

## 4 Central Nervous System

1 Dementia	Primary Care/HSCPs	Mental Health	Acute/ Specialist services	
<p><b>Comment:</b> Also see NHS FV <a href="#">Guideline for the use of Cognitive Enhancing Drugs</a> (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>				
<b>Anticholinesterases</b>				
<b>Mild to Moderate</b>				
	Donepezil (1 <sup>st</sup> line)	⊕	✓	⊕
	Rivastigmine (2 <sup>nd</sup> line) (for patches preferred brand is Alzest <sup>®</sup> )	⊕	✓	⊕
	Galantamine (3 <sup>rd</sup> line)	⊕	✓	⊕
<b>Dopaminergic Drugs</b>				
<b>Moderate to Severe</b>				
	Memantine	⊕	✓	⊕

2. Epilepsy and other Seizure Disorders	Primary Care/CHPs	Acute/ Specialist services
<p><b>Comment:</b> Refer to <a href="#">NICE CG 137 Epilepsies diagnosis and management guideline</a>  <a href="#">SIGN guideline No 143 Diagnosis and Management of Epilepsy in Adults</a>  <a href="#">MHRA drug safety Valproate Pregnancy Prevention Programme</a></p>		
<b>Anti-epileptics</b>		
<p><b>Comment:</b> 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><b>Cat. 1 –</b> Maintain on specific manufacturer's products</p> <p><b>Cat. 2 –</b> 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><b>Cat. 3 -</b> 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/carer.</p> <p>For further information on use of generic anti-epileptic drugs in patients with epilepsy see the <a href="#">Specialist Pharmacy Services Guide</a></p>		

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Preferred 1st line choice anti-epileptics			
Cat. 1	Carbamazepine (Tegretol® Prolonged Release)	⊕	✓
<b>Comment:</b> 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	⊕	✓
<b>Formulary restricted indications:</b>			
<ul style="list-style-type: none"> <li>Sodium valproate/valproate salts will remain formulary for male patients for the treatment of generalized, partial or other epilepsy, mania and bipolar disorder.</li> <li>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.</li> <li><b>Any new</b> 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.</li> <li>All prescribing of valproate in patients of child bearing potential should follow the MHRA PREVENT guidance <a href="https://www.gov.uk/guidance/valproate-use-by-women-and-girls">https://www.gov.uk/guidance/valproate-use-by-women-and-girls</a></li> </ul>			
Cat. 2	Topiramate (preferred formulation is tablets rather than sprinkle capsules)	⊕	✓
Adjunctive Therapy in Patients Refractory to 1st line treatment			
Cat. 3	Brivaracetam	⊕	✓
Cat. 2	Clobazam (SLS requirements – only to be prescribed for epilepsy)	⊕	✓
Cat. 2	Clonazepam	⊕	✓
Cat. 3	Ethosuximide	⊕	✓
Cat. 3	Lacosamide	⊕	✓
Cat. 2	Oxcarbazepine (Trileptal®)	⊕	✓
Cat. 1	Phenobarbital	⊕	✓
Cat. 1	Phenytoin (Phenytoin Sodium Flynn Pharma)	⊕	✓
<b>Comment:</b> 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 <sup>st</sup> line)		✓
	Phenytoin i.v. (2 <sup>nd</sup> line)		✓
<b>Comment:</b> 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)	⊕	✓
<b>Comment:</b> While Buccolam® is only licensed in paediatrics, the New Drugs & Formulary Group supports the use of Buccolam® in all new patients including adults			

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3 Mental Health Disorders	Primary Care/HSCPs	Mental Health/Substance Misuse	Acute/Specialist services
<b>3.1 Anxiety</b>			
<p><b>Comment:</b> 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 <a href="#">Guidance on Benzodiazepines: Prescribing and Management of Dependence in Primary Care</a> (intranet only) Further self-help resources for patients can be accessed via the <a href="#">Mental Health and Wellbeing site</a></p>			
Diazepam (Long-acting) (due to risk of misuse 10mg tablets are non-formulary and should not be prescribed)	✓	✓	✓
Lorazepam (Short-acting)	✓	✓	✓
<p><b>Comment:</b> 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.</p>			
Propranolol (standard tablets)	✓	✓	✓
<p><b>Comment:</b> Pregabalin is not SMC approved for use in General Anxiety Disorder. Requires submission and approval of a PACS2 form.</p>			
<b>3.2 Attention deficit hyperactivity disorder</b>			
<p><b>Comment:</b> For further guidance refer to NICE NG87 March 2018 <a href="#">Attention deficit hyperactivity disorder: diagnosis and management</a></p>			
<b>CNS Stimulants</b>			
Methylphenidate (1 <sup>st</sup> line) (standard tablets, modified release formulations) (preferred modified release brand for tablets is Xaggitin <sup>®</sup> XL, for modified release capsules Equasym <sup>®</sup> XL, Medikinet <sup>®</sup> XL)	⊕	✓	⊕
<p><b>Comment:</b> Modified release formulations of methylphenidate should be prescribed by brand name due to different release profiles</p>			
Lisdexamfetamine (Elvanse <sup>®</sup> ) (2 <sup>nd</sup> line)	⊕	✓	⊕
Dexamfetamine (3 <sup>rd</sup> line)	⊕	✓	⊕
<b>Non-stimulants</b>			
Atomoxetine (2 <sup>nd</sup> line for ADHD, may be used 1 <sup>st</sup> line in some patients with co-morbidities)	⊕	✓	⊕
Guanfacine (Intuniv <sup>®</sup> ) (3 <sup>rd</sup> line for ADHD, may be used 2 <sup>nd</sup> 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			
<b>Comment:</b> Further self-help resources for patients can be accessed via the <a href="#">Mental Health and Wellbeing site</a>			
Melatonin+ sleep hygiene measures licensed formulations are – Tablets - film coated (3mg) (1 <sup>st</sup> line) M/R tablets (1mg, 2mg, 5mg) (2 <sup>nd</sup> line) Capsules (2mg, 3mg, 5mg) (2 <sup>nd</sup> line) 1mg/ml oral solution S/F (3 <sup>rd</sup> line)	⊕	✓	✓
<b>Comment:</b> Use of melatonin in ADHD patients is an off-label use. Use of melatonin M/R tablets for sleep disorders in children is an off-label use. Melatonin capsules are more expensive and may be used in individuals where the tablet formulations are unsuitable or due to swallowing issues. Melatonin oral solution should be used in patients who are unable to swallow the licensed tablets or capsule formulations. The use of crushed melatonin M/R tablets in children with swallowing problems is no longer supported.			
Chloral hydrate solution + sleep hygiene measures (paediatrics)	⊕	✓	✓
3.3 Bipolar disorder and mania			
<b>Comment:</b> For patients with a diagnosis of Bipolar disorder also refer to <a href="#">Physical Health Guideline for Patients with Significant Mental Health Problems</a> For further information see <a href="#">NICE CG 185 Bipolar disorder: assessment and management</a>			
Lithium (1 <sup>st</sup> line) (Priadel <sup>®</sup> is the preferred lithium brand in new patients)	⊕	✓	⊕
<b>Comment:</b> Lithium products Priadel <sup>®</sup> and Camcolit <sup>®</sup> have different bioavailabilities, therefore brand must be specified when prescribing. Liquid preparations Priadel <sup>®</sup> and Li-Liquid <sup>®</sup> also have different bioavailabilities. Refer to <a href="#">Guideline for the Management of patients on Lithium</a> (intranet only)			
Carbamazepine	⊕	✓	⊕
Lamotrigine	⊕	✓	⊕
Sodium valproate	⊕	✓	⊕
Valproate Semisodium (Syonelle <sup>®</sup> )	⊕	✓	⊕
<b>Comment:</b> All prescribing of valproate in patients of child bearing potential should follow the MHRA PREVENT guidance <a href="https://www.gov.uk/guidance/valproate-use-by-women-and-girls">https://www.gov.uk/guidance/valproate-use-by-women-and-girls</a> <b>Formulary restricted indications:</b> <ul style="list-style-type: none"> <li>Sodium valproate/valproate salts remain formulary for male patients for the treatment of mania and bipolar disorder.</li> <li>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.</li> </ul> See relevant sections below for the use of sodium valproate/valproate salts for other indications			
3.4 Depression			
<b>Comment:</b> Also refer to <a href="#">FV Guidance on Treatment of Depression</a> (intranet only) Further self-help resources for patients can be accessed via the Forth Valley <a href="#">Mental Health and Wellbeing site</a>			
Monoamine-oxidase Inhibitors			
Moclobemide	⊕	✓	⊕
Selective Serotonin Re-uptake Inhibitors			
Citalopram	✓	✓	✓

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	Fluoxetine (preferred formulation is 20mg capsules)	✓	✓	✓
	Sertraline	✓	✓	✓
<b>Serotonin and Noradrenaline Re-uptake Inhibitors</b>				
	Duloxetine (30mg, 60mg capsules)	✓	✓	✓
	Venlafaxine	✓	✓	✓
<b>Serotonin Uptake Inhibitors</b>				
	Trazodone	✓	✓	✓
<b>Tetracyclic Antidepressants</b>				
	Mirtazapine	✓	✓	✓
<b>Tricyclic Antidepressants</b>				
	Clomipramine	✓	✓	✓
	Lofepramine	✓	✓	✓
<b>3.6 Psychoses and schizophrenia</b>				
<b>Antipsychotics</b>				
<b>Comment:</b> Also refer to -				
<ul style="list-style-type: none"> <li>• <a href="#">Prescribing Guidelines on Depots</a> (intranet only)</li> <li>• <a href="#">Physical health guideline for patients with significant mental health problems</a></li> <li>• For the treatment of patients with delirium please refer to the <a href="#">Scottish delirium association pathway</a> Prescribing an antipsychotic for delirium can be initiated in Primary Care or in Acute where the Scottish delirium association pathway is followed</li> <li>• 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</li> </ul>				
<b>First Generation</b>				
	Chlorpromazine	⊕	✓	✓
	Haloperidol (Baseline ECG Required )	⊕	✓	✓
	Zuclopenthixol Dihydrochloride (Clopixol® tabs)	⊕	✓	⊕
	Zuclopenthixol Acetate (Clopixol Acuphase®) - for use in an Emergency inpatient environment only		✓	
<b>First Generation – Depot Injections</b>				
	Flupentixol Decanoate Inj	⊕	✓	⊕
	Haloperidol Decanoate Inj	⊕	✓	⊕
	Zuclopenthixol Decanoate (Clopixol®) Inj	⊕	✓	⊕
<b>Second Generation</b>				
	Amisulpride	⊕	✓	⊕
	Aripiprazole	⊕	✓	⊕
	Clozapine (Clozaril®)		✓	⊕
<b>Comment:</b> 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)	⊕	✓	⊕
<b>Second Generation – Depot Injections</b>				
	Aripiprazole Inj	⊕	✓	⊕
	Paliperidone Inj	⊕	✓	⊕
	Risperidone Inj	⊕	✓	

4. Movement Disorders		Primary Care/HSCPs	Acute/ Specialist services
<b>4.1 Dystonias and other involuntary movements</b>			
<b>Essential tremor, chorea, tics and related disorders</b>			
<b>Essential Tremors</b>			
	Propranolol (1st line)	✓	✓
	Primidone (2nd line)	⊕	✓
<b>Monoamine Depleting Drugs</b>			
	Tetrabenazine	⊕	✓
<b>Muscle Relaxants</b>			
	Botulinum Toxin Type A (Xeomin <sup>®</sup> , Botox <sup>®</sup> )		✓
<b>4.2 Parkinson's Disease</b>			
<b>Comment: Also see –</b>			
<b>Forth Valley Guidance</b> <a href="#">Prescribing in Parkinson's Disease and Related Conditions: Nausea/vomiting, agitation and nil by mouth</a>			
<a href="#">NICE Clinical Guideline 71 - Parkinson's Disease in adults</a>			
<b>Antimuscarinics</b>			
	Procyclidine (1 <sup>st</sup> line)	⊕	✓
	Trihexiphenidyl hydrochloride (2 <sup>nd</sup> line)	⊕	✓
<b>Dopaminergic Drugs</b>			
<b>COM-T Inhibitors</b>			
	Entacapone	⊕	✓
<b>Comment: Opicapone is not SMC approved. Requires submission and approval via PACS2 process</b>			
<b>Dopamine Precursors</b>			
	Co-beneldopa (Madopar <sup>®</sup> )	⊕	✓
	Co-careldopa	⊕	✓
	Levodopa + Carbidopa + Entacapone (StaneK <sup>®</sup> )	⊕	✓
<b>Dopamine Receptor Agonists</b>			
	Ropinirole (MR tablets (Ipinnia XL <sup>®</sup> ) (1 <sup>st</sup> line)	⊕	✓

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	Pramipexole (std. tablets, MR tablets (Pipexus <sup>®</sup> ) (2 <sup>nd</sup> line)	⊕	✓
	Rotigotine Patch (Neupro <sup>®</sup> )	⊕	✓
<b>Comment:</b> To ensure the correct strength of pramipexole is prescribed/dispensed. Always prescribe as the base.			
<b>MAO-B Inhibitors</b>			
	Rasagaline	⊕	✓
<b>Advanced Therapies</b>			
	Apomorphine	⊕	✓
	Co-careldopa intestinal gel (Duodopa <sup>®</sup> )		✓
<b>Dyskinesias</b>			
	Amantadine	⊕	✓
<b>Hypersalivation</b>			
	Botulinum Toxin Type A (Xeomin <sup>®</sup> )		✓
	Glycopyrronium bromide (Sialanar <sup>®</sup> oral solution, tablets - off-label use)	⊕	✓
<b>Comment:</b> Xeomin <sup>®</sup> 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.			
<b>Orthostatic Hypotension</b>			
	Midrodine (1 <sup>st</sup> line)	⊕	✓
	Fludrocortisone ( 2 <sup>nd</sup> line) (off-label use)	⊕	✓
<b>Restless Leg Syndrome</b>			
	Ropinirole (1 <sup>st</sup> line) [std. tablets, M/R tablets (Ipinnia XL <sup>®</sup> )]	✓	✓
	Pramipexole (2 <sup>nd</sup> line) [std. tablets, M/R tablets (Pipexus <sup>®</sup> )]	✓	✓
	Rotigotine Patch (Neupro <sup>®</sup> )	✓	✓
<b>Comment:</b> Patients with Restless Leg Syndrome (RLS) can initially be managed in Primary Care. For further information on management see <a href="#">NICE CKS - Restless legs syndrome</a> 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
<b>Comment:</b> 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 <a href="https://www.intranet.woscan.scot.nhs.uk/guidelines-and-protocols/supportive-care/">https://www.intranet.woscan.scot.nhs.uk/guidelines-and-protocols/supportive-care/</a> (intranet only) <a href="#">Scottish Palliative Care Guidelines</a> <a href="#">Forth Valley Guidance Prescribing in Parkinson's Disease and Related Conditions: Nausea/vomiting, agitation and nil by mouth</a>		
<b>Antiemetics and Antinauseants</b>		
<b>Antihistamines</b>		

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	Cyclizine	✓	✓
<b>Dopamine Receptor Antagonists</b>			
	Metoclopramide (1 <sup>st</sup> line)	✓	✓
	Domperidone (2 <sup>nd</sup> line)	✓	✓
<b>Neurokinin Receptor Antagonists</b>			
	Aprepitant	To be prescribed in line with WoSCAN guideline	
<b>Serotonin (5HT<sub>3</sub>) Receptor Antagonists</b>			
	Ondansetron (1 <sup>st</sup> line) ( preferred formulations are standard tablets, film tablets)	✓	✓
	Granisetron (2 <sup>nd</sup> line)		✓
<b>Sedating Antihistamines</b>			
	Cinnarizine	✓	✓
<b>Antimuscarinics</b>			
	Hyoscine hydrobromide	✓	✓
<b>Antipsychotics – First Generation</b>			
	Prochlorperazine (1 <sup>st</sup> line)	✓	✓
<b>Comment:</b> 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 <sup>nd</sup> line) (palliative care)	✓	✓
	Levomepromazine (3 <sup>rd</sup> line) (palliative care)	✓	✓
<b>Comment:</b> 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			
<b>5.1 Ménière's Disease</b>			
<b>Histamine Analogues</b>			
	Betahistine	⊕	✓
<b>Comment :</b> 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
<b>Comment:</b> Also refer to <a href="#">Scottish Palliative Care Guidelines</a> and <a href="#">Scottish Palliative Care Guidelines on Choosing and Changing Opioids Guidance on Pain Management in a Person with a Substance Misuse Problem (In-Patient)</a> (intranet only) <a href="#">Guideline for Headache Management in Adults</a>		
<b>Analgesics</b>		
<b>Non-Opioid</b>		
	Paracetamol (preferred formulations tablets, caplets)	✓

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Opioids			
<p><b>Comment:</b> To calculate equivalent doses of different opioids refer to the <a href="#">opioids convertor</a> on the <a href="#">West of Scotland Chronic Pain Education Group website</a></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 &amp; A <a href="#">What is the risk of serotonin syndrome and which medicines cause it?</a></p>			
Weak opioids			
	Co-codamol 8/500, 15/500, 30/500 (preferred formulations tablets, caplets)	✓	✓
<p><b>Comment:</b> Increased opioid side-effects and risk of dependence with co-codamol. Effervescent preparations of compound analgesics may contain high levels of sodium.</p>			
<p><b>Comment:</b> 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. 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><b>Comment:</b> 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. Short acting opioids should be avoided for breakthrough pain in chronic non malignant pain To calculate equivalent doses of different opioids refer to the <a href="#">opioids convertor</a> on the <a href="#">West of Scotland Chronic Pain Education Group website</a> Also refer to <a href="#">Scottish Palliative Care Guidelines</a> and <a href="#">Scottish Palliative Care Guidelines on Choosing and Changing Opioids</a></p>			
	Morphine- (1 <sup>st</sup> line) (For M/R products. Prescribe by brand – preferred FV brand is Zomorph®)	✓	✓
	Oxycodone (2 <sup>nd</sup> line, Prescribe by brand – preferred FV brands are: Short acting Shortec®, Long acting Longtec®)	✓	✓
<p><b>Comment:</b> No advantage in using oxycodone over morphine in stage 1-3 renal impairment. 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 <sup>rd</sup> line)	⊕	✓
<p><b>Comment:</b> 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 <sup>rd</sup> line) (Prescribe by brand – preferred FV brand is Matrifen®)	✓	✓
	Fentanyl buccal tablets (Effentora®)	⊕	✓
	Fentanyl nasal spray (Instanyl®, Pefcent®)	⊕	✓
<p><b>Comment:</b> Fentanyl patches are indicated for 3<sup>rd</sup> line use for patients with severe pain who have swallowing difficulties or intractable nausea and vomiting. Fentanyl nasal spray/buccal tablets should only be prescribed for incident pain in cancer patients where short acting opioids are unsuitable. Also refer to <a href="#">Scottish Palliative Care Guidelines</a> and <a href="#">Scottish Palliative Care Guidelines on Choosing and Changing Opioids</a></p>			

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	Tapentadol M/R tablets (Palexia® SR) (3 <sup>rd</sup> line)	⊕	✓
<b>Comment:</b> <b>Standard tablets</b> of tapentadol should <b>not be prescribed</b> . 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.	✓	✓
<b>6.1 Headache</b>			
<b>6.1a Migraine</b>			
<b>Comment:</b> Also see local treatment guidelines - <a href="#">Guideline for Headache Management in Adults</a>			
<b>Step 1 - Non-Steroidal Anti-inflammatory Drugs</b>			
	Aspirin (1 <sup>st</sup> line)	✓	✓
	Ibuprofen (2 <sup>nd</sup> line)	✓	✓
	Naproxen (2 <sup>nd</sup> line)	✓	✓
<b>Step 2 - Triptans</b>			
	Sumatriptan (1 <sup>st</sup> line)	✓	✓
	Frovatriptan (2 <sup>nd</sup> line)	✓	✓
	Rizatriptan (2 <sup>nd</sup> line)	✓	✓
<b>Anti-emetics</b>			
	Prochlorperazine (1 <sup>st</sup> line)	✓	✓
	Metoclopramide (2 <sup>nd</sup> line)	✓	✓
<b>Migraine Prophylaxis</b>			
<b>Oral</b>	Propranolol (1 <sup>st</sup> line)	✓	✓
	Amitriptyline (2 <sup>nd</sup> line)	✓	✓
	Candesartan (3 <sup>rd</sup> line)	✓	✓
	Topiramate (3 <sup>rd</sup> line)	✓	✓
<b>Injection</b> (to be used after failure of at least 3 oral migraine prophylaxis drugs above)			
	Botulinum toxin type A (Botox®) (1 <sup>st</sup> line)		✓
	Erenumab (Aimovig®) (2 <sup>nd</sup> line)		✓
<b>6.2 Neuropathic Pain</b>			
<b>Comment:</b> Gabapentin and pregabalin have been reclassified as Schedule 3 CDs due to the risk of potential misuse and links to drug related deaths. 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 <a href="#">What is the risk of serotonin syndrome and which medicines cause it?</a>			
	Amitriptyline (1 <sup>st</sup> line)	✓	✓
	Duloxetine (30mg, 60mg capsules) (2 <sup>nd</sup> line)	✓	✓
	Gabapentin (2 <sup>nd</sup> line)	✓	✓
<b>Comment:</b> For gabapentin more cost-effective to prescribe capsules rather than tablets formulations at equivalent doses			
	Nortriptyline (2 <sup>nd</sup> line) (preferred formulation is tablets)	✓	✓

Key ✓ Initiate and continue ⊕ Continue where appropriate

## 4 Central Nervous System

	Pregabalin (2 <sup>nd</sup> line)	✓	✓
	Capsaicin cream 0.025% (Zacin <sup>®</sup> ), 0.075% (Axsain <sup>®</sup> )	✓	✓
	Capsaicin 179mg (8%) patch (Qutenza <sup>®</sup> )		✓
<b>Comment:</b> 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			
<b>Trigeminal Neuralgia</b>			
	Carbamazepine (standard tablets)	✓	✓

7 Sleep Disorders	Primary Care/HSCPs	Mental Health/Substance Misuse	Acute/ Specialist services
<b>7.1 Insomnia</b>			
<b>Hypnotics and anxiolytics</b>			
<b>Comment:</b> Further self-help resources for patients can be accessed via the <a href="#">Mental Health and Wellbeing site</a>			
	Zopiclone (1 <sup>st</sup> line) + sleep hygiene measures	✓	✓
	Temazepam (2 <sup>nd</sup> line) + sleep hygiene measures	✓	✓
	Zolpidem (2 <sup>nd</sup> line) + sleep hygiene measures	✓	✓
	Melatonin M/R 2mg tablets (Circadin <sup>®</sup> )+ sleep hygiene measures	✓	✓
	Promethazine + sleep hygiene measures	✓	✓
<b>Comment:</b> Melatonin M/R 2mg tablets (Circadin <sup>®</sup> ) are licensed for insomnia in adults over the age of 55 (maximum of 13 weeks) and also for insomnia in adults with learning disabilities but is not approved for use by the SMC, requires submission and approval of an IPTR (Individual patient treatment request) for licensed indication. 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
<b>8.1 Alcohol dependence</b>			
<b>Comment:</b> For further advice see- <a href="#">Alcohol Dependence -In-patient Management of Alcohol Withdrawal</a> <a href="#">Alcohol Dependence-Community Management of Alcohol Withdrawal</a> <a href="#">Alcohol Dependence – Maintenance of Abstinence</a>			
	Acamprosate	⊕	✓
	Chlordiazepoxide	⊕	✓
	Disulfiram	⊕	✓
<b>8.2 Nicotine dependence</b>			
	Nicotine Replacement Therapy	✓	✓

Key ✓ Initiate and continue ⊕ Continue where appropriate

## 4 Central Nervous System

	(Patches - Nicotinell <sup>®</sup> 1 <sup>st</sup> line, NiQuitin <sup>®</sup> CQ 2 <sup>nd</sup> line, Gums, lozenges - Nicotinell <sup>®</sup> )			
	Varenicline	✓	✓	✓
<p><b>Comment:</b> 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 <a href="#">NHS FV Stop Smoking Guidance</a> (intranet only)</p>				
<b>8.3 Opioid dependence</b>				
<p><b>Comment:</b> Also refer to <a href="#">Opiate Replacement Therapy Prescribing Guideline</a> (intranet only) <a href="#">Naltrexone for Maintenance of Opiate Abstinence</a> (intranet only) <a href="#">GP Prescribing Service for Opioid Substitution Therapy</a> (intranet only)</p>				
	Buprenorphine (Espranor <sup>®</sup> ) (Substance Use Services)	⊕	✓	⊕
	Buprenorphine Inj. (Buvidal <sup>®</sup> ) (For use by Substance Use Services only)		✓	
	Methadone 1mg/ml mixture	✓	✓	⊕
<p><b>Comment:</b> Sugar-free methadone should only be prescribed for diabetic patients</p>				
	Naltrexone (Substance Use Services)		✓	⊕
<b>Opioid toxicity</b>				
	Naloxone inj. (take home naloxone must be prescribed as the brand Prenoxad <sup>®</sup> )	✓	✓	✓

Key ✓ Initiate and continue ⊕ Continue where appropriate