line) If swallowing difficulties: <ul style="list-style-type: none"> Prescribe melatonin tablets as brand Adaflex® (available in 1-5mg) If patient unable to swallow solid dosage forms and crushing of Adaflex® is considered unsuitable, then prescribe as: <ul style="list-style-type: none"> Melatonin 1 mg/ml oral solution sugar free 	⊕	✓	✓	
Comment: <ul style="list-style-type: none"> Melatonin capsules are expensive and not licensed for use in children. Adaflex® tablets can be crushed and mixed with water directly before administration. Adaflex® will disperse in water in about 1 minute. If needed, Adaflex® can be mixed with juice to aid administration. The use of crushed melatonin M/R tablets in patients with swallowing problems is not supported. 				
Chloral hydrate solution + sleep hygiene measures (paediatrics)	⊕	✓	✓	
3.3 Bipolar disorder and mania				
Comment: For patients with a diagnosis of Bipolar disorder also refer to Physical Health Guideline for Patients with Significant Mental Health Problems For further information see NICE CG 185 Bipolar disorder: assessment and management				
Lithium (1 st line) (Priadel® is the preferred lithium brand in new patients)	⊕	✓		⊕
Comment: Lithium products Priadel® and Camcolit® have different bioavailabilities, therefore brand must be specified when prescribing. Liquid preparations Priadel® and Li-Liquid® also have different bioavailabilities. Refer to Guideline for the Management of patients on Lithium (intranet only)				
Carbamazepine	⊕	✓		⊕
Lamotrigine	⊕	✓		⊕
Sodium valproate	⊕	✓		⊕
Valproate Semisodium (Syonelle®)	⊕	✓		⊕
Comment: All prescribing of valproate in patients of child bearing potential should follow the MHRA guidance Formulary restricted indications: <ul style="list-style-type: none"> Sodium valproate/valproate salts remain formulary for male patients for the treatment of mania and bipolar disorder. Any new initiation for females who have the ability to bear children is considered non formulary across NHS Forth Valley. Access to sodium valproate/valproate salts for patients of child bearing potential should be approved via the local IPTR process. See relevant sections below for the use of sodium valproate/valproate salts for other indications				
3.4 Depression				
Comment: Also refer to FV Guidance on Treatment of Depression (intranet only) Further self-help resources for patients can be accessed via the Forth Valley Mental Health and Wellbeing site				
Monoamine-oxidase Inhibitors				
Moclobemide	⊕	✓		⊕
Selective Serotonin Re-uptake Inhibitors				
Citalopram	✓	✓		✓

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	Fluoxetine (preferred formulation is 20mg capsules)	✓	✓	✓
	Sertraline	✓	✓	✓
Serotonin and Noradrenaline Re-uptake Inhibitors				
	Duloxetine (30mg, 60mg capsules)	✓	✓	✓
	Venlafaxine	✓	✓	✓
Serotonin Uptake Inhibitors				
	Trazodone	✓	✓	✓
Tetracyclic Antidepressants				
	Mirtazapine	✓	✓	✓
Tricyclic Antidepressants				
	Clomipramine	✓	✓	✓
	Lofepramine	✓	✓	✓
3.6 Psychoses and schizophrenia				
Antipsychotics				
Comment: Also refer to - <ul style="list-style-type: none"> • Prescribing Guidelines on Depots (intranet only) • Physical health guideline for patients with significant mental health problems • For the treatment of patients with delirium please refer to the Scottish delirium association pathway Prescribing an antipsychotic for delirium can be initiated in Primary Care or in Acute where the Scottish delirium association pathway is followed • Where a patient has previously been initiated on an antipsychotic by Mental Health services and the patient has become non compliant, it would be reasonable for Primary Care to reinstate if required 				
First Generation				
	Chlorpromazine	⊕	✓	✓
	Haloperidol (Baseline ECG Required)	⊕	✓	✓
	Zuclopenthixol Dihydrochloride (Clopixol® tabs)	⊕	✓	⊕
	Zuclopenthixol Acetate (Clopixol Acuphase®) - for use in an Emergency inpatient environment only		✓	
First Generation – Depot Injections				
	Flupentixol Decanoate Inj	⊕	✓	⊕
	Haloperidol Decanoate Inj	⊕	✓	⊕
	Zuclopenthixol Decanoate (Clopixol®) Inj	⊕	✓	⊕
Second Generation				
	Amisulpride	⊕	✓	⊕
	Aripiprazole	⊕	✓	⊕
	Clozapine (Clozari®)		✓	⊕
Comment: Clozapine used for treatment resistant schizophrenia only.				
	Olanzapine (preferred formulation is standard tablets)	⊕	✓	⊕

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	Quetiapine (preferred formulary formulation is standard release, not M/R)	⊕	✓	⊕
	Risperidone (preferred formulation is standard tablets)	⊕	✓	⊕
Second Generation – Depot Injections				
	Aripiprazole Inj	⊕	✓	⊕
	Paliperidone Inj	⊕	✓	⊕
	Risperidone Inj	⊕	✓	

4. Movement Disorders		Primary Care/HSCPs	Acute/ Specialist services
4.1 Dystonias and other involuntary movements			
Essential tremor, chorea, tics and related disorders			
Essential Tremors			
	Propranolol (1st line)	✓	✓
	Primidone (2nd line)	⊕	✓
Monoamine Depleting Drugs			
	Tetrabenazine	⊕	✓
Muscle Relaxants			
	Botulinum Toxin Type A (Xeomin®, Botox®)		✓
4.2 Parkinson's Disease			
Comment: Also see – Forth Valley Guidance Prescribing in Parkinson's Disease and Related Conditions: Nausea/vomiting, agitation and nil by mouth NICE Clinical Guideline 71 - Parkinson's Disease in adults			
Antimuscarinics			
	Procyclidine (1 st line)	⊕	✓
	Trihexiphenidyl hydrochloride (2 nd line)	⊕	✓
Dopaminergic Drugs			
COM-T Inhibitors			
	Entacapone (1 st line)	⊕	✓
	Opicapone (2 nd line)	⊕	✓
Dopamine Precursors			
	Co-beneldopa (Madopar®)	⊕	✓
	Co-careldopa	⊕	✓
	Levodopa + Carbidopa + Entacapone (Staneke®)	⊕	✓
Dopamine Receptor Agonists			
	Ropinirole (MR tablets (Ipinnia XL®) (1 st line)	⊕	✓

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	Pramipexole (std. tablets, MR tablets (Pipexus®) (2 nd line)	⊕	✓
	Rotigotine Patch (Neupro®)	⊕	✓
Comment: To ensure the correct strength of pramipexole is prescribed/dispensed. Always prescribe as the base.			
MAO-B Inhibitors			
	Rasagaline	⊕	✓
Advanced Therapies			
	Apomorphine	⊕	✓
	Co-careldopa intestinal gel (Duodopa®)		✓
Dyskinesias			
	Amantadine	⊕	✓
Hypersalivation			
	Botulinum Toxin Type A (Xeomin®)		✓
	Glycopyrronium bromide (Sialanar® oral solution, tablets - off-label use)	⊕	✓
Comment: Xeomin® is SMC approved for the symptomatic treatment of chronic sialorrhoea (severe drooling) due to neurological disorders in adults Sialanar is SMC approved for the symptomatic treatment of severe sialorrhoea in children and adolescents aged 3 years and older with chronic neurological disorders.			
Orthostatic Hypotension			
	Midrodine (1 st line)	⊕	✓
	Fludrocortisone (2 nd line) (off-label use)	⊕	✓
Restless Leg Syndrome			
	Ropinirole (1 st line) [std. tablets, M/R tablets (Ipinnia XL®)]	✓	✓
	Pramipexole (2 nd line) [std. tablets, M/R tablets (Pipexus®)]	✓	✓
	Rotigotine Patch (Neupro®)	✓	✓
Comment: Patients with Restless Leg Syndrome (RLS) can initially be managed in Primary Care. For further information on management see NICE CKS - Restless legs syndrome The use of M/R pramipexole, M/R ropinirole in RLS is an off-label use but may be the preferred formulation for some patients.			

5. Nausea and Labyrinth Disorders	Primary Care/HSCPs	Acute/ Specialist Services
Comment: Choose the correct antiemetic based on the likely cause of the symptoms For further advice also see - West of Scotland Cancer Network (WoSCAN) Guideline for Managing Chemotherapy Induced Nausea & Vomiting in Adults https://www.intranet.woscan.scot.nhs.uk/guidelines-and-protocols/supportive-care/ (intranet only) Scottish Palliative Care Guidelines Forth Valley Guidance Prescribing in Parkinson's Disease and Related Conditions: Nausea/vomiting, agitation and nil by mouth		
Antiemetics and Antinauseants		
Antihistamines		

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	Cyclizine	✓	✓
Dopamine Receptor Antagonists			
	Metoclopramide (1 st line)	✓	✓
	Domperidone (2 nd line)	✓	✓
Neurokinin Receptor Antagonists			
	Aprepitant	To be prescribed in line with WoSCAN guideline	
Serotonin (5HT ₃) Receptor Antagonists			
	Ondansetron (1 st line) (preferred formulations are standard tablets, film tablets)	✓	✓
	Granisetron (2 nd line)		✓
Sedating Antihistamines			
	Cinnarizine	✓	✓
Antimuscarinics			
	Hyoscine hydrobromide	✓	✓
Antipsychotics – First Generation			
	Prochlorperazine (1 st line)	✓	✓
Comment: Prochlorperazine buccal tablets are relatively expensive compared to std. tablets. Only use when std. tablets are unsuitable			
	Droperidol (post-operative prevention and treatment)		✓
	Haloperidol (2 nd line) (palliative care)	✓	✓
	Levomepromazine (3 rd line) (palliative care)	✓	✓
Comment: Haloperidol tablets or levomepromazine tablets should only be prescribed if initiated by a Specialist. Haloperidol injections or levomepromazine injections can be initiated in Primary Care for palliative care patients			
5.1 Ménière's Disease			
Histamine Analogues			
	Betahistine	⊕	✓
Comment : Betahistine tablets are only licensed for Ménière's Disease and should not be prescribed for other vestibular disorders. Requires initiation/recommendation by a specialist			

6 Pain		Primary Care	Acute/ Specialist Services
Comment: Also refer to Scottish Palliative Care Guidelines and Scottish Palliative Care Guidelines on Choosing and Changing Opioids Guidance on Pain Management in a Person with a Substance Misuse Problem (In-Patient) (intranet only) Guideline for Headache Management in Adults			
Analgesics			
Non-Opioid			
	Paracetamol (preferred formulations tablets, caplets)	✓	✓

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Opioids			
<p>Comment: To calculate equivalent doses of different opioids refer to the opioids convertor on the West of Scotland Chronic Pain Education Group website</p> <p>There is a higher risk of serotonin syndrome when opioids especially tramadol, tapentadol are co-prescribed with antidepressants. For further information refer to UKMi Medicines Q & A What is the risk of serotonin syndrome and which medicines cause it?</p>			
Weak opioids			
	Co-codamol 8/500, 15/500, 30/500 (preferred formulations tablets, caplets)	✓	✓
<p>Comment: Increased opioid side-effects and risk of dependence with co-codamol.</p> <p>Effervescent preparations of compound analgesics may contain high levels of sodium.</p>			
<p>Comment: Codeine should only be used to relieve acute moderate pain in children older than 12 years and only if it cannot be relieved by other painkillers such as paracetamol or ibuprofen alone.</p> <p>A significant risk of serious and life-threatening adverse reactions has been identified in children with obstructive sleep apnoea who received codeine after tonsillectomy or adenoidectomy (or both). Codeine is now contraindicated in all children younger than 18 years who undergo these procedures for obstructive sleep apnoea</p>			
	Buprenorphine patches (Prescribe by brand – preferred FV brand is Butec® (7 day patch) 5mcg,10mcg,15mcg, 20mcg	✓	✓
	Dihydrocodeine	✓	✓
Strong opioids			
<p>Comment: Modified release (M/R) formulations of strong opioids should be prescribed by brand name to avoid prescribing/dispensing errors. Preferred brands are stated in the Formulary under individual drugs.</p> <p>Short acting opioids should be avoided for breakthrough pain in chronic non malignant pain</p> <p>To calculate equivalent doses of different opioids refer to the opioids convertor on the West of Scotland Chronic Pain Education Group website</p> <p>Also refer to Scottish Palliative Care Guidelines and Scottish Palliative Care Guidelines on Choosing and Changing Opioids</p>			
	Morphine- (1 st line) (For M/R products. Prescribe by brand – preferred FV brand is Zomorph®)	✓	✓
<p>Comment: Actimorph® oro-dispersible tablets are approved for use in palliative care patients, who are:-</p> <ul style="list-style-type: none"> • Unable to measure liquid doses for low doses of morphine sulphate OR • Unable to swallow tablets and measure out the liquid for higher doses 			
	Oxycodone (2 nd line, Prescribe by brand – preferred FV brands are: Short acting Shortec®, Long acting Longtec®)	✓	✓
<p>Comment: No advantage in using oxycodone over morphine in stage 1-3 renal impairment.</p> <p>It should be noted that oxycodone is twice as potent as morphine. And when switching opioids, the dose should be converted appropriately.</p>			
	Alfentanil injection 500mcg/1ml vials (3 rd line)	⊕	✓
<p>Comment: When prescribing alfentanil for palliative care patients only the 500mcg/1ml vials should be prescribed. Higher strength products are used as infusions.</p>			
	Fentanyl Patch (3 rd line) (Prescribe by brand – preferred FV brand is Matrifen®)	✓	✓
	Fentanyl buccal tablets (Effentora®)	⊕	✓
	Fentanyl nasal spray (Instanyl®, Pefcent®)	⊕	✓
<p>Comment: Fentanyl patches are indicated for 3rd line use for patients with severe pain who have swallowing difficulties or intractable nausea and vomiting.</p>			

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Fentanyl nasal spray/buccal tablets should only be prescribed for incident pain in cancer patients where short acting opioids are unsuitable.

Also refer to [Scottish Palliative Care Guidelines](#) and [Scottish Palliative Care Guidelines on Choosing and Changing Opioids](#)

	Tapentadol M/R tablets (Palexia® SR) (3 rd line)	⊕	✓
Comment: Standard tablets of tapentadol should not be prescribed . Only M/R formulations of tapentadol are recommended for use by the SMC and only to be prescribed if recommended by a pain specialist.			
	Cyclimorph® inj.	✓	✓
	Diamorphine inj.	✓	✓
6.1 Headache			
6.1a Migraine			
Comment: Also see local treatment guidelines - Guideline for Headache Management in Adults			
Step 1 - Non-Steroidal Anti-inflammatory Drugs			
	Aspirin (1 st line)	✓	✓
	Ibuprofen (2 nd line)	✓	✓
	Naproxen (2 nd line)	✓	✓
Step 2 - Triptans			
	Sumatriptan (1 st line)	✓	✓
	Frovatriptan (2 nd line)	✓	✓
	Rizatriptan (2 nd line)	✓	✓
Step 3 – Oral calcitonin gene-related peptide (CGRP) receptor antagonist			
	Rimegepant (Vydura®)	✓	✓
Anti-emetics			
	Prochlorperazine (1 st line)	✓	✓
	Metoclopramide (2 nd line)	✓	✓
Migraine Prophylaxis			
Oral	Propranolol (1 st line)	✓	✓
	Amitriptyline (2 nd line)	✓	✓
	Candesartan (3 rd line)	✓	✓
	Topiramate (3 rd line)	✓	✓
Injection (to be used after failure of at least 3 oral migraine prophylaxis drugs above)			
	Botulinum toxin type A (Botox®) (1 st line)		✓
	Erenumab (Aimovig®) (2 nd line)		✓
	Galcanezumab (Emgality®)		✓
6.2 Neuropathic Pain			
Comment: Gabapentin and pregabalin have been reclassified as Schedule 3 CDs due to the risk of potential misuse and links to drug related deaths.			

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There is a higher risk of serotonin syndrome when antidepressants used for neuropathic pain are co-prescribed with medicines used for depression. For further information refer to UKMi Medicines Q & A [What is the risk of serotonin syndrome and which medicines cause it?](#)

	Amitriptyline (1 st line)	✓	✓
	Duloxetine (30mg, 60mg capsules) (2 nd line)	✓	✓
	Gabapentin (2 nd line)	✓	✓
Comment: For gabapentin more cost-effective to prescribe capsules rather than tablets formulations at equivalent doses			
	Nortriptyline (2 nd line) (preferred formulation is tablets)	✓	✓
	Pregabalin (2 nd line)	✓	✓
	Capsaicin cream 0.025% (Zacin®), 0.075% (Axsain®) (Please be aware this is currently unavailable until Jan 2025)	✓	✓
	Capsaicin 179mg (8%) patch (Qutenza®)		✓
Comment: Capsaicin patches are approved for restricted use for peripheral neuropathic pain in non-diabetics. They must be applied within a clinic setting and are relatively expensive			
Trigeminal Neuralgia			
	Carbamazepine (standard tablets)	✓	✓

7 Sleep Disorders	Primary Care/HSCPs	Mental Health/Substance Misuse	Acute/Specialist services
7.1 Insomnia			
Hypnotics and anxiolytics			
Comment: Further self-help resources for patients can be accessed via the Mental Health and Wellbeing site			
	Zopiclone (1 st line) + sleep hygiene measures	✓	✓
	Temazepam (2 nd line) + sleep hygiene measures	✓	✓
	Zolpidem (2 nd line) + sleep hygiene measures	✓	✓
	Melatonin M/R 2mg tablets + sleep hygiene measures	✓	✓
	Promethazine + sleep hygiene measures	✓	✓
Comment: Melatonin M/R 2mg tablets are licensed for insomnia in adults over the age of 55 (maximum of 13 weeks) and also for insomnia in adults with learning disabilities. Use for sleep disorders in children is an off label use and should be initiated by a specialist. For the use of melatonin in ADHD and other neurodevelopmental disorders refer to section 3.2.			

8 Substance Dependence	Primary Care/HSCPs	Mental Health/Substance Misuse	Acute/Specialist services
8.1 Alcohol dependence			
Comment: For further advice see- Alcohol Dependence -In-patient Management of Alcohol Withdrawal			

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Alcohol Dependence-Community Management of Alcohol Withdrawal

Alcohol Dependence – Maintenance of Abstinence

	Acamprosate	⊕	✓	⊕
	Chlordiazepoxide	⊕	✓	✓
	Disulfiram	⊕	✓	⊕

8.2 Nicotine dependence

	Nicotine Replacement Therapy (Patches - Nicotinell® 1 st line, NiQuitin® CQ 2 nd line, Gums, lozenges - Nicotinell®)	✓	✓	✓
	Varenicline	✓	✓	✓

Comment: Other formulations of NRT e.g. inhalator, nasal spray, oral spray, sublingual tablets are considered non-Formulary and should only be prescribed if Formulary choices are unsuitable

For further advice refer to [NHS FV Stop Smoking Guidance](#) (intranet only)

8.3 Opioid dependence

Comment: Also refer to [Opiate Replacement Therapy Prescribing Guideline](#) (intranet only)

[Naltrexone for Maintenance of Opiate Abstinence](#) (intranet only)

[GP Prescribing Service for Opioid Substitution Therapy](#) (intranet only)

	Buprenorphine (Espranor®) (Substance Use Services)	⊕	✓	⊕
	Buprenorphine Inj. (Buvidal®) (For use by Substance Use Services only)		✓	
	Methadone 1mg/ml mixture	✓	✓	⊕

Comment: Sugar-free methadone should only be prescribed for diabetic patients

	Naltrexone (Substance Use Services)		✓	⊕
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Opioid toxicity

	Naloxone inj. (take home naloxone must be prescribed as the brand Prenoxad®) (1 st line)	✓	✓	✓
	Naloxone nasal spray (Nyxoid®) (2 nd line)		✓	

Key ✓ Initiate and continue ⊕ Continue where appropriate