



FORMULARY

2008

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INTRODUCTION

The purpose of this formulary is to establish a list of drugs for general use by medical staff. The list has been produced in order to rationalise drug prescribing and economise on expenditure. The majority of the preparations listed will be routinely stocked by the pharmacy department and the remainder will be ordered on request.

The contents of this formulary will be under continual review and updated annually. Any suggestions for improvements are welcomed so that they may be considered for inclusion in the next edition.

To facilitate cross-reference, the same drug classification system as the BNF has been used.

The drug names are in the BAN format with the INN placed afterward, for example Bendrofluazide (BAN) / Bendroflumethiazide (INN).

Certain drugs have restrictions placed on their use. These can be found in brackets after the drug name

NON-FORMULARY PRESCRIBING

A) Patients admitted to the hospital already taking non-formulary drugs:-

If the patient is admitted for review of current therapy, then the prescriber will be encouraged to change to a formulary drug.

If the patient is admitted for other reasons (e.g. surgery whilst taking non-formulary anti-hypertensive medication), then a small supply will be obtained for that patient only.

B) In the event of non-formulary drug treatment initiated in the hospital, then the prescribing doctor will be contacted for consideration of an alternative from the formulary list. If an alternative is not suitable, then a supply may be obtained on a named-patient basis, only on the request of a consultant.

A "***Non-Formulary Product Request Form***" should be completed by the consultant in the above instance, for monitoring of non-formulary product usage.

These forms are available in the outpatients department and the pharmacy department. The completed form should accompany the prescription or drug chart when a non-formulary product is required.

Non-formulary drugs are not routinely stocked by the pharmacy department, and therefore delays may occur while supplies are purchased.

Consultants may request the addition of a new product to the formulary by completing a "*New Product Request*" form. This should be returned to the Pharmacy Department for a product evaluation.

GENERIC PRESCRIBING

Generic prescribing is should be routine practice. However there are products that need to be prescribed by brand

Please prescribe the following drugs by brand as the use of the generic name could result in the loss of therapeutic control:

DILTIAZEM : Brands include:- *Adizem-SR, Adizem-XL, Angitil SR, Angitil XL, Calcicard CR, Dilcardia SR, Dilzem SR, Dilzem XL, Slozem, Tildiem, Tildiem LA, Tildiem Retard, Viazem XL, Zemtard.*

CICLOSPORIN : Brands include:- *Neoral, Sandimmum.*

CARBAMAZEPINE: Brands include:- *Tegretol, Tegretol Retard, Teril Retard, Timonil Retard.*

LITHIUM CARBONATE: Brands include:- *Camcolit, Liskonum, Priadel.*

THEOPHYLLINE / AMINOPHYLLINE: Brands include:- *Nuelin, Nuelin SA, Slo-Phyllin, Uniphyllin Continus, Phyllocontin Continus.*

NIFEDIPINE: Brands include:- *Adalat, Adalat LA, Adalat Retard, Adipine MR, Cardilate MR, Coracten SR, Coracten XL, Coroday MR, Fortipine LA 40, Hypolar Retard 20, Nifedipress MR, Nifopress Retard, Slofedipine, Slofedipine XL, Tensipine MR.*

SODIUM VALPROATE: Brands include:- *Epilim, Epilim Chrono, Epilim Intravenous, Convulex, Depakote.*

MESALAZINE: Brands include:- *Asacol MR, Ipocol, Pentasa, Salofalk.*

VERAPAMIL : Brands include:- *Cordilox, Securon, Half Securon SR, Securon SR, Univer, Verapress MR, Vertab SR 240.*

PHENYTOIN: Brands include:- *Epanutin.*

CO-BENELDOPA: Brands include:- *Madopar, Madopar CR.*

CO-CARELDOPA: Brands include:- *Sinemet, Half Sinemet CR, Sinemet CR.*

Please prescribe Insulins, HRT Topical Preparation and Oral Contraceptive by brand to avoid confusion between different products

The Trust has a **generic substitution policy** which states:-

“The pharmacist may substitute a prescribed drug with its less expensive generic equivalent, where there is an equivalent therapeutic effect. This will not be done where there is an established difference in bioavailability, e.g. warfarin, anticonvulsants.”

The Drug and Therapeutics Committee would like to thank our colleagues who have helped with the production of this edition of the Formulary.

We hope that you will find the Formulary useful. To be of value it must be continually revised and updated and any suggestions for improvements are welcomed, so that they may be included in the next edition.

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Coding Abbreviations

S	➔	“Special” product manufactured by the Pharmacy Department
caps	➔	Capsules formulation available
tabs	➔	Tablet formulation available
liq	➔	Liquid formulation available
sol	➔	Soluble tablet formulation available
supps	➔	Suppositories formulation available
pess	➔	Pessaries formulation available
inj	➔	Injection formulation available

Abertawe Bro-Morgannwg University NHS Trust

SAFE PRESCRIBING GUIDANCE

The following aims to guide prescribers through the prescription process. Following this guidance should save considerable time and effort and reduces risk of errors occurring.

All prescriptions should be written:

CLEARLY.
LEGIBLY.
UNAMBIGUOUSLY.
BLOCK CAPITAL LETTERS ONLY.

1. **ON ADMISSION**

The admitting doctor should question the patient thoroughly regarding their existing drug therapy. Any queries should be clarified with the assistance of Pharmacy or the patient's general practitioner. The patient must be asked to relate any known drug allergies.

Any drug allergies must be highlighted by:

- a. emphasis in patient's notes;
- b. entering the allergy and the nature of the allergy on the inpatient medication administration record (If the patient has no known allergies this information should also be recorded on the treatment sheet). This section needs to be signed and dated;
- c. the admitting doctor must inform nursing staff of any allergies and this must be recorded in the nursing record. All staff need to be alerted to any allergy before administering any medication.

2. **IN-PATIENT PRESCRIPTIONS**

- 2.1 All medicinal products administered to patients within the Trust must be in accordance with the clear written instructions of a medical officer or other legally authorised practitioner on an approved prescription sheet, the only exceptions being those referred to in paragraph 2.9 – verbal orders.
- 2.2 The medication administration record must bear patient's name, address, unit number, and date of birth, weight, ward and consultant and details of any known drug allergies.
- 2.3 The prescription, written **legibly** in the appropriate section of the sheet, must state:
 - i) date of commencement of the therapy;
 - ii) the name of the drug in CAPITAL LETTERS (using the INN approved name where appropriate or generic name) or brand names for the following products - diltiazem, ciclosporin, lithium, theophylline / aminophylline, nifedipine, verapamil, mesalazine, phenytoin, sodium valproate, carbamazepine, co-beneldopa & co-careldopa) and use the brand name for all sustained release preparations. Do not use abbreviations for drug names;
 - iii) the dose expressed in metric units. Micrograms and nanograms should be written in full and not abbreviated. When prescribing medicinal products for children, special precautions are needed and it is recommended that both the strength and volume of the dose be written;
 - iv) The unnecessary use of decimal points should be avoided e.g. 3mg not 3.0mg or 100micrograms not 0.1mg. When decimal points are unavoidable a zero should be written in front of the decimal point where there is no other figure e.g. 0.5ml **not** .5ml

- v) the route of administration must be clearly indicated. The following are approved abbreviations for use with the present inpatient medication sheet:-

<i>O</i>	<i>Oral</i>	<i>LE</i>	<i>Left eye</i>
<i>IM</i>	<i>Intramuscular</i>	<i>RE</i>	<i>Right eye</i>
<i>IV</i>	<i>Intravenous</i>	<i>I.P.</i>	<i>Intraperitoneal</i>
<i>S.C.</i>	<i>Subcutaneous</i>	<i>Inh</i>	<i>Inhaler</i>
<i>P.R</i>	<i>Per Rectum</i>	<i>Top</i>	<i>Topical</i>
<i>S.L.</i>	<i>Sub-lingual</i>	<i>I.D.</i>	<i>Intradermal</i>
<i>P.V</i>	<i>Per Vagina</i>	<i>N.G.</i>	<i>Nasogastric</i>
<i>Neb</i>	<i>Nebuliser</i>		

ABBREVIATIONS OTHER THAN THE ABOVE ARE NOT ACCEPTABLE

- vi) do **NOT** use U as an abbreviation, use UNITS

- vii) the times/frequency of administration

- viii) the signature and bleep number of the prescriber.

- 2.4 Dosages prescribed “as required/when necessary” must indicate the minimum dose frequency and indication within a specific period of time and the circumstances under which the drug may be used.
- 2.5 Treatment should be reviewed at intervals of no longer than one week, or at the discretion of the medical officer in charge. Patients on long term depot preparations must be reviewed at intervals not exceeding three months.
- 2.6 Treatment to be discontinued must be crossed out through the whole prescription and dated and initialled by the responsible Medical Officer or authorised practitioner.
- 2.7 When prescribing intravenous drug therapy, do state, infusion fluid, volume to be given, route of administration, rate of infusion or duration. Also state drug dose to be added to the required volume.
- 2.8 Oxygen therapy should be prescribed in all cases. When prescribing a nebuliser specify driving gas (air or oxygen).

2.9 **Verbal Orders**

Under exceptional circumstances, a Medical Officer may give a verbal order to a qualified Nurse over the telephone. The verbal prescription must be repeated by the Nurse to the Medical Officer checking, in the presence of a witness, the patient’s name, the drug and dosage, the route, the prescription, and the time of administration. The name of the Medical Officer must be recorded on the patient’s Medication Administration Record, stating that it was a verbal message. Following administration the treatment sheet must be signed by the two nurses. The prescriber must countersign the prescription within 24 hours (Verbal orders taken should be written in the once only box). **Verbal orders may NOT be used for the administration of Controlled Drugs.**

3. **OUTPATIENTS AND PATIENTS BEING DISCHARGED FROM HOSPITALS**

When prescribing for outpatients or on discharge points **2.2** to **2.4** should be considered.

- 3.1 Prescribers must refer to patient’s notes and existing treatment sheets to ensure that the correct drugs are prescribed and recognise any drug allergies that the patient may have.

- 3.2 Prescriptions must be written with a **ball point pen** to ensure clarity on all duplicate copies of the prescription. **Patient details must be clear on all prescription copies.**
- 3.3 All prescriptions for patients discharged from hospitals or transferred to other units and prescriptions for outpatients must be written on the HMR 112(W) or FP 10(HP) or a form approved by the Drugs and Therapeutics Committee.

- 3.4 Although directions should preferably be in English without abbreviation it is recognised that some Latin abbreviations are still used when prescribing.

The following is a list of agreed abbreviations:

<i>a.c.</i>	<i>ante cibum (before food)</i>
<i>b.d.</i>	<i>bis die (twice daily)</i>
<i>o.d.</i>	<i>omni die (daily)</i>
<i>o.m.</i>	<i>omni mane (in the morning)</i>
<i>o.n.</i>	<i>omni nocte (at night)</i>
<i>p.c.</i>	<i>post cibum (after food)</i>
<i>p.r.n.</i>	<i>pro re nata (when required)</i>
<i>q.d.s.</i>	<i>quarter die sumendus (four times daily)</i>
<i>t.d.s.</i>	<i>ter die sumendus (three times daily)</i>

ABBREVIATIONS OTHER THAN THE ABOVE ARE NOT ACCEPTABLE.

- 3.5 When controlled drugs are prescribed, the following information must be entered on the prescription form by the prescriber in the prescriber's own handwriting:-
- the prescription must be signed and dated in the doctor's own handwriting
 - the name and address of the patient must be specified
 - the name, form, strength, dosage, frequency and route of the preparation must be stated and the volume, number of units or total quantity of medicinal product required must be specified in **both words and figures** in the doctor's own handwriting.
 - the prescription must be in ink or otherwise so as to be indelible.
 - Addressograph labels may **not** be used.
(See BNF for more information regarding the writing of controlled drug prescriptions)
- 3.6 With the exception of the Accident & Emergency Department, where a shorter period of the smallest possible original pack may be given, an original pack (up to 28 days supply) supply of medication is usually supplied to patients discharged from the hospital. Outpatients attending clinics at the hospital may receive an original pack supply provided there is an urgent clinical need, otherwise patient should be referred back to their general practitioner with a request to prescribe a class of drug (only refer an individual drug when this is more appropriate). If a prescription is required for periods exceeding four weeks, a Consultant or Registrar should endorse it within the clinic.
- 3.7 A copy of the triplicate discharge form or outpatient prescription will be retained in the hospital pharmacy following dispensing of the prescription, a second copy will be given to the patient with the dispensed medication for information for his/her General Practitioner. The remaining copy will be retained in the appropriate section of the patient's notes.
- 3.8 All prescriptions must be written by qualified medical or other legally authorised practitioner. Nurses are not allowed to copy prescriptions for signature by doctors.

4. It is the responsibility of the prescriber to ensure that the drug, dose, route and frequency prescribed are appropriate and that there are no known interactions or incompatibilities. If you are unsure check.

5. **USE OF UNLICENSED MEDICINES AND THE USE OF MEDICINES OUTSIDE OF PRODUCT LICENCE**

Vicarious liability for problems arising from the use of medicine outside of their product licence or medicines not having a product licence, will be accepted by the Trust if the Trust's policy is followed. A copy of the full policy is available from pharmacy.

This policy does not apply to clinical trials.

Key Points of Policy in Summary

1. **Use of licensed medicines outside their Product License.**

The Trust will accept liability for problems associated with such use if the use would have "peer group support". Peer group support may be determined by a variety of means for example by the use of literature, standard texts and specialist texts.

2. **Use of Medicine with no UK Product License**

The pharmacy will purchase such products, usually on a named prescriber basis, on receipt of a written request from a consultant. In an emergency this may be supplied retrospectively. Acceptance of liability by the Trust will also depend on "peer group support" as above.

3. A "Use of unlicensed medicine" form should be completed and returned to Pharmacy.

Prepared by Stuart J Evans, Interface / Formulary Pharmacist, SwanseaNHS Trust
Reviewed by Swansea NHS Trust DTC – April 2003 (UPDATED February 2004)

1. GASTRO-INTESTINAL SYSTEM

ANTACIDS	TREATMENT OF INFLAMMATORY BOWEL DISEASE
ANTISPASMODICS	LAXATIVES
MOTILITY STIMULANTS	PREPARATIONS FOR HAEMORRHOIDS
ULCER HEALING DRUGS	DRUGS AFFECTING INTESTINAL SECRETIONS
TREATMENT OF ACUTE DIARRHOEA	

1.1 ANTACIDS

First Choice

Aluminium hydroxide mixture 4%

Magnesium Trisilicate liquid

Gastrocote tablets

Peptac[®] liquid or infant sachets

1.2a ANTISPASMODICS

First Choice

Mebeverine hydrochloride tablets

Alternatives

Alverine citrate tablets

Gripe Water

Infacol

Hyoscine butylbromide injection, tablets

Peppermint oil (*irritable bowel syndrome only*) capsules

1.2b MOTILITY STIMULANTS

First Choice

Domperidone tablets, liquid & supps

Metoclopramide hydrochloride tablets, liquid & injection

1.3 ULCER HEALING DRUGS

Most duodenal and gastric ulcers are associated with Helicobacter pylori infection.

First Choice Treatment:-

Presence of Helicobacter Pylori :-

1st Choice

Proton Pump Inhibitor at standard dose twice daily

Amoxicillin 1g bd

Clarithromycin 500mg bd

All for 7 days

Penicillin allergic patients

Proton Pump Inhibitor at standard dose twice daily

Metronidazole 400mg bd

Clarithromycin 500mg bd

All for 7 days

Clarithromycin resistance likely :-

Proton Pump Inhibitor at standard dose twice daily

Metronidazole 400mg tds

Amoxicillin 500mg TDS

All for 7 days

Tripotassium dicitratobismuthate (De-Noltab)

Absence of Helicobacter Pylori:-

Proton Pump Inhibitor at standard dose daily until healed.

Proton Pump Inhibitors

Esomeprazole capsules & injection (*for use by gastroenterologists and gastric surgeons*)

Lansoprazole capsules & sachet ^(CG17)

Omeprazole tablets & injection ^(CG17)

H₂ - antagonist

Ranitidine tablets, liquid & injection

Alternatives

Misoprostol tablets (*Restricted use**)

*** Those patients with a clear history of gastric ulceration who definitely need an NSAID and are negative for Helicobacter pylori.**

^(CG17) NICE Clinical Guidelines (August 2004) Dyspepsia: Managing dyspepsia in adults in primary care www.nice.org.uk/guidance/index.jsp?action=byID&o=10950

1.4 TREATMENT OF ACUTE DIARRHOEA

Codeine phosphate tablets, liquid & injection

Loperamide capsules, tablets & liquid

Rehydration therapy (*Dioralyte*[®])sachets

1.5 TREATMENT OF INFLAMMATORY BOWEL DISEASE

Aminosalicylates

Mesalazine tablets, foam enema & supps

Sulphasalazine EC tablets & tablets

Olsalazine capsules & tablets (*Consultant request only*)

Balsalazide sodium capsules (*Consultant request only*)

*****Prescribe mesalazine by brand.*****

Immunosuppressant

Prednisolone tablets, *Predenema*[®], supps, *Predfoam*

Hydrocortisone (*Colifoam*[®]) enema

Budesonide capsules MR (*Entocort*[®])(*Consultant request only*)

Azathioprine tablets

Infliximab injection ⁽⁴⁰⁾

⁽⁴⁰⁾ - NICE guidance (40) on the use of INFLIXIMAB in the Treatment of Crohn's disease (April 2002). www.nice.org.uk/guidance/index.jsp?action=byID&o=11454

1.6 LAXATIVES

Osmotic laxatives

Liquid Paraffin & Magnesium hydroxide oral emulsion liquid

Magnesium hydroxide liquid

Lactulose liquid (*Not 1st line therapy*)

Movicol[®] granules (*Chronic constipation - last line Consultant only & Paediatrics*)

Enemas

Phosphate enema

Micro-enema

Stimulant laxatives

Bisacodyl tablets & supps

Senna tablets & liquid

Glycerol supps

Sodium picosulphate liquid
Co-danthramer caps, liq, strong caps,) *for analgesic induced*
strong suspension) *constipation in terminally*
Co-danthrusate caps, liq) *ill patients only*

Faecal softeners

Arachis oil enema
Docusate capsules sodium

Bulk Forming Agents

Ispaghula Husk (*Fybogel*[®]) sachets
Sterculia (*Normacol*[®], *Normacol Plus*[®]) sachets

Bowel preparation prior to endoscopy/colonic surgery

Sodium picosulphate (*Picolax*[®]) sachet
Micro-enema
Phosphate enema
Phospho-soda enema (*Fleet*[®]) (*for use when Picolax[®] is inappropriate*)
Senna Liquid
Klean Prep[®] (*Only when Picolax unavailable*)
Moviprep sachets

Treatment of Hepatic Encephalopathy

Lactulose (30-50ml TDS)

1.7 PREPARATIONS FOR HAEMORRHOIDS

1.7.1 Soothing preparations

Anusol cream & supps

1.7.2 Compound preparations with corticosteroids

Xyloproct[®] ointment
Anusol HC[®] ointment

1.7.3 Rectal sclerosants

Oily phenol injection 5%w/v

1.7.4.1 Management of anal fissures

Glyceryl Trinitrate 0.4% (**Rectogesic**) ointment

1.9 DRUGS AFFECTING INTESTINAL SECRETIONS

1.9.1 Drugs affecting biliary composition and flow

Ursodeoxycholic acid (250mg & 300mg) tablets & capsules

1.9.4 Pancreatic supplements

Creon[®] 10,000; 25,000 capsules
Pancrex-V[®] capsules & forte tablets

MISCELLANEOUS

Pentoxifylline tablets (Gastro consultant only)

2. CARDIOVASCULAR SYSTEM

POSITIVE INOTROPIC DRUGS	ANTICOAGULANTS AND PROTAMINE
DIURETICS	ANTI-PLATELET DRUGS
ANTI-ARRHYTHMIC DRUGS	FIBRINOLYTIC DRUGS
BETA-ADRENOCEPTOR BLOCKING DRUGS	ANTIFIBRINOLYTIC DRUGS AND HAEMOSTATICS
OTHER ANTIHYPERTENSIVE THERAPY	LIPID LOWERING DRUGS
NITRATES, OTHER VASODILATORS AND CALCIUM CHANNEL BLOCKERS	LOCAL SCLEROSANTS
SYMPATHOMIMETICS	

2.1 **POSITIVE INOTROPIC DRUGS**

2.1.1 **Cardiac glycosides**

Digoxin tablets, liquid & injection
Digibind

2.2 **DIURETICS**

2.2.1 **Thiazide and related diuretics**

Bendrofluazide / Bendroflumethiazide tablets
Chlorothiazide (*Paediatric Directorate only*) liquid
Indapamide tablets (**in conjunction with perindopril for secondary prevention of strokes only**)
Metolazone tablets (*reserve for resistant oedema and CCF*)

2.2.2 **Loop diuretics**

Bumetanide tablets & liquid
Frusemide / Furosemide tablets, liquid & injection

2.2.3 **Potassium sparing diuretics**

Amiloride hydrochloride tablets
Eplerenone tablets ^(CG48)
Spironolactone tablets ^(CG5), (liquid -*paediatrics only*)

2.2.4 **Combination potassium sparing diuretics**

Co-amilofruse (amiloride 5mg/frusemide 40mg) tablets
Co-amilozide (amiloride / Hydrochlorothiazide) 5/50 or 2.5/25 tablets

2.2.5 **Osmotic diuretics**

Mannitol infusion

2.2.8 **Diuretics with potassium**

Administer potassium separately

2.3 **ANTI-ARRHYTHMIC DRUGS**

Adenosine injection

*Amiodarone hydrochloride tablets & injection

***(Shared care protocols should be used if expecting primary care to continue prescribing.)**

Atropine sulphate injection.

Bretylum tosilate injection.

Digoxin tablets, injection & liquid

Disopyramide capsules & injection

Esmolol hydrochloride injection. (*Consultant request only*)

Flecainide acetate tablets & injection

Lidocaine hydrochloride injection.

Mexiletine hydrochloride capsules & injection

Phenytoin sodium injection.
Procainamide hydrochloride injection.
Propafenone hydrochloride injection.
Sotalol hydrochloride tablets & injection
Verapamil hydrochloride tablets, capsules & injections

2.4 BETA-ADRENOCEPTOR BLOCKING DRUGS

Angina/Hypertension ^(CG34)

Atenolol tablets, injection & liquids
Bisoprolol fumarate tablets
Labetalol hydrochloride (*Hypertension of Pregnancy*) tablets & injection
Metoprolol tartrate tablets
Nebivolol tablets (*Hypertension only - for use in patients where Beta-blockers have reduced BP but patient suffering from side effects*)

Arrhythmias

Esmolol hydrochloride injection.
Sotalol hydrochloride tablets & injection

Anxiety/Migraine/Thyrotoxicosis

Propranolol hydrochloride tablets, liquid & injection

Heart Failure

Bisoprolol fumarate tablets ^(CG5)
Carvedilol (*HYHA IV only* tablets) ^(CG5)

2.5 OTHER ANTIHYPERTENSIVE THERAPY

2.5.1 Vasodilator Antihypertensive drugs

Hydralazine hydrochloride tablets & injection
Sodium nitroprusside injection (*Consultant request only*)
Minoxidil tablets (*Consultant request only*)

2.5.2 Centrally acting Antihypertensive drugs

Methyldopa tablets
Moxonidine tablets (*resistant hypertension only*)

2.5.3 Adrenergic neurone blocking drugs

Guanethidine monosulphate injection

2.5.4 Alpha-adrenoreceptor blocking drugs

Doxazosin tablets
Phentolamine injection
Phenoxybenzamine hydrochloride capsules & injection (*For use in phaeochromocytoma*)

2.5.5 Drugs Affecting the Renin-Angiotensin System

2.5.5.1 Angiotensin-Converting Enzyme Inhibitors ^(CG34)

Captopril tablets (*Dose initiation only*) ^(CG5)
Enalapril tablets ^(CG5)
Lisinopril tablets ^(CG5)
Perindopril tablets ^(CG5)
Ramipril capsules / tablets ^(CG5)

2.5.5.2 Angiotensin-II Receptor Antagonists ^(CG34)

Candesartan – heart failure & hypertension ^(CG5)
Valsartan - Post MI (ACE intolerant / contra-indicated patients)
Irbesartan - Diabetic nephropathies (ACE intolerant patients)

2.5.5.3 Renin inhibitors
Aliskiren tablets (*Consultant request only*)

2.6. NITRATES, OTHER VASODILATORS AND CALCIUM CHANNEL BLOCKERS

2.6.1 Nitrates
Glyceryl Trinitrate tablets 500mcg, buccal tablets, patches, injection & spray
Isosorbide Mononitrate tablets 10mg, 20mg,
Monomax tablets XL[®] (Isosorbide mononitrate 60mg)

The mononitrate is the active moiety and hence the treatment of choice.

2.6.2 Calcium channel blockers ^(CG34)
Amlodipine besilate tablets 5mg, 10mg
Diltiazem hydrochloride MR 60mg tablets
Diltiazem long acting (*Tildiem capsules LA*[®]) 200mg; 300mg
Felodipine MR tablets, 2.5mg, 5mg, 10mg
Nifedipine long acting (*Adalat LA*[®]) tablets 30mg; 60mg
Nifedipine capsules (*as per Tocolysis protocol only*)
Nimodipine tablets & injection (*subarachnoid haemorrhage*)
Verapamil hydrochloride tablets & injection
Diltiazem and nifedipine modified release preparations should be prescribed by brand name.

2.6.3 Potassium-Channel Activators
Ivabradine tablets (*Consultant Cardiologist request only*)
Nicorandil tablets

2.6.4 Peripheral and cerebral vasodilators

2.6.4.1 Peripheral vasodilators and related drugs
Cilostazol tablets

2.7 SYMPATHOMIMETICS

2.7.1 Sympathomimetics with inotropic activity

Dobutamine injection
Dopamine hydrochloride injection
Isoprenaline hydrochloride injection
Dopexamine hydrochloride (*ITU use only*) injection

2.7.2 Sympathomimetics causing vasoconstriction

Noradrenaline acid tartrate / Norepinephrine bitartrate injection
Adrenaline / Epinephrine injection
Phenylephrine hydrochloride injection
Metaraminol injection
Ephedrine hydrochloride injection

2.8 ANTICOAGULANTS and PROTAMINE

2.8.1 Parenteral anticoagulants

Heparin calcium
Heparin sodium
Dalteparin (ITU haemofiltration only)
Danaparoid injection– for heparin associated thrombocytopenia

Enoxaparin injection

Epoprostenol (Flolan) *For maintaining catheter patency sodium chloride injection 0.9% is as effective as heparin flushes for up to 48 hrs, and is therefore recommended for cannulas intended to be in place for 48 hrs or less. Heparin flushes are only recommended for cannulas intended to be in place for longer than 48 hrs.*

Fondaparinux injection

2.8.2 Oral Anticoagulants

First Choice

Warfarin sodium tablets 1mg strength maintenance

Alternatives

Nicoumalone / Acenocoumarol tablets

Phenindione tablets

2.8.3 Protamine sulphate

2.9 ANTI-PLATELET DRUGS

Abciximab (*Restricted to Cardiac unit*)⁽⁴⁷⁾ injection

Aspirin tablets⁽⁹⁰⁾

Clopidogrel tablets^{(80) (90)} (*aspirin intolerant patients / cardiac stents only / unstable angina*)

Dipyridamole⁽⁹⁰⁾ tablets

tabs, S/R

Injection available for certain diagnostic purposes such as myocardial perfusion imaging.

Tirofiban⁽⁴⁷⁾ injection

inj

2.10 FIBRINOLYTIC DRUGS

Streptokinase⁽⁵²⁾ injection

Alteplase (*rt-PA*)⁽⁵²⁾ injection

Tenecteplase⁽⁵²⁾ injection

Urokinase

2.11 ANTIFIBRINOLYTIC DRUGS and HAEMOSTATICS

Aprotinin injection (*Consultant request only*)

Drotrecogin alfa (activated) injection⁽⁸⁴⁾

Ethamsylate tablets & injection

Tranexamic acid tablets & injection

2.12 LIPID LOWERING DRUGS

Statins⁽⁹⁴⁾

1st line: Simvastatin tablets⁽⁹⁴⁾

2nd Line: Atorvastatin tablets⁽⁹⁴⁾

3rd Line: Pravastatin sodium tablets⁽⁹⁴⁾

Rosuvastatin tablets⁽⁹⁴⁾ (*limited to specialist lipid clinics only*)

⁽⁹⁴⁾ - NICE guidance on the use of Statins for the prevention of cardiovascular events in patients at increased risk of developing cardiovascular disease or those with established cardiovascular disease (January 2006).

www.nice.org.uk/guidance/index.jsp?action=byID&o=11564

Fibrates

1st line

Fenofibrate (*Lipantil[®] Micro/ Supralip[®] 160*) tablets

2nd line

Bezafibrate 400mg tablets (*Bezalip Mono[®]*)

Anion-exchange resins

Cholestyramine-A sachets

Miscellaneous

Ezetimibe tablets ⁽¹³²⁾

Omacor capsules (post MI use only) ^(CG48)

2.13 LOCAL SCLEROSANTS

Ethanolamine oleate injection

Phenol Oily injection

Sodium Tetradecyl Sulphate (STD) injection

NICE Clinical guidelines:

^(CG5) NICE Clinical Guidelines (February 2003) Management of chronic heart failure in adults in primary and secondary care.

www.nice.org.uk/guidance/index.jsp?action=byID&o=10924

^(CG34) NICE Clinical Guidelines (June 2006) Hypertension: management of hypertension in adults in primary care www.nice.org.uk/guidance/index.jsp?action=byID&o=10986

^(CG48) NICE Clinical Guidelines (May 2007) Secondary prevention in primary and secondary care for patients following a myocardial infarction.

www.nice.org.uk/guidance/index.jsp?action=byID&o=11008

NICE Technology Appraisals:

⁽⁴⁷⁾ - NICE guidance on the use of glycoprotein IIb/IIIa for the treatment of acute coronary syndrome (September 2002). www.nice.org.uk/guidance/index.jsp?action=byID&o=11470

⁽⁵²⁾ - NICE guidance (52) on use of drugs for early thrombolysis in the treatment of acute myocardial infarction (October 2002).

www.nice.org.uk/guidance/index.jsp?action=byID&o=11480

⁽⁸⁰⁾ - NICE guidance on the use of Clopidogrel in the treatment of non-ST-segment elevation acute coronary syndrome (July 2004).

www.nice.org.uk/guidance/index.jsp?action=byID&o=11536

⁽⁸⁴⁾ - NICE Guidance on the use of drotrecogin alfa (activated) for severe sepsis (September 2004) www.nice.org.uk/guidance/index.jsp?action=byID&o=11546

⁽⁹⁰⁾ – NICE Guidance on the use of clopidogrel and modified release dipyridamole in the prevention of occlusive vascular events (May 2005).

www.nice.org.uk/guidance/index.jsp?action=byID&o=11558

⁽¹³²⁾ – NICE Guidance on the use of Ezetimibe for the treatment of primary (heterozygous-familial and non-familial) hypercholesterolaemia (November 2007).

www.nice.org.uk/guidance/index.jsp?action=byID&o=11886

3. RESPIRATORY SYSTEM

BRONCHODILATORS	OXYGEN
CORTICOSTEROIDS	MUCOLYTICS
CROMOGLICATE AND RELATED THERAPY	AROMATIC INHALATIONS
ALLERGIC DISORDERS	ANTITUSSIVES
RESPIRATORY STIMULANTS AND SURFACTANTS	

3.1 **BRONCHODILATORS**

3.1.1 **Selective Beta₂ Adrenoceptor Stimulants**

Eformoterol / Formoterol fumarate *Turbohaler*[®]
 Salbutamol inhaler, respirator sol, oral liquid, inj, disks, breath-actuated inhaler (*Easi-Breathe*[®], *Accuhaler*[®], *Autohaler*[®]) CFC-free inhalers
 Salmeterol inhaler, *Accuhaler*[®], disks
 Terbutaline sulphate *Turbohaler*[®]

3.1.2 **Anticholinergic Bronchodilators**

Ipratropium bromide (inhaler, respirator sol, *Autohaler*[®])
 Tiotropium

3.1.3 **Theophylline Bronchodilators**

Aminophylline (MR tablets & injection)
 Caffeine Citrate (injection) - (*SCBU use only*)
 Theophylline (*Uniphyllin*[®]) (MR tablets)
 Theophylline (*Nuelin*[®]) (liquid & tablets)

It is recommended that new patients should be prescribed the Uniphyllin[®] brand of theophylline, as this allows for maximum flexibility of dosage. Other brands may be obtained for stabilised patients.

3.1.4 **Compound Bronchodilator Preparations**

Combivent[®] nebuliser sol.

3.1.5 **Inhalation Devices** ^{(10) (38)}

Accuhaler[®] (*salbutamol, salmeterol, fluticasone, seretide*)
Autohaler[®] (*salbutamol, beclomethasone, ipratropium, oxitropium, QVAR*)
Clickhaler[®] (*salbutamol, beclomethasone*)
Diskhaler[®] (*salbutamol, beclomethasone, salmeterol, fluticasone*)
Nebuhaler[®] (*terbutaline, budesonide*)/ *Nebuhaler*[®] **paediatric**
 Peak flow meters
Spinhaler[®] (*sodium cromoglycate*)
Turbohaler[®] (*budesonide, terbutaline, eformoterol, Symbicort*[®])
Volumatic[®] (*salbutamol, beclomethasone, salmeterol*)/ *Volumatic*[®] **paediatric**

⁽¹⁰⁾ - NICE guidance (10) on the use of (devices) in children under the age of 5 years with chronic asthma (October 2000) has been issued.

www.nice.org.uk/guidance/index.jsp?action=byID&o=11400

⁽³⁸⁾ - NICE guidance (38) on the use of inhaler devices for the routine treatment of chronic asthma in older children (aged 5-15 years) (April 2002) has been issued.

www.nice.org.uk/guidance/index.jsp?action=byID&o=11450

3.2 **CORTICOSTEROIDS**^{(131),(138)}

Beclomethasone dipropionate	(inhaler, forte inhaler, disks, breath-actuated inhaler (<i>Easi-breathe</i> [®] , <i>Accuhaler</i> [®] , <i>Autohaler</i> [®]), CFC-free inhaler) (<i>QVAR</i> [®] & <i>Clenil</i> also available)
Budesonide	(inhaler, <i>Turbohaler</i> [®] , resp.sol)
Fluticasone propionate	(CFC-free inhaler, <i>Accuhaler</i> [®] , disks, Nebs)
Mometasone	(<i>Twisthaler</i>)
<i>Seretide</i> [®] Symbicort	(CFC-free inhaler, <i>Accuhaler</i> [®])

⁽¹³¹⁾ - NICE guidance (138) on the use of Corticosteroids for the treatment of chronic asthma in children under the age of 12 years (November 2007)
www.nice.org.uk/guidance/index.jsp?action=byID&o=11892

⁽¹³⁸⁾ - NICE guidance (138) on the use of Corticosteroids for the treatment of chronic asthma in adults and children aged 12 years and over (March 2008)
www.nice.org.uk/guidance/index.jsp?action=byID&o=11945

3.3 **CROMOGLICATE AND RELATED THERAPY**

Sodium cromoglycate (spincaps, inhaler)
Montelukast (Chewable, tablets)

3.4 **ALLERGIC DISORDERS**

3.4.1 **Antihistamines**

Cetirizine hydrochloride (tablets & liquid)
Chlorpheniramine / Chlorphenamine maleate (tablets, liquid & injection)
Cyproheptadine tablets (surgery only)
Fexofenadine (tablets)
Loratadine (liquid & tablets)
Promethazine hydrochloride (tablets, liquid & injection)
Hydroxyzine hydrochloride (tablets & liquid) (*Dermatology request only*)

3.4.2 **Allergen Immunotherapy**

Omalizumab⁽¹³³⁾

⁽¹³³⁾ NICE Guidance on the use of omalizumab for severe persistent allergic asthma (November 2007) www.nice.org.uk/guidance/index.jsp?action=byID&o=11894

3.4.3 **Allergic emergencies**

Adrenaline / Epinephrine (injection 1:1000)
Chlorpheniramine / Chlorphenamine maleate (injection)
Hydrocortisone sodium succinate (injection)
Salbutamol (injection)

3.5 **RESPIRATORY STIMULANTS AND SURFACTANTS**

3.5.1 **Respiratory Stimulants**

Doxapram (infusion, injection)

3.5.2 **Respiratory Surfactants**

Beractant - *Survant*[®] - (*As per Paediatric protocol only*)
Poractant alfa - *Curosurf*[®] - (*As per Paediatric protocol only*)

3.6. **OXYGEN**

3.7 **MUCOLYTICS**

Dornase alfa (nebsules) (*Paediatric consultant request only*)

3.8. **AROMATIC INHALATIONS**

Benzoin compound tincture (*ENT request only*)

Menthol and eucalyptus inhalation (*ENT request only*)

Carbocisteine liquid (*Mucodyne[®]*)

3.9 **ANTITUSSIVES**

3.9.1 **Cough Suppressants**

Codeine phosphate linctus

Pholcodine (linctus, diabetic linctus)

Methadone hydrochloride 2mg/5ml (linctus)

3.9.2 **Demulcents**

Simple linctus

4. CENTRAL NERVOUS SYSTEM

HYPNOTICS AND ANXIOLYTICS	DRUGS USED IN NAUSEA AND VERTIGO
DRUGS USED IN PSYCHOSES AND RELATED DISORDERS	ANALGESICS
ANTIDEPRESSANT DRUGS	ANTIPILEPTIC DRUGS
CENTRAL NERVOUS SYSTEM STIMULANTS	DRUGS USED IN PARKINSONISM AND RELATED DISORDERS

4.1. **HYPNOTICS AND ANXIOLYTICS**

4.1.1 **Hypnotics**

First Choice

Temazepam (tablets & liquid)

Alternatives

Chloral betaine (tablets & liquid) (*Welldorm*[®]) (*Paediatric request only*)

Chlormethiazole / Clomethiazole (capsules & liquid)

Chloral hydrate capsules, liquid & supps (*Paediatric request only*)

Nitrazepam (tablets & liquid)

Zopiclone⁽⁷⁷⁾ (tablets)

☞ night sedation not to be routinely prescribed on take home prescriptions

⁽⁷⁷⁾ - NICE Guidance on the use of zaleplon, zolpidem and zopiclone for the short-term management of insomnia (April 2004) <http://www.nice.org.uk/page.aspx?o=113333>

4.1.2 **Anxiolytics**

First Choice

Diazepam (tablets, liquid & injection)

Alternatives

Chlordiazepoxide (tablets)

Beta-blockers e.g. propranolol (tablets)

Buspirone (tablets)

Lorazepam (tablets)

Oxazepam (tablets) (hepatic impairment only)

4.2 **DRUGS USED IN PSYCHOSES AND RELATED DISORDERS**

4.2.1 **Antipsychotic Drugs**

Chlorpromazine hydrochloride (tablets & liquid)

Haloperidol (tablets, capsule, liquid & injection)

Methotrimeprazine / Levomepromazine (*adjunctive treatment in palliative care*) (injection & tablets)

Pericyazine (tablets & liquid)

Perphenazine (tablets)

Promazine (tablets, capsules, liquid & injection)

Sulpiride (tablets)

Thioridazine (tablets & liquid) (*Consultant Psychiatrist use only*)

Trifluoperazine (tablets & capsules)

Zuclopenthixol (tablets)

Atypical Antipsychotics

Amisulpiride⁽⁴³⁾ (tablets)

Aripiprazole (tablets)

Clozapine⁽⁴³⁾ (tablets) (*Consultant Psychiatrist use only*)

Olanzapine⁽⁴³⁾ ⁽⁶⁶⁾ (tablets)

Quetiapine⁽⁴³⁾ (tablets)

Risperidone⁽⁴³⁾ (tablets & liquid)
Zotepine (tablets)

(43) - NICE guidance (43) on the use of newer (atypical) antipsychotics drugs for the Treatment of schizophrenia (June 2002). <http://www.nice.org.uk/cat.asp?c=32878>

4.2.2 Antipsychotic Depot Injections

Flupenthixol decanoate
Fluphenazine decanoate
Haloperidol decanoate
Pipothiazine palmitate
Zuclopenthixol decanoate
Zuclopenthixol acetate

4.2.3 Antimanic Drugs

First Choice

Lithium carbonate (MR tablets(*Priadel*®), liquid) **(Psychiatrist request only)*
Valproic acid (*Depakote*®) (tablets)
Olanzapine (tablets)

Alternative

Carbamazepine (tablets, liquid & supps)

**Lithium should be prescribed by brand name, due to the differences in bioavailability between the various preparations available.*

4.3 ANTIDEPRESSANT DRUGS

4.3.1 Tricyclic And Related Antidepressant Drugs

Amitriptyline hydrochloride	tabs, liq
Clomipramine hydrochloride	caps
Dothiepin / Dosulepin hydrochloride	tabs, caps
Imipramine hydrochloride	liq
Lofepamine	tabs
Nortriptyline	tabs
Trazodone hydrochloride	caps, liq

4.3.2 Monoamine-oxidase Inhibitors

Moclobemide	tabs
Phenelzine (<i>Consultant psychiatrist request only</i>)	tabs

4.3.3 SSRIs and related antidepressants

Citalopram	tabs
Duloxetine (3 rd line agent and initiated by Secondary Care)	caps
Fluoxetine	caps, liq
Paroxetine	tabs, liq
Mirtazepine	tabs
Reboxetine	tabs
Sertraline	tabs
Venlafaxine (<i>Cefn Coed use only</i>)	caps

4.4 CENTRAL NERVOUS SYSTEM STIMULANTS

Modafinil (tablets) (*Consultant Neurologist request only*)
*Methyphenidate hydrochloride⁽⁹⁸⁾ (tablets) (*Consultant request only*)

*Atomoxetine⁽⁹⁸⁾ (tablets) (*Consultant request only*)

*Dexamfetamine ⁽⁹⁸⁾ (tablets) (*Consultant request only*)

***(Shared care protocols should be used if expecting primary care to continue prescribing.)**

⁽⁹⁸⁾ - NICE guidance on the use of Methylphenidate, atomoxetine and dexamfetamine for the treatment of attention deficit hyperactivity disorder in children and adolescents (March 2006) has been issued. www.nice.org.uk/guidance/index.jsp?action=byID&o=11572

4.5.1 Anti-obesity drugs acting on the gastro-intestinal tract

Orlistat⁽²²⁾ caps

⁽²²⁾ - NICE guidance (22) on the use of ORLISTAT for the treatment of Adult obesity (March 2001). www.nice.org.uk/cat.asp?c=15712

4.5.2 Centrally acting appetite suppressants

Rimonabant tabs

Sibutramine⁽³¹⁾ caps

⁽³¹⁾ - NICE guidance on the use of SIBUTRAMINE for the treatment of Adult obesity (October 2001). <http://www.nice.org.uk/cat.asp?c=23003>

4.6 DRUGS USED IN NAUSEA AND VERTIGO

Betahistine dihydrochloride (tablets)

Cinnarizine (tablets)

Cyclizine (tablets & injection)

Domperidone (tablets, liquid & supps)

Granisetron (injection, tablets & liquid) - (*Velindre request only*)

Haloperidol (tablets, capsule, liquid & injection)

Methotrimeprazine / Levomepromazine (injection & tablets)

Metoclopramide hydrochloride (tablets, liquid & injection)

Ondansetron (*Haematology, Theatres & Oncology request only*) (injection, tablets & liquid)

Prochlorperazine (tablets, injection, liquid, supps & buccal)

Promethazine hydrochloride (injection, tablets & liquid)

4.7 ANALGESICS

4.7.1 Non-opioid Analgesics

4.7.1.1 Non-narcotic Analgesics for Mild Pain

First Choice

Paracetamol (tablets, soluble tablets, liquid & supps)

Paracetamol (*Acute pain team only*) IV

Aspirin (tablets & supps)

Alternatives

Non-steroidal anti-inflammatory drugs e.g. Ibuprofen (*See Section 10*)

Nefopam hydrochloride (tablets)

4.7.1.2 Compound Analgesics for Mild to Moderate Pain

Co-dydramol (*Paracetamol with dihydrocodeine*) (tablets)

Co-codamol (*Paracetamol with codeine*) (8/500 tablets/soluble & 30/500 tablets/soluble)

4.7.2 Opioid Analgesics

4.7.2.1 Analgesics for Moderate to Severe Pain

First Choice

Codeine phosphate (tablets & injection)

Dihydrocodeine tartrate (tablets, liquid & injection)

Alternatives

Aspirin and papaveretum dispersible tablets (ASPAV[®])

Buprenorphine (s/l tablets, injection & patches)
Meptazinol (tablets & injection)
Tramadol hydrochloride (capsules, S/R & injection)

4.7.2.2 Analgesics for Severe Pain

Morphine (liquid, injection, supps, **MST**[®] tablets & sachets, **MXL**[®] capsules, *Sevredol*[®] tabs, Oramorph liquid 10mg/5ml, 30mg/5ml & 100mg/5ml).
Diamorphine hydrochloride (injection)
Pethidine hydrochloride (injection & tablets)
Fentanyl patches (*Palliative Care and Oncology only*)
Hydromorphone hydrochloride (capsules) (*Palliative Care and Oncology only*)
Methadone hydrochloride (liquid) (*Palliative Care Consultant only*)
Oxycodone (*Palliative Care, Oncology & Acute Pain Team only*) –
(Oxycontin tabs, Oxynorm tabs, liquid IV (palliative care only))
Pentazocine (tablets)

4.7.3 Trigeminal Neuralgia

Carbamazepine (tablets & liquid)
Lidocaine 5% medicated plaster (Versatis (*Consultant request only- supply to be kept within Trust*))

4.7.4 Anti-migraine Drugs

4.7.4.1 Treatment of Acute Attacks

Aspirin 300mg tablets
Ergotamine tartrate (tablets & supps) (*Consultant request only*)
Metoclopramide hydrochloride (tablets, liquid & injection)
Paracetamol (tablets, sol tablets, liquid, supps)
Prochlorperazine (supps)
Sumatriptan (injection & tablets) (*Consultant request only*)

4.7.4.2 Prophylaxis of Migraine

First Choice

Pizotifen (tablets & liquid)
Propranolol (tablets & liquid)

Alternatives

Amitriptyline hydrochloride (tablets & liquid)
Clonidine hydrochloride (tablets)

4.8 ANTIPILEPTIC DRUGS

4.8.1 Control of Epilepsy

Carbamazepine (tablets & liquid)
Clobazam (tablets) (*Consultant request only*)
Clonazepam (tablets & liquid)
Ethosuximide (capsules)
Gabapentin^{(76) (79)} (capsules)
Lamotrigine^{(76) (79)} (tablets & liquid) (*Consultant request only*)
Levetiracetam⁽⁷⁶⁾ (tablets) (*Consultant request only*)
Phenobarbitone / Phenobarbital (tablets, injection & liquid)
Phenytoin sodium (capsules, liquid & injection)
Sodium valproate (tablets (SR), injection & liquid)
Tiagabine^{(76) (79)} (tablets) (*Consultant request only*)
Topiramate^{(76) (79)} (tablet, sprinkle caps) (*Consultant request only*)
Vigabatrin^{(76) (79)} (tablets, sachets) (*Consultant request only*)

Zonisamide (capsules) (*Consultant request only*)

⁽⁷⁶⁾ - NICE guidance for Newer drugs for epilepsy in adults (March 2004)

<http://www.nice.org.uk/page.aspx?o=109115>

⁽⁷⁹⁾ - NICE guidance for Newer drugs for epilepsy in children (April 2004)

<http://www.nice.org.uk/page.aspx?o=113360>

4.8.2 Drugs used in Status Epilepticus

Clonazepam (injection)

Diazepam (injection, rectal solution)

Lorazepam (injection)

Paraldehyde (injection)

Phenobarbitone / Phenobarbital (injection)

Phenytoin sodium (injection)

4.9 DRUGS USED IN PARKINSONISM and related disorders

4.9.1 Dopaminergic drugs used in Parkinsonism

Apomorphine (injection) (*Consultant request only*)

Bromocriptine (tablets)

Cabergoline (tablets) (*Consultant request only*)

Entacapone (tablets)

Lysuride maleate (tablets) (*Consultant request only*)

Madopar[®]/Co-beneldopa (*levodopa + benserazide*) (capsules, soluble, S/R)

Pergolide (tablets)

Pramipexole (tablets) (*Consultant request only*)

Rasagiline (tablets) (*Consultant request only*)

Ropinirole (tablets) (*Consultant request only*)

Rotigotine (patches) (*Consultant request only*)

Selegiline hydrochloride (tablets & liquids)

Sinemet[®]/Co-careldopa (*levodopa + carbidopa*) (tablets, S/R tablets)

Tolcapone (*Consultant request only*)

4.9.2 Antimuscarinic drugs used in Parkinsonism

Benzhexol / Trihexyphenidyl hydrochloride (tablets)

Orphenadrine hydrochloride (tablets & liquid)

Procyclidine hydrochloride (tablets & injection)

4.9.3 Drugs Used in Essential Tremor, Chorea, Tics and Related Disorders

Botulinum A Toxin injection (*Consultant ophthalmology, Rehabilitation & neurology request only*)

Botulinum B toxin injection (**NeuroBloc**[®]) (*Neurology use only*)

Haloperidol (capsule, liquid & injection)

Propranolol (tablets, liquid & injection)

Tetrabenazine (tablets)

Motor Neurone Disease

*Riluzole (tablets) (*Consultant Neurologist request only*) ⁽²⁰⁾ tabs

*** (Shared care protocols should be used if expecting primary care to continue prescribing.)**

⁽²⁰⁾ - NICE guidance (20) on the use of RILUZOLE (Rilutek) for the treatment of Motor Neurone Disease (January 2001). <http://www.nice.org.uk/cat.asp?c=14401>

4.10 Drugs used in substance dependence Alcohol Dependence

Acamprosate

Disulfiram

Cigarette smoking

Nicotine replacement therapy⁽³⁹⁾

Bupropion (Zyban)⁽³⁹⁾

Varenicline (Champix)⁽¹²³⁾

- ⁽³⁹⁾ NICE guidance on the use of bupropion (Zyban) and Nicotine Replacement Therapy for smoking cessation (March 2002).

<http://www.nice.org.uk/guidance/index.jsp?action=byID&o=11452>

- ⁽¹²³⁾ NICE guidance on the use of varenicline for smoking cessation (July 2007).

<http://www.nice.org.uk/guidance/index.jsp?action=byID&o=11809>

Opioid dependence

Buprenorphine (Suboxone)⁽¹¹⁴⁾

Lofexidine

Methadone⁽¹¹⁴⁾

Naltrexone⁽¹¹⁵⁾

- ⁽¹¹⁴⁾ NICE guidance on the use of Methadone and buprenorphine for managing opioid dependence (January 2007).

<http://www.nice.org.uk/guidance/index.jsp?action=byID&o=11606>

- ⁽¹¹⁵⁾ NICE guidance on the use of Naltrexone for the management of opioid dependence (January 2007). <http://www.nice.org.uk/guidance/index.jsp?action=byID&o=11604>

4.11 Drugs for dementia

Donepezil hydrochloride⁽¹¹¹⁾ (tablets)

Galantamine⁽¹¹¹⁾ (tablets)

Rivastigmine⁽¹¹¹⁾ (capsules, liquid & patch)

- ⁽¹¹¹⁾ - NICE guidance (19) on the use of DONEPEZIL, GALANTAMINE and RIVASTIGAMINE and memantine for the treatment of Alzheimer's disease (September 2007). www.nice.org.uk/guidance/index.jsp?action=byID&o=11600
-

5. INFECTIONS

CATEGORY A – Unrestricted (can be prescribed by all medical staff)			
Antibacterials	Routes	Antibacterials	Routes
Amoxicillin	(O/P)	Nitrofurantoin	(O)
Benzylpenicillin	(P)	Oxytetracycline	(O)
Cefaclor MR	(O)	Penicillin V	(O)
Cefotaxime	(P)	Rifampicin	(O)
Cefuroxime	(P)	Teicoplanin	(P)
Cephalexin	(O)	Temocillin	(P)
Ciprofloxacin	(O/P)	Tobramycin	(P)
Clarithromycin	(O)	Trimethoprim	(O/P)
Co-amoxiclav	(O/P)	Vancomycin	(P)
Doxycycline	(O)	Antifungals	
Erythromycin	(O/P)	Fluconazole	(O)
Flucloxacillin	(O/P)	Ketoconazole	(O)
Fusidate sodium / Fusidic acid	(O)	Griseofulvin	(O)
Gentamicin	(P)	Nystatin	(O)
Metronidazole	(O/P/PR)	Terbinafine	(O)
Moxifloxacin	(O)	Antivirals	
Neomycin	(O)	<u>Aciclovir</u>	(O/P)

CATEGORY B – restricted (can be prescribed following discussion with a Consultant)			
Antibacterials	Routes	***Tigecycline ***	(P)
Amikacin	(P)	***Vancomycin ***	(O)
Azithromycin	(O)		
Azlocillin	(P)		
*** Aztreonam ***	(P)		
Ceftriaxone (paediatrics only)	(P)		
Ceftazidime	(P)	Antifungals	<u>Routes</u>
Chloramphenicol	(O/P)	Amphotericin (B / liposomal)	(P)
Clindamycin	(O/ P)	Caspofungin	(P)
Co-trimoxazole	(O/P)	Fluconazole	(P)
Colistin	(N)	Flucytosine	(P)
Daptomycin	(P)	Itraconazole	(O/P)
*** Ertapenem***	(P)	Voriconazole	(O/P)
Ethambutol	(O)		
Primaxin (Imipenem plus cilastatin)	(P)		
Isoniazid	(O)	Antivirals	<u>Routes</u>
Levofloxacin	(O/P)	Adefovir	<u>(O)</u>
Linezolid	(O/P)	All HIV antiviral drugs	(O/P)
Meropenem	(P)	Amantadine	(O)
Netilmicin	(P)	Ganciclovir	(P)
Ofloxacin	(O)	Lamivudine	(O)
Pyrazinamide	(O)	Ribavirin-aerosol	
Rifampicin	(P)	Valaciclovir (GUM only)	(O)
Sodium fusidate	(P)		
Sulphadimidine	(P)		
Synercid(Quinupristin /dalfopristin)	(P)		
Tazocin (Piperacillin plus tazobactam)	(P)		

*** discuss with Consultant Microbiologist before use.

Key:- O = oral P = parenteral PR = per rectum N = nebulised

5.1.3 Tetracyclines

Demeclocycline hydrochloride (capsules) (*inappropriate ADH secretion*)

- (58) - NICE Guidance on the the use of zanamivir, oseltamivir and amantadine for the treatment of influenza (February 2003). www.nice.org.uk/cat.asp?c=58055
- (67) - NICE guidance (67) on the use of oseltamivir and amantadine for the prophylaxis of influenza (September 2003). www.nice.org.uk/cat.asp?c=86770
- (75) - NICE guidance (75) on the use of Interferon alfa (pegylated and non-pegylated) and ribavirin for the treatment of chronic hepatitis C (January 2004)
<http://www.nice.org.uk/Docref.asp?d=102243>
- (96) - NICE guidance (96) on the use of adefovir dipivoxil and peginterferon alfa-2a for the treatment of chronic hepatitis B (February 2006) <http://www.nice.org.uk/page.aspx?o=ta096>

Restricted use for HIV therapy by GUM

Abacavir (capsules & liquid)
Didanosine (*DDI*[®]) (tablets)
Efavirenz (capsules)
Indinavir (capsules)
Kaletra[®] (Lopinavir / ritonavir) (tablets & liquid)
Lamivudine (*3TC*[®])(tablets & liquid)
Nevirapine (tablets)
Ritonavir (capsules & liquid)
Stavudine (*D4T*) (capsules)
Tenofovir disoproxil (tablets & liquid)
Zalcitabine (*DDC*) (tablets)
Zidovudine (*AZT*[®]) (capsules, injection & liquid)

5.4 ANTIPROTOZOAL DRUGS

5.4.1 Antimalarials

Chloroquine (tablets, injection & liquid)
Pyrimethamine and Sulphadoxine tablets (*Fansidar*[®])
Pyrimethamine and Dapsone tablets (*Maloprim*[®])
Proguanil hydrochloride (tablets)
Quinine (tablets & injection)

5.4.2 Amoebicides

Metronidazole (tablets, liquid, injection & supps)

5.4.3 Anthelmintics

Mebendazole (tablets & liquid) (*threadworm, roundworm, hookworm and whipworm*)
Niclosamide(tablets) (*tapeworm*) (*Available as named patient drug*)
Piperazine (sachets) (*threadworm, roundworm*)

5.4.4 Antigiardial Drugs

Metronidazole(tablets, liquid, injection & supps)

5.4.8 Drugs for Pneumocystic Pneumonia

Atovaquone (tablets)
Co-trimoxazole (tablets, liquid & injection)
Pentamidine isetionate (injection, neb.sol)

6. ENDOCRINE SYSTEM

DRUGS USED IN DIABETES	HYPOTHALAMIC AND PITUITARY HORMONES AND ANTI-OESTROGENS
THYROID AND ANTITHYROID DRUGS	DRUGS AFFECTING BONE METABOLISM
CORTICOSTEROIDS	OTHER ENDOCRINE DRUGS
SEX HORMONES	

6.1 **DRUGS USED IN DIABETES**

6.1.1 **Insulin**⁽⁵⁷⁾

Routine stock-holding of Insulin consists of Human insulin, but Porcine insulin may be obtained on request.

6.1.1.1 **Short-Acting Insulin (Soluble insulin, Neutral insulin, Insulin injection)**

Human Actrapid[®] (vial)
Humulin S[®] (vial, cartridge)
Human Velosulin[®] (vial)
Insulin Lispro (Humalog)[®] (vial, cartridge, pen)
Insulin Aspart (NovoRapid)[®] (vial, cartridge, pen)
Insulin Glulisine (Apidra)[®] (vial, cartridge, pen)

6.1.1.2 **Intermediate Acting Insulin**

Insulin Detemir (Levemir)[®] (cartridge, pen)
Human Insulatard[®] (vial, cartridge, pen)
Humulin I[®] (vial, cartridge, pen)
Insulin Glargine (Lantus)[®] ⁽⁵³⁾ (vial, cartridge, pen)

⁽⁵³⁾ - NICE guidances (53) on Insulin glargine (December 2002).

<http://www.nice.org.uk/cat.asp?c=43424>

⁽⁵⁷⁾ - NICE guidance (57) on the use of continuous subcutaneous insulin infusion for diabetes (February 2003). <http://www.nice.org.uk/cat.asp?c=58194>

Biphasic Insulins

Humulin[®] M3 (vial, cartridge, pen)
Human Mixtard[®] 10,20,30,40,50 (penfill)
Human Mixtard[®] 30 (vial, InnoLet)
Humalog[®] Mix 25 & *Humalog*[®] Mix 50 (*Insulin Lispro*) (cartridge, pen)
NovoMix[®] 30 (*Insulin aspart*) (cartridge, pen)

⁽⁵³⁾ - NICE guidances (53) on Insulin galrgine (December 2002).

<http://www.nice.org.uk/cat.asp?c=43424>

⁽⁵⁷⁾ - NICE guidance (57) on the use of continuous subcutaneous insulin infusion for diabetes (February 2003). <http://www.nice.org.uk/cat.asp?c=58194>

⁽¹¹³⁾ - NICE guidance (113) on Inhaled insulin for the treatment of type 1 and 2 diabetes (December 2006). <http://guidance.nice.org.uk/TA113>

6.1.2 **Oral Antidiabetic Drugs**

6.1.2.1 **Sulphonylureas**

Gliclazide (tablets)
Glimepiride (tablets) (*Consultant specialist only – restricted*)
Glipizide (tablets)
Tolbutamide (tablets)

6.1.2.2 Biguanides

Metformin hydrochloride (tablets)

6.1.2.3 Other antidiabetics

Acarbose (tablets)

Exenatide (injection) – *limited as an alternative to insulin in type-2 diabetics on maximum tolerated oral agents with BMI>27 & HbA1c>9mmol/l*

Pioglitazone⁽⁶³⁾ (tablets)

Repaglinide (tablets)

Rosiglitazone⁽⁶³⁾ (tablets)

⁽⁶³⁾ -NICE guidances (63) on the use of Glitazones for the treatment of type 2 diabetes (August 2003). <http://www.nice.org.uk/cat.asp?c=83263>

6.1.4 Treatment of Hypoglycaemia

Glucose (oral, iv)

Glucagon[®] (injection)

Dextrose 40% (*Hypostop*[®])gel

6.2 THYROID AND ANTITHYROID DRUGS

6.2.1 Thyroid Hormones

Liothyronine sodium (tablets, injection)

Thyroxine / Levothyroxine sodium (tablets)

Thyrogen[®] (injection) (*Resricted to Dr Keston Jones patients*)

6.2.2 Antithyroid Drugs

Carbimazole (tablets)

Propylthiouracil (tablets)

Additional therapy

Atenolol (tablets, liquid & injection)

Iodine aqueous liquid (*Lugol's*[®])

Propranolol hydrochloride (tablets, liquid & injection)

Potassium Iodide (S) liquid.

6.3 CORTICOSTEROIDS

Betamethasone (injection) (*Obstetric request only*)

Cortisone acetate (tablets)

Deflazacort (tablets) (*Consultant request only*)

Dexamethasone (tablets, injection & liquid)

Fludrocortisone acetate (tablets)

Hydrocortisone (tablets, injection & oral pellets)

Methylprednisolone (tablets & injection)

Prednisolone (tablets & liquid)

6.4 SEX HORMONES

6.4.1 Female Sex Hormones

6.4.1.1 Oestrogens and HRT

Sequential Combined Products

Elleste Duet[®] tablets

Evorel Sequi[®] patches

Nuvelle[®] tablets

Nuvelle[®] TS patches

Tridestra[®] tablets (*Consultant request only*)

Unopposed oestrogen Preparations

Elleste Solo[®] tablets

Evorel[®] patches

FemSeven[®] patches

Oestradiol[®] implants

Oestrogel[®] gel

Continuous Combined Therapy

Kliovance[®] tablets

Elleste-Duet Conti[®] tablets

Evorel[®] *Conti* patches

Gonadomimetic

Tibolone (tablets)

6.4.1.2 Progestogens

Dydrogesterone (tablets)

Medroxyprogesterone acetate (tablets)

Norethisterone (tablets)

Progesterone (supps & injection)

6.4.2 Male Sex Hormones and Antagonists

Cyproterone acetate (tablets)

Dutasteride (capsules)

Finasteride (tablets)

Testosterone (Gel ,implant, injection, patches & tablets)

Mesterolone (tablets)

Nandrolone (injection)

6.5 HYPOTHALAMIC AND PITUITARY HORMONES and ANTI-OESTROGENS

6.5.1 Hypothalamic and Anterior Pituitary Hormones and Anti-Oestrogens

Anti-oestrogens

Clomiphene citrate (tablets) (*Specialist request only*)

Tamoxifen (tablets & liquid) (*Specialist request only*)

Gonadotrophins

Chorionic Gonadotrophin (*Profasi*[®]) (injection) (*Specialist request only*)

Follitropin beta (*Puregon*[®]) (injection) (*Specialist request only*)

Menotrophin (*Menopur*[®]) (injection) (*Specialist request only*)

Anterior pituitary hormones

Somatropin (*growth hormone*) (injection) (*Consultant request only*) ^{(42) (64)}

Tetracosactrin (injection, depot injection)

Hypothalamic hormones

Gonadorelin (*LH-RH*) (injection)

Protirelin (*TRH*) (injection)

Sermorelin (*Geref 50*[®])(injection)

⁽⁴²⁾ - NICE guidance(42) on the use of human growth hormone (SOMATROPIN) in children with growth failure (May 2002) has been issued. www.nice.org.uk/cat.asp?c=32239

⁽⁶⁴⁾ - NICE Guidance(64) on human growth hormone (somatropin) in adults with growth hormone deficiency (August 2003). <http://www.nice.org.uk/cat.asp?c=83406>

6.5.2 Posterior Pituitary Hormones and Antagonists

Desmopressin (tablets, nasal sol, spray & injection)

Demeclocycline hydrochloride (capsules)

Terlipressin (*Glypressin*[®])(injection)

6.6 DRUGS AFFECTING BONE METABOLISM

Osteogenic Protein – 1

6.6.1 Calcitonin

Salcatonin / Calcitonin (Salmon) (injection & nasal spray)

Teriparatide (injection)

6.6.2 Bisphosphonates

Didronel[®] *PMO* (tablets)

Alendronic acid (tablets)

Ibandronic acid (injection & tablets)

Pamidronate disodium (injection)

Sodium clodronate (tablets & capsules)

Strontium Ranelate (*Protelos*[®]) (granules)– Agreed 2nd Line

6.7 OTHER ENDOCRINE DRUGS

6.7.1 Bromocriptine

Bromocriptine (tablets & capsules)

Cabergoline (tablets)

Quinagolide (tablets)

6.7.2 Danazol and Gonadorelin Analogues

Buserelin (nasal spray) (*Consultant request only*)

Danazol (capsules)

Goserelin implant (*Zoladex*[®])

Leuprorelin injection (*Prostap*[®])

Nafarelin nasal spray (*Consultant request only*)

Triptorelin injection (*Consultant request only*)

6.7.3 Metyrapone and Trilostane

Metyrapone (capsules) (*Consultant request only*)

7. OBSTETRICS, GYNAECOLOGY AND URINARY TRACT DISORDERS

DRUGS ACTING ON SMOOTH MUSCLE	CONTRACEPTIVES
TREATMENT OF VAGINAL AND VULVAL CONDITIONS	DRUGS FOR GENITO-URINARY DISORDERS

7.1 DRUGS ACTING ON SMOOTH MUSCLE

7.1.1 Prostaglandins and Oxytocins

Carboprost injection
Dinoprostone (gel & injection)
Dinoprostone pessaries (*Propess*[®])
Ergometrine maleate injection
Gemeprost pessary
Oxytocin injection
Syntometrine injection

Ductus arteriosus

Ibuprofen injection (*Paediatric request only*)
Indomethacin PDA injection (*Paediatric request only*)
Alprostadil (*Prostin VR*[®]) injection (*Paediatric request only*)

7.1.2 Mifepristone tablets (*Obstetric request only*)

7.1.3 Myometrial Relaxants

Atosiban injection (*Obstetric request only*)
Ritodrine hydrochloride injection (*Obstetric request only*)

7.2 TREATMENT OF VAGINAL and VULVAL CONDITIONS

7.2.1 Preparations for Vaginal Atrophy

Estriol 0.01% (*Ortho-gynest*[®]) cream
Estriol 0.1% (*Ovestin*[®]) cream
Estradiol (*Vagifem*[®]) vaginal tabs
Estradiol 7.5mcg/24hours (*Estring*[®]) (*Consultant request only*) vaginal ring

7.2.2 Anti-Infective Drugs

Anti-fungal preparations

Clotrimazole (pessary & cream)
Fluconazole (capsules & liquid)
Nystatin (pessary)
Miconazole (pessary & cream)
Other vaginal infections
Clindamycin 2% vaginal cream
Povidone-iodine pessary
Zidoval[®] (Metronidazole Gel) vaginal cream

7.3 CONTRACEPTIVES

7.3.1 Combined Oral Contraceptives

Binovum[®] (*Family Planning Clinic only*) tablets
Logynon[®] (*equiv. to Trinordiol*[®]) (*Stocked at Singleton*) tablets
Microgynon 30[®] (*equiv. to Ovranette*[®]) (*Stocked at Singleton*) tablets
Femodene[®] (*Family Planning Clinic only*) tablets
Femodette[®] (*Family Planning Clinic & Singleton only*) tablets
Marvelon[®] (*Family Planning Clinic & Singleton only*) tablets
Mercilon[®] tablets
Loestrin 30[®] (*Family Planning Clinic only*) tablets

Trinovum[®] (*Family Planning Clinic only*) tablets

Evra[®] Patch

Post-coital contraception

Levonelle-1500[®] tablets

7.3.2 Progestogen-only Contraceptives

Desogestrel (*Cerazette*[®]) tablets

Femulen[®] tablets

Norgeston[®] / *Microval*[®] tablets

Noriday[®] / *Micronor*[®] tablets

Medroxyprogesterone acetate injection (*Depo-Provera*[®])

7.3.4 Intra-uterine Contraceptive Devices (*Gynaecology & Obstetric request only*)

Etonogestrel-releasing implant (*Implanon*[®]) (*Restricted use*)

Levonorgestrel releasing IUS (*Mirena*[®])

7.4 DRUGS FOR GENITO-URINARY DISORDERS

7.4.1 Bladder Outflow Obstruction

Alfuzosin hydrochloride XL tablets

Distigmine tablets

Finasteride tablets (*Consultant request only*)

Indoramin tablets

Tamsulosin tablets

7.4.2 Drugs for Urinary Frequency, Urgency and Bladder Spasms

First Choice

Oxybutynin hydrochloride (tablets & XL tablets)

Alternatives

Darifenacin tablets – 2nd & 3rd line treatment

Oxybutynin patch (*Kentera*[®]) – 2nd & 3rd line treatment

Solifenacin tablets (*Vesicare*[®]) – 3rd line treatment

Tolterodine (tablets, capsule XL) – 2nd & 3rd line treatment

Trospium tablets – 2nd & 3rd line treatment

7.4.3 Drugs used in urological pain

Potassium citrate mixture

7.4.4 Bladder Washouts

First Choice

Sodium chloride 0.9%

Alternatives

Chlorhexidine U[®] 0.02% (*Consultant request only*)

Optiflo G[®]

Optiflo R[®]

Mitomycin C (*Consultant request only*)

7.4.5 Drugs For Impotence

Alprostadil injection (*Consultant request only*)

Moxisylyte injection (*Consultant request only*)

8. MALIGNANT DISEASE AND IMMUNOSUPPRESSION

CYTOTOXIC DRUGS	SEX HORMONES AND ANTAGONISTS IN MALIGNANCY
DRUGS AFFECTING THE IMMUNE RESPONSE	

8.1 CYTOTOXIC DRUGS

8.1.1 Alkylating Drugs

Busulphan / Busulfan tablets.

Carmustine injection

Chlorambucil tablets

*Cyclophosphamide (tablets & injection)

***(Shared care protocols should be used if expecting primary care to continue prescribing.)**

Estramustine phosphate capsules

Ifosfamide injection

Lomustine capsules

Melphalan (tablet & injection)

Mustine / Chlormethine hydrochloride injection

Thiotepa injection

Treosulfan (capsules & injections)

Urothelial toxicity

Mesna (tablets & injection)

8.1.2 Cytotoxic Antibiotics

Bleomycin injection

Dactinomycin injection

Daunorubicin injection.

Doxorubicin hydrochloride injection

Doxorubicin hydrochloride injection (pegylated liposomal) (*Caelyx*)⁽⁹¹⁾

Epirubicin hydrochloride injection

Mitomycin injection

Mitozantrone / Mitoxantrone injection

Idarubicin hydrochloride (injection & capsules) (*Consultant request only*)

⁽⁹¹⁾ – NICE Guidance on the use of paclitaxel, pegylated liposomal doxorubicin hydrochloride and topotecan for second-line or subsequent treatment of advanced ovarian cancer (May 2005) <http://www.nice.org.uk/page.aspx?o=258944>

8.1.3 Antimetabolites

Capecitabine capsules ^{(61) (62) (100)} (Hospital only)

Cladribine injections (*Consultant Haematologist request only*)

Cytarabine injection

Fluorouracil (injection & cream)

Fludarabine (injection & tablets) ⁽²⁹⁾

Gemcitabine injection ^{(25) (26) (116)}

Methotrexate (tablets & injection)

Mercaptopurine tablets

Thioguanine tablets

Tegafur with uracil (*Uftoral*) capsules

Folinic Acid Rescue

Folinic acid (tablets & injection).

- (25) - NICE guidance (25) on the use of GEMCITABINE for the treatment of pancreatic cancer (May 2001). <http://www.nice.org.uk/cat.asp?c=16789>
- (26) - NICE guidance (26) on the use of DOCETAXEL, PACLITAXEL, GEMCITABINE & VINORELBINE for the treatment of non-small cell lung cancer (June 2001). <http://www.nice.org.uk/cat.asp?c=17338>
- (29) - NICE guidance on the use of FLUDARABINE for B cell chronic lymphocytic leukaemia (September 2001) has been issued. www.nice.org.uk/cat.asp?c=22177
- (61) - NICE guidance on the use of CAPECITABINE and TEGAFUR with URACIL for metastatic colorectal cancer (May 2003). www.nice.org.uk/guidance/index.jsp?action=byID&o=11500
- (62) - NICE guidance (62) on the use of CAPECITABINE for the treatment of locally advanced or metastatic breast cancer (May 2003). <http://www.nice.org.uk/cat.asp?c=70089>
- (100) – NICE Guidance (100) on the use of CAPECITABINE and OXALIPLATIN in the adjuvant treatment of stage III (Dukes' C) colon cancer (April 2006) www.nice.org.uk/guidance/index.jsp?action=byID&o=11574
- (116) - NICE guidance on the use of Gemcitabine for the treatment of metastatic breast cancer (January 2007). www.nice.org.uk/guidance/index.jsp?action=byID&o=11610

8.1.4. Vinca Alkaloids and Etoposide

Etoposide (capsules & injection)

Vinblastine sulphate injection

Vincristine sulphate injection

Vindesine sulphate injection

Vinorelbine (injection & tablets) (26) (54)

(26) - NICE guidance (26) on the use of DOCETAXEL, PACLITAXEL, GEMCITABINE & VINORELBINE for the treatment of non-small cell lung cancer (June 2001). www.nice.org.uk/cat.asp?c=17338

(54) - NICE guidance (54) on the use of VINORELBINE for the treatment of advanced breast cancer (December 2002) has been issued. www.nice.org.uk/guidance/index.jsp?action=byID&o=11484

8.1.5 Other Antineoplastic Drugs

Carboplatin injection

Cisplatin injection

Crisantaspase injection

Dacarbazine injection

Docetaxel injection (*Taxotere*[®]) (26) (30) (109)

Hydroxyurea / Hydroxycarbamide capsules

Imatinib capsules (70) (86)

Irinotecan injection (93)

Oxaliplatin injection (93) (100)

Procarbazine capsules

Paclitaxel injection (*Taxol*[®]) (26) (30) (91) (108)

Porfimer Sodium (Photofrin) injection

Temozolomide capsules (23)

Topotecan injection (91)

Trastuzumab injection (34)

- (23) - NICE guidance (23) on the use of TEMOZOLAMIDE for the treatment of recurrent malignant glioma (brain cancer) (April 2001)
www.nice.org.uk/guidance/index.jsp?action=byID&o=11421
- (26) - NICE guidance (26) on the use of DOCETAXEL, PACLITAXEL, GEMCITABINE & VINORELBINE for the treatment of non-small cell lung cancer (June 2001).
<http://www.nice.org.uk/cat.asp?c=17338>
- (30) - NICE guidance (30) on the use of TAXANES for Breast Cancer (September 2001).
www.nice.org.uk/guidance/index.jsp?action=byID&o=11435
- (34) - NICE guidance (34) on the use of TRASTUZUMAB for the treatment of advanced breast cancer (March 2002) has been issued.
www.nice.org.uk/guidance/index.jsp?action=byID&o=11445
- (54) - NICE guidance (54) on the use of VINORELBINE for the treatment of advanced breast cancer (December 2002) has been issued. <http://www.nice.org.uk/cat.asp?c=44855>
- (70) - NICE guidance (70) on the use of IMATINIB for chronic myeloid leukaemia (October 2003). www.nice.org.uk/cat.asp?c=89859
- (86) - NICE guidance (86) on the use of IMATINIB for the treatment of unresectable and/or metastatic gastro-intestinal stromal tumours (October 2004).
<http://www.nice.org.uk/page.aspx?o=228026>
- (91) – NICE Guidance(91) on the use of PACLITAXEL, PEGYLATED LIPOSOMAL DOXORUBICIN hydrochloride and TOPOTECAN for second-line or subsequent treatment of advanced ovarian cancer (May 2005) <http://www.nice.org.uk/page.aspx?o=258944>
- (93) - NICE guidance (93) on the use of IRINOTECAN, OXALIPLATIN and RALTITREXED for the treatment of advanced colorectal cancer (August 2005 has been issued
www.nice.org.uk/guidance/index.jsp?action=byID&o=11562
- (100) – NICE Guidance (100) on the use of CAPECITABINE and OXALIPLATIN in the adjuvant treatment of stage III (Dukes' C) colon cancer (April 2006)
www.nice.org.uk/guidance/index.jsp?action=byID&o=11574
- (108) – NICE Guidance (109) on the use of Paclitaxel for the adjuvant treatment of early node-positive breast cancer (September 2006)
www.nice.org.uk/guidance/index.jsp?action=byID&o=11596
- (109) – NICE Guidance (109) on the use of Docetaxel for the adjuvant treatment of early node-positive breast cancer (September 2006)
www.nice.org.uk/guidance/index.jsp?action=byID&o=11594

8.2 DRUGS AFFECTING THE IMMUNE RESPONSE

8.2.1 Cytotoxic Immunosuppressants

*Azathioprine (tablets & injection)

***(Shared care protocols should be used if expecting primary care to continue prescribing.)**

8.2.2 Corticosteroids and other Immunosuppressants

*Cyclosporin / Ciclosporin (capsules & injection) (*Neoral*[®])

(*Sandimmun*[®] - only available in oral form on a named patient basis)

***(Shared care protocols should be used if expecting primary care to continue prescribing.)**

Prednisolone tablets

8.2.3.1.1 Rituximab –

Rituximab injection ⁽³⁷⁾ ⁽⁶⁵⁾

- (37) - NICE guidance on the use of RITUXIMAB for recurrent or refractory stage III or IV follicular non-Hodgkin's lymphoma (March 2002). www.nice.org.uk/cat.asp?c=29983

(65) – NICE Guidance (65) on rituximab for aggressive non-hodgkin's lymphoma (September 2003). <http://www.nice.org.uk/cat.asp?c=86763>

8.2.4 Interferons *Contact pharmacy department for further information.*

(32) - NICE Guidance (32) on the use of Beta Interferon and Graciramer for the treatment of Multiple Sclerosis (November 2001). <http://www.nice.org.uk/cat.asp?c=27588>

8.2.5 Aldesleukin

Aldesleukin injections (*Named patient basis-Medical Director to agree*)

8.3 SEX HORMONES and ANTAGONISTS IN MALIGNANCY

8.3.1 Oestrogens

Ethinylestradiol / Ethinylestradiol tablets
Stilboestrol / Diethylstilbestrol tablets

8.3.2 Progestogens

Medroxyprogesterone acetate (tablets & injection)
Megestrol acetate tablets
Norethisterone tablets

8.3.3 Androgens

Testosterone injection (*Virormone*[®])
Testosterone tablets (*Consultant request only*)

8.3.4 Hormone Antagonists

Aminoglutethimide tablets
Anastrozole tablets ⁽¹¹²⁾ (*Consultant request only*)
Bicalutamide tablets (*Consultant request only*)
Cyproterone acetate tablets
Exemestane tablets ⁽¹¹²⁾ (*Consultant request only*)
Flutamide tablets
Goserelin implant (*Zoladex*[®])
Letrozole tablets ⁽¹¹²⁾
Tamoxifen tablets

(112) - NICE Guidance on the use of Hormonal therapies for the adjuvant treatment of early oestrogen-receptor-positive breast cancer (November 2006).
www.nice.org.uk/guidance/index.jsp?action=byID&o=11598

Somatostatin analogues

*Lanreotide (Somatuline LA & autogel)

*Octreotide (Sandostatin & Sandostatin LAR)

*(Shared care protocols should be used if expecting primary care to continue prescribing.)

MISCELLANEOUS

Anagrelide tablets (*Xagrid*[®])

9. NUTRITION AND BLOOD

ANAEMIAS AND SOME OTHER BLOOD DISORDERS	ORAL NUTRITION
FLUID AND ELECTROLYTES	MINERALS
INTRAVENOUS NUTRITION	VITAMINS

9.1 ANAEMIAS AND SOME OTHER BLOOD DISORDERS

9.1.1 Iron deficiency anaemias

9.1.1.1 Oral Iron

Ferrous sulphate tablets
Ferrous fumarate 140mg (45mg iron)/5ml liquid
Ferrous gluconate tablets
Polysaccharide-iron complex liquid (*Niferex*[®])
Sodium ironedetate / Sodium ferredetate liquid (*Sytron*[®])
Iron and Folic acid (*Pregaday*[®])

9.1.1.2 Parenteral Iron

Iron sucrose injection (*Venofer*[®])
Iron dextran tablets (*Cosmofer*[®])

9.1.2 Drugs used in Megaloblastic Anaemias

Hydroxocobalamin injection
Folic acid (tablets, liquid & injection)

9.1.3 Drugs used in hypoplastic, haemolytic and renal anaemias

Darbepoetin alfa injection (*Renal Request only*)
Desferrioxamine mesilate injection
Epoetin alfa injection (*Eprex*[®]) (*Renal Request only*)
Epoetin beta injection (*NeoRecormon*[®])(*Renal Request only*)

9.1.6 Drugs used in Neutropenia

Filgrastim (*Neupogen*[®]) } *Consultant Oncologist or Haematologist*
Lenograstim (*Granocyte*[®]) } *request only or as part of approved protocol*
Pegfilgrastim (*2nd line agent*) (*Consultant only*)

inj

9.2 FLUID AND ELECTROLYTES

9.2.1 Oral Administration

9.2.1.1 Oral Potassium

Potassium chloride (*Sando-k*[®] *eff.*, *Slow-k*[®], *Kay-Cee-L*[®] *syrup*)

Potassium removal

Polystyrene sulphonate powder/enema (*Calcium Resonium*[®]/*Resonium A*[®])

9.2.1.2 Oral Sodium and Water

Sodium chloride S.R. tablets (*Slow Sodium*[®])
Oral Rehydration Salts sachets (*Dioralyte*[®]; *Rehidrat*[®])

9.2.1.3 Oral bicarbonate

Sodium bicarbonate tablets

9.2.2 Intravenous Administration

POLICY FOR ORDERING AND STORAGE OF CONCENTRATED POTASSIUM SOLUTION BY WARDS AND DEPARTMENTS

Background: A number of critical incidents have occurred nationally with concentrated Potassium Chloride solution.

As a result the National Patient Safety Agency (NPSA) has issued guidelines on its use which are to be implemented within Swansea NHS Trust.

Whenever possible, commercially prepared ready-to-use diluted Potassium Chloride solutions should be prescribed. (A list of preparations stocked by Pharmacy is available).

Policy

1. The ampoules of concentrated Potassium Chloride must be ordered using the controlled drugs order book.
2. Concentrated Potassium Chloride solution must be stored in the controlled drugs cupboard (thus separating it from diluents such as Sodium Chloride solution). Records of receipts and administration must be kept in the controlled drugs register.
3. The preparation and administration must always be checked by a second nurse and the nurse must sign the entry in the controlled drugs register.
4. Only critical care areas, as defined in the NPSA guidelines will stock concentrated Potassium Chloride solutions (Appendix 1).
5. In the event of a patient in a non critical area requiring Potassium Chloride concentrate, the following options are available:-
 - transfer the patient to a critical care area where appropriate monitoring is available.
 - the prescription to be altered to a commercially prepared dilution (appendix 2).
6. If concentrated potassium chloride ampoules are required during a cardiac arrest in a non-critical care area, then the critical care area is authorised to release it at the request of the doctor leading the arrest team. The procedure is as follows:
 - The ampoules are collected and taken to the arrest area by a nominated member of the arrest team, informing the critical care area the location of the arrest.
 - At this stage the arrest team member will not be expected to complete all necessary documentation, but a staff member in the critical care area must immediately record the supply of the stock in the potassium register.
 - When the arrest call is completed a nominated member of the arrest team must:-
 - (a) Return any unused ampoules to the critical care area.
 - (b) Reconcile the potassium chloride ampoules used.
 - (c) Sign the entry in the potassium register (controlled drug register) in the critical care area.
 - On each occasion when ampoules of concentrated potassium are used for a cardiac arrest in a non-critical care area, a Trust incident report form must be completed.

Locations approved to hold stock of Concentrated Potassium Chloride

MORRISTON HOSPITAL

Intensive Therapy Unit
Intensive Therapy Unit – HDU
Intensive Care Unit
Plastics – HDU
Burns –ITU (Tempest)
(Wd15)
Renal Ward
Cardiac Theatres
Cardiac ITU
Cardiac HDU
Cardiac Catheter Lab
CCU
Oakwood HDU
Theatre 14 *
Cardiac Theatres *

SINGLETON HOSPITAL

Coronary Care Unit
High Dependency Unit
Intensive Care Unit
Neonatal Intensive Care Unit
Paediatric High Dependency Unit

Recovery Main Theatre

* Areas that are not recognised in the NPSA alert as an approved area, but further to risk assessment, are included in local Trust policy.

Commercially prepared diluted Intravenous Potassium Chloride preparations available at Morriston

1. Glucose 10% with 10mmol K 500ml
2. Sodium Chloride 0.9% with 27mmol K 1L
3. Glucose 5% with 27mmol K 1L
4. Sodium Chloride 0.9%40mmol K 1L
5. Dextrose 5% with 40mmol K 1L

Specialist Bags

1. Glucose 5% / Sodium Chloride 0.45% with 10mmol K 500ml
2. Sodium Chloride 0.9% with 13.5 mmol K 500ml
3. Glucose 10% with 20mmol K 500ml
4. Sodium Chloride 0.9% with 40mmol K 500ml
5. Sodium Chloride 0.9% with 50mmol K 50ml
(Controlled drug – available in approved critical care areas)

Commercially prepared diluted preparation available at Singleton

1. Sodium Chloride 0.9% with 27 mmol K 1 L
2. Sodium Chloride 0.9% with 40 mmol K 1 L
3. Glucose 10%. with 10 mmol K 500 ml
4. Glucose 5% with 27 mmol K 1 L
5. Glucose 5% with 40 mmol K 1 L
6. Glucose 4% / Sodium Chloride 0.18% with 13.5 mmol K 500 ml
7. Glucose 4% / Sodium Chloride 0.18% with 27 mmol K 1 L
8. Glucose 5% / Sodium Chloride 0.45% with 10 mmol K 500 ml

Specials for Haematology use

9. Sodium Chloride 0.9% with 20 mmol Magnesium and 20 mmol K 1 L
10. Glucose 2.5% / Sodium Chloride 0.45% with 20 mmol K 1 L

9.2.3 Plasma and Plasma Substitutes

Dextran 40 } in sodium chloride 0.9% **or**
 Dextran 70 } dextrose 5%.
Gelofusine[□] (500ml)

9.3 INTRAVENOUS NUTRITION

Contact pharmacy for advice on individual patient formulations.

9.4 ORAL NUTRITION

Contact dietitian for guidance on special diets.

9.5 MINERALS

9.5.1 Calcium and Magnesium

9.5.1.1 Calcium supplements

Calcium chloride 10% injection
 Calcium gluconate (tablets & injections)
Calcium-Sandoz[®] liquid
Sandocal[®]-400 / *Sandocal*[®]-1000 eff.tablets
Calcichew[®] tablets
Calcichew D3 & D3 Forte tablets

9.5.1.2 Hypercalcaemia

Cinacalcet⁽¹¹⁷⁾ injection (Hospital only)
 Disodium pamidronate injection (*Severe hypercalcaemia only*)
 Ibandronic acid (injection & tablet) (*Cancer Services Directorate only*)
 Sodium clodronate (tablet & capsule)
 Zoledronic acid 4mg injection (*Cancer Services Directorate only*)

⁽¹¹⁷⁾ – NICE guidance (117) on Cinacalcet for the treatment of secondary hyperparathyroidism in patients with end-stage renal disease on maintenance dialysis therapy
<http://guidance.nice.org.uk/TA117>

9.5.1.3 Magnesium

Magnesium sulphate injection
 Magnesium glycerophosphate tablets
 Magnesium oxide
 Magnaspart

9.5.2 Phosphorus

9.5.2.1 Phosphate supplements

Phosphate Sandoz[®] eff.tablets
 Potassium phosphate (injection & polyfusor)

9.5.2.2 Phosphate Binding Agents

Aluminium hydroxide capsules (*Alu-Caps*[®])
 Calcium acetate tablets (*Phosex*[®]) (*Renal Request only*)
 Calcium carbonate tablets (*Titralac*[®], *Calcichew*[®])
 Lanthanum tablets (*Fosrenol*[®])
 Sevelamer tablets (*Renagel*[®]) (*Consultant request only*)

9.5.3 Fluoride

Fluoride

9.5.4

Zinc

Solvazinc[®] eff tablets

9.6

VITAMINS

9.6.2

Vitamin B Group

Pabrinex[®] (Vitamins B + C) intravenous injection

Pyridoxine hydrochloride tablets

Thiamine tablets

Vitamin B compound strong tablets

9.6.3

Vitamin C

Ascorbic acid (tablets & injection)

9.6.4

Vitamin D

Alfacalcidol (capsule & oral drops)

Calciferol / Ergocalciferol injection

Calcitriol capsules

9.6.5

Vitamin E

Alpha tocopheryl acetate (*Ephynal*[®]) (tablets, liquid & injection (*SCBU*))

9.6.6

Vitamin K

Menadiol sodium phosphate tablets

Phytomenadione (injection & oral)

9.6.7

Multivitamin Preparations

Multivitamin drops (*Abidec*[®]) liquid

Vitamins BPC capsules

Ketovite (tablets & liquid) (*adjunct to synthetic diets only*)

Mother & Childrens vitamin drops (*Paedriatric request only*)

Antox capsules (*Consultant Gastroenterologist / Surgeon request only*)

10. MUSCULOSKELETAL AND JOINT DISEASE

DRUGS USED IN RHEUMATIC DISEASES AND GOUT	DRUGS FOR RELIEF OF SOFT TISSUE INFLAMMATION
DRUGS USED IN NEUROMUSCULAR DISORDERS	

10.1 DRUGS USED IN RHEUMATIC DISEASES AND GOUT

10.1.1 Non-steroidal anti-inflammatory drugs

- Ibuprofen (tablets & liquid)
- Celecoxib tablets ⁽²⁷⁾ (*Consultant request only*)
- Diclofenac sodium (tablets, supps & injection)
- Diclofenac sodium and misoprostol tablets (*Arthrotec*[®])
- Etodolac tablets ⁽²⁷⁾ (*Consultant request only*)
- Etoricoxib tablets (*Consultant request only*)
- Indomethacin (capsules & supps)
- Nabumetone (tablets & liquid)
- Naproxen (tablets, supps & liquid).
- Meloxicam (tablets & supp) ⁽²⁷⁾ (*Consultant request only*)

⁽²⁷⁾ - NICE guidance on the use of Cyclo-oxygenase II Selective Inhibitors, CELECOXIB, ETODOLAC, MELOXICAM and ROFECOXIB for Rheumatoid Arthritis and Osteoarthritis (July 2001). <http://www.nice.org.uk/cat.asp?c=18033>

10.1.2 Corticosteroids

- Hydrocortisone acetate (tablets & injection)
- Methylprednisolone acetate (injection)
- Prednisolone (tablets & injection)
- Trimcinolone (intra-articular injection)

10.1.3 Drugs which suppress the Rheumatic Disease Process

- Adalimumab injection (*Consultant use only*)
- *Azathioprine tablets
- *Auranofin tablets
- *Cyclosporin / Ciclosporin capsules
- Etanercept injection ^{(35) (36)} (*Consultant use only*)
- *Hydroxychloroquine sulphate tablets
- Infliximab injection ⁽³⁶⁾ (*Consultant use only*)
- *Leflunomide (*Consultant specialist use*) tablets
- *Methotrexate (tablets, injection)
- *Penicillamine tablets
- *Sodium aurothiomalate injection
- *Sulphasalazine E.C. tablets

***(Shared care protocols should be used if expecting primary care to continue prescribing.)**

⁽³⁵⁾ - NICE guidance (35) on the use of ETANERCEPT for the treatment of juvenile idiopathic arthritis (March 2002). www.nice.org.uk/guidance/index.jsp?action=byID&o=11446

⁽³⁶⁾ - NICE guidance (36) on the use of ETANERCEPT and INFlixIMAB for the treatment of rheumatoid arthritis (March 2002) has been issued. <http://www.nice.org.uk/cat.asp?c=35993>

10.1.4 Drugs Used in the Treatment of Gout

Acute attack

- Colchicine tablets
- Indomethacin (capsules & supps)
- Naproxen (tablets, liquid & supps)

Prophylaxis

Allopurinol tablets

Azapropazone (capsules & tablets) (*Consultant request only*)

Hyperuricaemia associated with cytotoxic drugs

Rasburicase injection (*Fasturtec*[®])

10.2 DRUGS USED IN NEUROMUSCULAR DISORDERS

10.2.1 Drugs which enhance neuromuscular transmission

Distigmine bromide (tablets & injection)

Edrophonium chloride injection

Neostigmine bromide (tablets & injection)

Pyridostigmine bromide tablets

10.2.2 Skeletal Muscle relaxants

Baclofen (tablets & liquid)

Dantrolene sodium (capsules & injection)

Diazepam (tablets & injections)

Tizanidine tablets (*Consultant request only*)

10.3 DRUGS FOR RELIEF OF SOFT TISSUE INFLAMMATION

10.3.1 Enzymes

Hyaluronidase injection

10.3.2 Topical antirheumatics

Ibuprofen 10% gel (Ibugel Forte)

Felbinac gel

Capsaicin

Capsaicin cream



11. EYE

ANTI-INFECTIVE EYE PREPARATIONS	LOCAL ANAESTHETICS
CORTICOSTEROIDS AND OTHER ANTI-INFLAMMATORY PREPARATIONS	MISCELLANEOUS OPHTHALMIC PREPARATIONS
MYDRIATICS AND CYCLOPLEGICS	CONTACT LENS SOLUTION
TREATMENT OF GLAUCOMA	

'S' refers to preparations which may be manufactured by the Pharmacy Dept

11.3 ANTI-INFECTIVE EYE PREPARATIONS

11.3.1 **Antibacterials**

Cefuroxime (*S*) drops
Chlorhexidine 0.02% eye drops (named patient)
Chloramphenicol (ointment, drops, minim)
Ciprofloxacin drops
Fusidic acid drops
Gentamicin (ointment, drops, minim)
Ofloxacin drops
Polymyxin B sulphate (*Polyfax*) eye ointment

11.3.3 **Antiviral**

Aciclovir ointment

11.4 CORTICOSTEROIDS and other ANTI-INFLAMMATORY PREPARATIONS

11.4.1 **Corticosteroids**

Betamethasone (ointment & eye drops)
Dexamethasone (*Maxidex*[®]) (eye drops & minims)
Fluorometholone eye drops
Hydrocortisone acetate ointment
Hydrocortisone and neomycin (*Neo-Cortef*[®])(ointment & drops)
Maxitrol[®] drops
Prednisolone (drops & minims)
Prednisolone and Neomycin drops
Rimexolone drops

11.4.2 **Other anti-inflammatory preparations**

Antazolone sulphate 0.5% eye drops
Emedastine 0.05% eye drops
Nedocromil eye drops
Olopatadine 0.1% eye drops
Levocabastine eye drops
Lodoxomide 0.1% eye drops
Sodium cromoglycate 2% (ointment & eye drops)

11.5 MYDRIATICS and CYCLOPLEGICS

Atropine sulphate (ointment, eye drops & minims)
Cyclopentolate hydrochloride (eye drops & minims)
Homatropine hydrobromide minims
Mydriaserit Ophthalmic insert (Phenylephrine & Tropicamide)
Phenylephrine hydrochloride (eye drops & minims)
Tropicamide (eye drops & minims)

11.6 TREATMENT OF GLAUCOMA

Adrenaline (neutral) 1% eye drops
Acetazolamide (tablets, SR & injections).
Betaxolol hydrochloride (eye drops M/R, minims 0.25%)
Bimatoprost eye drops
Brimonidine tartrate eye drops 0.2%
Brinzolamide eye drops
Carteolol hydrochloride eye drops 1%; 2%
Dipivefrine eye drops
Dorzolamide eye drops 2%
Dorzolamide pres-free – reserve for preservative intolerant patients
Levobunolol hydrochloride (eye drops & minims 0.5%)
Pilocarpine (eye drops 1%, 2%, 3%, 4%)
Pilogel[®] 4% gel (Consultant request only)
Timolol maleate (eye drops & minims 0.25%)
Latanoprost eye drops
Travoprost eye drops
Travoprost pres-free – reserve for preservative intolerant patients

Combination products

Xalacom[®] (latanoprost / timolol) eye drops
DuoTrav[®] (travoprost / timolol) eye drops
Combigan[®] (brimonidine / timolol) eye drops
Co-Sopt[®] (dorzolamide/timolol) eye drops
Co-Sopt[®] pres-free –reserve for preservative intolerant patients eye drops
Ganfort[®] (bimatoprost / timolol) eye drops

11.7 LOCAL ANAESTHETICS

Lidocaine eye drops
Oxybuprocaine 0.4% minims
Proxymetacaine hydrochloride (eye drops & minims)
Proxymetacaine and fluorescein (*S*) (eye drops & minims)
Tetracaine 0.5% / 1% minims

11.8 MISCELLANEOUS OPHTHALMIC PREPARATIONS

11.8.1 **Preparations for Tear Deficiency**

Acetylcysteine eye drops (*Ilube[®]*)
Carbomer 980 0.2% eye drops (*Viscotears[®]*)
Celluvisc[®] minims
Hypromellose (eye drops & minims)
Isopto Alkaline Hypromellose eye drops
Liquid paraffin (*Lacri-lube[®]*) ointment
Oculotect[®] eye drops
Polyvinyl alcohol (*Liquifilm[®]*)
Sodium Hyaluronate 0.18% eye drops (*Vismed[®]* & *Hyoscan*)(*consultant initiation only*)
Tears Naturale[®] eye drops
Viscotears[®] eye drops

11.8.2 **Other Preparations**

Acetylcholine (*Miochol[®]*) irrigation
Apraclonidine eye drops
Balanced salt solution
Diclofenac 0.1% eye drops
Ketorolac (*Acular[®]*) eye drops

Sodium chloride eye drops 0.9%, 5%

Diagnostic Preparations

Fluorescein sodium minims

Rose Bengal minims

Viscolastics

Sodium Hyaluronate (*Provisc*[®])

Duovisc[®]

Haelan GV[®] } *Selected cases*

Viscoat[®] } *only*

Verteporfin injection ⁽⁶⁸⁾ (*specialist request only*)

Ranibizumab injection (*Lucentis*[®]) (*specialist request only*)

- ⁽⁶⁸⁾ - NICE guidance (68) on the use of photodynamic therapy for age-related macular degeneration (September 2003). <http://www.nice.org.uk/cat.asp?c=86772>

11.9 Contact Lens Solution (*Paediatrics - Mr. Laws only*)

12. EAR, NOSE AND OROPHARYNX

DRUGS ACTING ON THE EAR	DRUGS ACTING ON THE OROPHARYNX
DRUGS ACTING ON THE NOSE	

12.1 DRUGS ACTING ON THE EAR

'S' refers to preparations which may be manufactured by the Pharmacy Dept

12.1.1 Otitis Externa

Anti-inflammatory Preparations

Betamethasone sodium phosphate 0.1% ear / nose / eye drops

Prednisolone sodium phosphate 0.5% ear / eye drops

Anti-infective Preparations

Betamethasone and neomycin drops

Chloramphenicol 5% / 10% ear drops

Clioquinol with flumethasone (*Locorten-Vioform*[®]) drops

Clotrimazole 1% (*Canesten*[®]) solution

Dexamethasone and neomycin (*Otomize*[®]) spray

Gentamicin 0.3% ear / eye drops

Gentamicin and hydrocortisone (*Gentisone HC*[®]) drops

Glycerin and Ichthamol drops

Iodine & Boric Acid (*S*) powder

Neomycin and Triamcinolone (*Audicort*[®]) drops

Neomycin and hydrocortisone (*Neocortef*[®]) drops

Compound Anti-infective Preparations

Otosporin drops

Sofradex drops

Tri-Adcortyl Otic ointment

12.1.3 Removal of Ear Wax

Cerumol[®] drops

Sodium bicarbonate drops

12.2 DRUGS ACTING ON THE NOSE

12.2.1 Drugs used in Nasal Allergy

Azelastine (*Rhinolast*[®]) nasal spray

Beclomethasone dipropionate aqueous (*Beconase*[®]) nasal spray

Budesonide (*Rhinocort*[®]) nasal spray

Fluticasone (*Flixonase*[®]) nasal spray

Mometasone furoate (*Nasonex*[®]) nasal spray

Sodium cromoglycate (*Rynacrom*[®]) nasal spray

Triamcinolone (*Nasocort*[®]) nasal spray

12.2.2 Topical Nasal Decongestants

Ephedrine hydrochloride drops

Ipratropium bromide nasal spray

Xylometazoline hydrochloride drops

12.2.3. Anti-infective Nasal Preparations

Betamethasone and Neomycin ointment (*Betnesol-N*[®])

Mupirocin nasal ointment (*MRSA only*)

Naseptin[®] cream

12.3 DRUGS ACTING ON THE OROPHARYNX

12.3.1 Drugs used for Oral Ulceration and Inflammation

Benzydamine (*Difflam*[®]) mouthwash, spray
Carmellose sodium (*Orabase*[®])
Choline salicylate gel (*Bonjela*[®]/*Teejel*[®])
Gelclair[®]
Hydrocortisone oral pellets 2.5mg
Triamcinolone paste (*Adcortyl in Orabase*[®])
Sucralfate liquid.

12.3.2 Oropharyngeal Anti-infective Drugs

Amphotericin lozenges
Miconazole gel
Nystatin (pastilles & liquid)

12.3.3 Lozenges and Sprays

Strepsils[®] lozenges

12.3.4 Mouthwashes, Gargles and Dentrifices

Chlorhexidine gluconate (*Corsodyl*[®]) mouthwash / spray
Hexetidine (*Oraldene*[®]) mouthwash / gargle
Hydrogen Peroxide 6% mouthwash

12.3.5 Treatment of Dry Mouth

Glandosane[®] artificial saliva spray
Pilocarpine tablets (*Salagen*[®])

13. SKIN PREPARATIONS

VEHICLES AND DILUENTS	SHAMPOOS AND OTHER SCALP PREPARATIONS
EMOLLIENT AND BARRIER PREPARATIONS	ANTI-INFECTIVE SKIN PREPARATIONS
LOCAL ANAESTHETICS AND ANTIPRURITICS	SKIN DISINFECTION AND CLEANSING AGENTS
TOPICAL CORTICOSTEROIDS	ANTIPERSPIRANTS
PREPARATIONS FOR PSORIASIS AND ECZEMA	WOUND MANAGEMENT PRODUCTS
PREPARATIONS FOR ACNE	TOPICAL PREPARATIONS FOR CIRCULATORY DISORDERS
PREPARATIONS FOR WARTS AND CALLUSES	MISCELLANEOUS TOPICAL PREPARATIONS
SUNSCREENS AND CAMOUFLAGERS	

'S' refers to preparations which may be manufactured by the Pharmacy Dept.

13.1 **VEHICLES and DILUENTS**

Aqueous cream
Cetomacrogol (Formula A)
Emulsifying ointment
Unguentum Merck
White Soft Paraffin
Wool Alcohols ointment
Yellow Soft Paraffin

13.2 **EMOLLIENT and BARRIER PREPARATIONS**

13.2.1 **Emollients**

Aveeno[®] cream / lotion
Cetraben[®] Emollient cream
Dermol 500/200 lotion / shower emollient
Diprobase ointment / cream
E 45[®] cream
Epaderm[®] ointment
Eucerin Intensive cream / Lotion
Hewletts[®] cream
Sudocrem[®] cream
Zinc and castor oil ointment

Emollient bath additives

Balneum[®] bath oil
Balneum with Tar[®] bath oil
Balneum Plus[®] bath oil
Diprobath[®] bath oil
Emulsifying ointment
Oilatum Emollient[®] bath oil
Oilatum Plus[®] bath oil

13.2.2 **Barrier Preparations**

Drapolene[®] cream
Kamillosan[®] ointment
Metanium[®] ointment
Siopel[®] cream
Sprilon[®] spray
Sudocrem[®] cream
Conotrane[®] cream

13.3 LOCAL ANAESTHETICS AND ANTIPRURITICS

Amethocaine 4% (*Ametop*[®])gel
Aqueous Calamine cream
Balneum Plus[®] cream
Calamine lotion / oily cream
Crotamiton 10% cream (*Eurax*[®])
Emla[®] cream
Lignocaine 5% ointment (*Xylocaine*[®])
Instillagel[®] gel

13.4 TOPICAL CORTICOSTEROIDS⁽⁸¹⁾

Mild Potency

Eurax HC[®] cream
Fluocinolone 1 in 10 dilution (*Synalar*[®] 1 in 10) cream
Hydrocortisone 1% cream / ointment
Hydrocortisone 0.5% cream / ointment

Moderately potent

Alphaderm[®] cream
Betamethasone 1 in 4 dilution (*Betnovate*[®]RD) cream / ointment
Clobetasone butyrate (*Eumovate*[®]) cream / ointment
Desoxymethasone 0.05% (*Stiedex*[®] LP Oily cream) oily cream / scalp lotion
Fluocinolone 1 in 4 dilution (*Synalar* 1[®] in 4) cream / ointment
Flurandrenolone / Fludroxycortide (*Haelan*[®]) cream / ointment

Potent

Betamethasone valerate (*Betnovate*[®]) cream / ointment / scalp app
Diflucortolone 0.1% (*Nerisone*[®]) oily cream
Diprosalic[®] ointment / scalp app
Fluticasone (*Cutivate*[®]) cream / ointment
Fluocinolone (*Synalar*[®]) cream / ointment / gel
Fluocinonide (*Metosyn*[®]) cream / ointment
Hydrocortisone butyrate (*Locoid*[®]) scalp lotion / lipocream / cream / ointment
Mometasone furoate (*Elocon*) cream / ointment / scalp lotion

Very potent

Clobetasol propionate (*Dermovate*[®]) cream / ointment / scalp app
Diflucortolone valerate (*Nerisone Forte*[®]) oily cream / ointment

⁽⁸¹⁾ - NICE guidance for Frequency of application of topical corticosteroids for eczema (August 2004) www.nice.org.uk/guidance/index.jsp?action=byID&o=11540

Combination corticosteroids with antimicrobials

Aureocort[®] cream / ointment
Betnovate-C[®] cream / ointment
Canesten HC[®] cream
Daktacort[®] cream / ointment
Fucibet[®] cream
Fucidin H[®] cream / ointment / gel
Locoid C[®] cream / ointment
Nystaform HC[®] cream / ointment
Synalar-C[®] cream
Timodine[®] cream
Trimovate[®] cream
Vioform-Hydrocortisone[®] cream / ointment

13.5 PREPARATIONS FOR PSORIASIS AND ECZEMA

Topical Preparations

Alphosyl[®] cream / shampoo
Alphosyl HC[®] cream
Cade oil compound ointment
Calcipotriol (*Dovonex*[®]) cream / ointment / scalp
Calcitriol (*Silkis*[®]) ointment
Clinitar[®] (coal tar extract cream 1%)
Coal tar and Salicylic acid(S) ointment
Crude coal tar (S) liquid
Dithranol (*Dithrocream*[®]; *Micanol*[®]) cream
Dithranol in Lassar's paste (S)
Dithranol in paraffin base ointment
Dovobet[®] ointment
Exorex[®] lotion
Lassar's paste
Oilatum[®] Plus
Pimecrolimus cream (*Elidel*[®])⁽⁸²⁾
Polytar Emollient[®] bath oil
Salicylic acid BP 2% ointment
Sebco[®] scalp ointment
Tacalcitol ointment (*Curatoderm*[®])
Tacrolimus ointment (*Protopic*[®])⁽⁸²⁾
Tar pomade ointment
Tazarotene (*Zorac*[®])gel

⁽⁸²⁾ - NICE guidance for atopic dermatitis (eczema) - pimecrolimus and tacrolimus (No. 82)
(August 2004) www.nice.org.uk/guidance/index.jsp?action=byID&o=11538

Oral Preparations

Acitretin capsules (*Neotigason*[®]) (*Consultant Dermatologist request only*)
Cyclosporin / Ciclosporin capsules
Methotrexate tablets

Eflaizumab injection (*Raptiva*[®])
Fumaric acid ester

13.6 PREPARATIONS FOR ACNE

13.6.1 Topical Acne Preparations

Adapalene gel
Benzoyl Peroxide 5%, 10% lotion
Clindamycin lotion / cream
Istretinoin 0.05% gel (*Isotrexin*[®])
Nicotinamide 4% gel (*Nicam*[®] (*formerly Papulex*[®]))
Tretinoin gel (*Retin A*[®])

13.6.2 Oral Acne Preparations

Dianette[®] tablets
Erythromycin tablets
Isotretinoin tablets (*Roaccutane*[®]) (*Consultant Dermatologist use only*)
Lymecycline capsules (*Tetralysal*[®])
Minocycline tablets (*Minocin*[®] MR)
Oxytetracycline tablets

13.7 PREPARATIONS FOR WARTS AND CALLUSES

Imiquimod cream (*Aldara*[®])

Podophyllotoxin 0.5% solution (*Condyline*[®])
Podophyllin 25% in Compound Benzoin (S) tincture
Salactol[®] paint
Trichloroacetic acid (S) solution

13.8 SUNSCREENS and CAMOUFLAGERS

ROC[®] *Total sunblock* cream
Spectraban[®] lotion

13.8.1 Sunscreen Preparations

Methylaminolevulinate (*Metvix*) cream
Solaraze[®] Gel

13.9 SHAMPOOS AND OTHER PREPARATIONS FOR SCALP & HAIR CONDITIONS

Capasal[®]
Ceanel Concentrate[®]
Cocois scalp application
Eflornithine 11.5% cream
Ketoconazole shampoo
Polytar[®] shampoo
Polytar AF[®] shampoo
Selenium sulphide 2.5% (*Selsun*[®])
T-Gel[®] shampoo

13.10 ANTI-INFECTIVE SKIN PREPARATIONS

13.10.1 Antibacterial Preparations

Cicatrín[®] powder
Framycetin gauze dressing (*SofraTulle*[®])
Fusidic acid cream / ointment / gel
Metronidazole 0.8% gel
Mupirocin ointment
Silver sulphadiazine cream

13.10.2 Antifungal Preparations

Clotrimazole cream / powder / spray, sol
Miconazole cream
Nystatin cream / oint
Nystaform[®] cream

13.10.3 Antiviral Preparations

Aciclovir cream

13.10.4 Parasitocidal Preparations

Benzyl Benzoate application
Malathion 0.5% liquid
Permethrin (*Lyclear*[®]) }As per National Assembly
Phenothrin lotion (*Full Marks*[®]) }Recommendations

13.10.5 Preparations For Minor Cuts and Abrasions

Povidone-Iodine ointment
Drapolene[®] cream
Hydrogen peroxide (*Crystacide*[®]) cream
Magnesium Sulphate paste

13.11 SKIN DISINFECTION AND CLEANSING AGENTS

Biopatch (chlorhexidine time released patch) patch
Chlorhexidine gluconate solution
Chlorhexidine Obstetric (*Hibitane*[®]) cream
Hydrogen Peroxide solution
Industrial Methylated Spirits 70% spirit
Iodine (weak) solution
Potassium Permanganate (*Permitabs*[®])
Povidone Iodine (*Betadine*[®]) solution / spray

13.11.7 Desloughing Agents

Hydrogen Peroxide 1.5% (*Hioxyl*[®]) cream
Varidase Topical[®]

13.12 ANTIPERSPIRANTS

Aluminium chloride hexahydrate 20% solution

13.13 WOUND MANAGEMENT PRODUCTS

Refer to Dressing policy document.

13.14 TOPICAL PREPARATIONS FOR CIRCULATORY DISORDERS

Lasonil[®] ointment

13.15 MISCELLANEOUS TOPICAL PREPARATIONS

Arachis oil
Eucalyptus/turpentine oil
Silver nitrate sticks
Dermagraft[®] (*Consultant request only-Diabetic foot ulcers*)
Fluorouracil 5% cream (*Efudix*[®])

14. IMMUNOLOGICAL PRODUCTS AND VACCINES

VACCINES AND ANTISERA

IMMUNOGLOBULINS

14.4 VACCINES AND ANTISERA

BCG intradermal vaccine (*10 doses*)
BCG Percutaneous (for infants)
Diphtheria / Tetanus (paediatric)
Diphtheria / Tetanus (adult & adolescents)
Diphtheria (low dose)
DTP & Hib vaccine
Haemophilus Influenzae type B vaccine (*Hibititer*[®])
Hepatitis A vaccine
Hepatitis B vaccine
Hib /DTP Combi pack
Influenza vaccines
Meningitis C vaccine
MMR Vaccine
Pneumococcal vaccine (*Pneumovax*[®]) (*Consultant request only*)
Poliomyelitis vaccine (*oral, live 10 doses, single dose*)
Rubella vaccine (*live attenuated- 0.5,5ml*)
Tetanus adsorbed vaccine BP (*0.5,5ml*)
Triple vaccine (Diphtheria, tetanus and pertussis) (*Trivax-AD*[®])
Tuberculin PPD 10 units/ml, 100 units/ml, 1000 units/ml, 100,000 units/ml.
Yellow Fever vaccine (for Central Clinic only)

14.5 IMMUNOGLOBULINS

These are available from the PHLs on request.

Tetanus immunoglobulin (*Humotet*[®])

15. ANAESTHESIA

[GENERAL ANAESTHESIA](#)

[LOCAL ANAESTHESIA](#)

15.1 GENERAL ANAESTHESIA

15.1.1 **Intravenous Anaesthetics**

Propofol injection
Thiopentone / Thiopental sodium injection
Etomidate injection
Ketamine injection
Midazolam injection

15.1.2 **Inhalational Anaesthetics**

Entonox
Isoflurane
Nitrous Oxide
Sevoflurane (*Day surgery cases / Paediatric request only*)

15.1.3 **Antimuscarinic premedication drugs**

Atropine sulphate injection
Glycopyrronium bromide (*Robinul*[®]) injection
Hyoscine hydrobromide injection

15.1.4 **Sedative and Analgesic perioperative drugs**

15.1.4.1 **Anxiolytics and Neuroleptics**

Diazepam (tablets, injection, liquid, rectal tube)
Lorazepam tablets / injection (*Consultant request only*)
Midazolam injection
Promethazine hydrochloride (tablets, injection, liquid)
Temazepam (tablets, liquid)
Trimeprazine / Alimemazine tartrate (tablets, liquid)

15.1.4.2 **Non-opioid Analgesics**

Diclofenac sodium (tablets, MR tablets, injection, supps)
Ketorolac injection

15.1.4.3 **Opioid Analgesics**

Alfentanil injection
Diamorphine hydrochloride injection
Fentanyl injection
Morphine sulphate injection
Pethidine hydrochloride injection
Tramadol hydrochloride injection
Remifentanil injection (*Theatres & Burns ITU only*)

15.1.5 **Muscle Relaxants**

Atracurium besilate injection
Mivacurium injection
Rocuronium bromide injection (*Ophthalmology request only*)
Suxamethonium chloride injection
Vecuronium bromide injection
Cisatracurium injection
Pancuronium bromide injection

15.1.6 Anticholinesterases Used in Surgery

Neostigmine metilsulfate injection

Neostigmine and glycopyrronium injection (*Robinul -Neostigmine*[®])

Physostigmine injection

15.1.7 Antagonists for Central and Respiratory Depression

Doxapram hydrochloride injection

Naloxone hydrochloride injection

Flumazenil injection

15.1.8 Antagonists for Malignant Hyperthermia

Dantrolene sodium injection

15.2 LOCAL ANAESTHESIA

Amethocaine (*Ametop*[®])gel

Bupivacaine hydrochloride injection

Cocaine (*nasal anaesthetic*) paste

Cocaine 5% & Adrenaline 1:2000 gel (*A&E & ENT use only*)

Co-phenylcaine nasal solution (*ENT request only*)

Levobupivacaine injection

Lignocaine / Lidocaine hydrochloride (injection, gel, oint, topical solution)

Lignocaine with prilocaine cream (*Emla*[®])

Prilocaine hydrochloride injection

PREPARATIONS AVAILABLE FOR EMERGENCY TREATMENT OF POISONING

Acetylcysteine injection

Activated charcoal powder (*Carbomix*[®])

Desferrioxamine injection

Dicobalt edetate injection

Dimercaprol injection

Methionine tablets

Naloxone injection

Sodium thiosulphate injection

Formulary Policy

Introduction

The formulary was established as a list of drugs for general use by medical staff. The list has been produced in order to rationalise drug prescribing, economise on expenditure and promote evidence based prescribing.

The majority of the preparations listed will be routinely stocked by the pharmacy department and the remainder will be ordered on request.

Certain drugs have restrictions placed on their use. These can be found in brackets after the drug name in the formulary. A copy of the formulary is available in paper format from each pharmacy department or is updated regularly on MOCIS

(<http://138.5.36.203/pharmacy/Formulary2003-PDF%20Version.pdf>)

NON-FORMULARY PRESCRIBING

A. Patients admitted to the hospital already taking non-formulary drugs

If the patient is admitted for review of current therapy, then the prescriber will be encouraged to change to a formulary drug.

If the patient is admitted for other reasons supply should be continued using either patients own or Trust stock. If using patients own please ensure adequate supplies available on discharge.

B. In the event of a non-formulary drug treatment being initiated in the hospital then the prescribing doctor will be contacted for consideration of an alternative from the formulary list. If an alternative is not suitable, then a supply may be obtained on a named-patient basis, only on the request of a Consultant.

A "Non-formulary Product Request Form" (see Appendix 1) should be completed by the consultant for monitoring of non-formulary product usage.

The completion of a non-formulary product request form should NOT delay a patients treatment and form can be completed retrospectively.

Remember non-formulary drugs are not routinely stocked by the pharmacy department and therefore delays may occur while supplies are purchased.

If this is the case the pharmacy department will inform prescriber that patient will miss dosages and discuss an alternative therapy.

C. High cost non-formulary drugs

These include all non-formulary drugs costing >£500 per patient. These drugs should be referred to Mr John Calvert, Deputy Medical Director for approval before pharmacy can supply. If unsure speak to the Formulary Pharmacist or Chief Pharmacist.

Managed Entry of New Drugs

Only consultant grade staff may request the addition of a new product to the Trust formulary by completing a "New Product Request" form (see Appendix 3). This will be returned to the formulary pharmacist and a product evaluation of evidence, safety and financial implication to both primary and secondary care will be considered.

The product evaluation will be sent to the requesting consultant for comments. This may then be discussed at Division level or by the Trust Prescribing Advisory Group or by Swansea Medicines Partnership Group, depending on the cost implications and likely location of use (see algorithm for more information (Appendix 2).

Should a drug cost the Trust more than £5,000 per annum it is anticipated that a business case be developed by the Division in conjunction with a pharmacist.

Monitoring formulary adherence:

Formulary adherence will be monitored using two systems:

1. Completed non-formulary request form
2. Retrospective non-formulary drug issues reports.

Reviews will be undertaken every 3 months and sent to Clinical Director and Clinical chairs for the divisions.

Maintenance and Production of the formulary

The formulary will be updated after each Trust Prescribing Advisory Group and placed on MOCIS.

A paper copy will be produced every two years.

Copies of the formulary will be distributed to all new doctors via postgraduate.

Contacts:

Stuart J Evans, Interface / Formulary Pharmacist,

Agreed by : Swansea NHS Trust Prescribing Advisory Group, September 2004

Review: March 2005

REQUEST FOR NON-FORMULARY PRODUCTS

West Division

Please complete this form if a supply of a non-formulary product is required for a patient.

PRODUCT: _____

DOSAGE: _____

PATIENT INITIAL: _____ **D.O.B.:** _____

HOSPITAL NUMBER: _____

APPROXIMATE NO. OF DAYS SUPPLY REQUIRED: _____

CONSULTANT: _____

WARD OR DEPARTMENT: _____

HOSPITAL: _____

DIVISION: _____

CONSULTANT SIGNATURE: _____ **DATE:** _____

*Non-Formulary products are not routinely stocked by the Pharmacy. Please return this completed form to **Mr Stuart J Evans, Interface/Formulary pharmacist, Abertawe Bro-Morgannwg University NHS Trust, West Division, Pharmacy, Morriston Hospital, as soon as possible to avoid delay in supply of the product.***

**NEW PRODUCT FORMULARY REQUEST
TO BE COMPLETED BY THE REQUESTING CONSULTANT**

CONSULTANT _____

DIVISION _____

PRODUCT _____

INDICATION FOR USE: _____

Average Cost of _____ **Number of patients**
Course _____ **to be treated annually** _____

DECLARATION OF INTEREST: _____

REASON FOR REQUEST:

- a) No alternative therapy is available.
- b) Advantages to existing treatment: _____

Existing Formulary product which may be replaced by new product:

Please enclose any relevant information which may support your request

SIGNED: _____ **DATE:** _____
(Requesting Consultant)

PLEASE RETURN THE COMPLETED FROM TO:

**Mr Stuart J Evans, Interface/Formulary pharmacist, Abertawe Bro-Morgannwg
University NHS Trust, West Division, Pharmacy, Morriston Hospital.**