Derbyshire Joint Area Prescribing Committee

FORMULARY: Primary care preferred choices

FOR ADULTS UNLESS OTHERWISE SPECIFIED (refer to the Children's BNF for use in children)

BNF Chapter/ Indication	Drug	Notes
1 - GI **GORD/NUD**	**Mucogel (co-magaldrox)** **Peptac** **Lansoprazole caps**	Peptac is the recommended alginate **Lansoprazole capsules (1st choice)** and omeprazole capsules are the most cost-effective formulations. Use maintenance doses if possible and consider prescribing on 'when required' basis. **Lansoprazole orodispersible are not approved for routine use but are the preferred option in genuine swallowing difficulties**
Constipation	**Ispaghula 3.5g sachets** **Senna** **Bisacodyl** **Macrogol compound oral powder**	Encourage self-care. Constipation can be effectively managed with a change in diet or lifestyle, or with over the counter medication. See assessment and management of constipation in adults flow chart in the formulary
2 - CVS **Hypertension/ CVD prevention**	**Lisinopril/Ramipril (capsule)** **Losartan** **Amlodipine** **Bendroflumethiazide/Indapamide** **Bisoprolol** **Aspirin disp tabs** **Atorvastatin**	See hypertension guideline **Only use A2RA if patients cannot tolerate an ACEI.** First-line thiazide/ thiazide-like diuretic No evidence aspirin EC preps have lower GI bleed risk and more expensive. Secondary prevention – patients already at high risk, no risk calculation necessary.
Cardiac failure	**Lisinopril/Ramipril (capsule)** **Bisoprolol/Carvedilol** **Candesartan** **Furosemide**	See JAPC heart failure guideline. Aim for target dose or maximum tolerated dose for ACEI & beta-blocker. **Only use A2RA if patients cannot tolerate an ACEI.** Consider adding spironolactone in patients with ongoing symptoms despite optimal treatment.
Stable Angina	**Aspirin disp tabs** **GTN – tabs/spray** **Bisoprolol or** **Verapamil/Diltiazem** **Isosorbide Mononitrate** **Amlodipine**	Prescribe verapamil MR (Securon SR) and diltiazem MR (Zemtard) as brand. Prescribe isosorbide mononitrate as asymmetric bd dose – once daily preparations of ISMN can be much more expensive and should be avoided unless cost-effective choices Monomil XL are used
Post MI	**Aspirin disp tabs** **Prasugrel/ ticagrelor/ Clopidogrel** **Bisoprolol** **Lisinopril/Ramipril (capsule)** **Atorvastatin**	Combination of aspirin with either clopidogrel, ticagrelor or prasugrel are green after cardiologist initiation. A stop date should be provided by secondary care, ensure that stop dates are clearly noted on directions / labels for patients. See JAPC ACS dual antiplatelet guidance.
Atrial Fibrillation	**Generic Apixaban twice daily 1st line, if not suitable Edoxaban once daily 2nd line** **Warfarin** **Bisoprolol or** **Diltiazem (unlicensed indication)**	See JAPC AF guideline. Use CHA2DS2-VASc score to assess stroke risk and ORBIT tool to assess bleeding risk in patients for anticoagulant. The majority of patients with AF should be offered rate control (not sotalol)
3 - Respiratory **Asthma**	**Easychamber volumatic spacer device** **MDI Salamol/ DPI easyhaler** **MDI Beclometasone CFC Free:** **• Soprobec/ Clenil (standard particle)** **• Kelhale/ QVAR (extra-fine particle)** **DPI Budesonide Easyhaler** **Montelukast** **DPI Fobumix Easyhaler**	See Greener inhaler prescribing guideline For management of asthma in children and adults see JAPC guidelines. Spacer devices + MDI are advised for efficient and effective delivery of inhaled steroids and where co-ordination is poor. Kelhale/ QVAR is approximately twice as potent as Soprobec/Clenil due to its formulation **For ICS+LABA combination inhalers refer to asthma guidelines.**
COPD	**MDI Salamol/ DPI easyhaler** **MDI Luforbec/ MDI Bibecfo/ DPI Fostair Nexthaler** **DPI Fobumix Easyhaler** **LABA/LAMA combination inhalers** **Oral mucolytic (carbocisteine)**	See JAPC COPD guidelines. All LABA/LAMA combination inhalers are now classified Green by JAPC-(Ultibro Breezhaler, Duaklir Genuair, Anoro Ellipta, Spiolto Respimat) choice should be based on patient ability to tolerate and use inhaler device. Triple therapy is reserved for use in severe disease in the presence of persistei exacerbations despite other treatments. Use of triple combination product is cheaper than using the separate components and may help compliance.
Exacerbation	**Prednisolone**	5mg prednisolone soluble tablets are restricted for use in patients with fine-bore tubes only. No evidence that prednisolone EC tab have lower GI bleed risk and more expensive.
Hayfever	**Loratadine** **Cetirizine** **Chlorphenamine** **Mometasone/ beclometasone nasal spray** **Otrivine-Antistin/ olopatadine eye drops**	See local guidance. Encourage self-care. Oral antihistamines, beclometasone nasal spray, sodium cromoglycate and Otrivine-Antistin eye drops can be purchased over the counter. Kenalog not recommended – harms may outweigh any short-term benefit. Alimemazine has been classified as DNP
4 - CNS **Depression** **Generalised Anxiety Disorder**	**Citalopram** **Fluoxetine** **Sertraline**	See depression algorithm Antidepressants have reduced effectiveness in mild to moderate depression. SSRIs have a class effect and the choice should be driven by cost, appropriate use, patient factors, cautions and interactions. **Citalopram is the most cost effective SSRI** but MHRA has issued warning on dose dependent QT interval prolongation. See local BNF chapter. Caution in use for those at high risk of GI bleed.

Hypnotics	**Zopiclone**	Only for short-term prescribing (2-3 weeks) in strict accordance with its licensed indications.
Pain	**Paracetamol** **Codeine or dihydrocodeine** **Morphine sulphate** (120mg max. daily dose)	Codeine/dihydrocodeine + paracetamol – prescribe separately – easy titration for pain prn and less side-effects. Clinicians may seek specialist advice for doses >90mg/day morphine equivalent. Zomorph cap are the cost effective MR brand of morphine.
Migraine **prophylaxis**	**Aspirin/ ibuprofen/ paracetamol** **Sumatriptan** **Propranolol**	Consider metoclopramide or prochlorperazine especially for patients presenting with migraine associated symptoms of nausea or vomiting.
6 - Endocrine **Type 2 diabetes**	**Metformin** - effective in reducing diabetic complications, all cause mortality and stroke **Dapagliflozin** **Empagliflozin**	Tight BP & lipid control is more important than tight blood glucose control. To reduce side effects of metformin, titrate dose upwards slowly – if poorly tolerated consider metformin MR. The maximum recommended dose of metformin is 2g/day and higher doses give a high risk of B12 deficiency for minimal benefit. NICE have updated the Type 2 diabetes guidance (NG28) placing increased prominence for the SGLT2i in the treatment pathway See Blood glucose monitoring meter formulary.
HRT – without uterus	**Elleste Solo tabs** **Premarin tabs** (2nd line)	NICE (November 2015) support the use of HRT for vasomotor symptoms after discussing short term and long term benefits and risks. For details please see local guidance.
HRT -with uterus **Sequential combined**	**Elleste Duet tabs** **Femoston** (2nd line)	Transdermal route (patches) is expensive compared to oral. NICE recommends considering transdermal rather than oral HRT for menopausal women who are at increased risk of VTE, including those with a BMI over 30 kg/m^2
Continuous combined	**Premique low dose tabs** **Kliofem tab**	
BPH	**Dutasteride cap** **Finasteride tabs**	
Osteoporosis	**Risedronate** 35mg once weekly **Alendronic acid** 70mg once weekly	Bisphosphonates should be prescribed in combination with Ca & vit D unless clinician is satisfied patient is obtaining adequate supply from diet. See chapter 9 for Ca & vit D combination products.
7 - Obs,Gynae & UT **Combined oral contraceptives**	**Levest** **Cimizt**	Avoid in women aged over 50, and in smokers aged 35 years and over Refer to main formulary for equivalent brands.
Low strength	**Bimizza** **Millinettee 20/75**	Low strength preparations are appropriate for women with risk factors for circulatory disease, provided COC is otherwise suitable. Avoid Dianette for oral contraceptive use alone and prescribe generically (co-cyprindiol)
Progestogen only	**Desogestrel** - COCs C.I. or caution advised **Norgeston/Noriday -** Smokers >35, COCs C.I. or caution advised	NICE advises Long Acting Reversible Contraception(LARC) as 1st line option
Emergency Hormone Contraceptive	**Levonorgestrel 1.5mg (Upostelle/Emerres)** **Ulipristal acetate (ellaOne)**	See local emergency contraception guideline.
Urinary retention	**Doxazosin tablets** **Tamsulosin M/R caps**	Doxazosin MR is DNP - more costly than immediate release preparation with only marginal benefits in relation to side effects
Urinary frequency, enuresis and incontinence	**Solifenacin** **Oxybutynin tabs**	See local guideline for Management of OAB
Erectile dysfunction	**Sildenafil**	Requirements for the prescribing of generic sildenafil for erectile dysfunction have been lifted following new legislation. Generically written prescriptions for sildenafil no longer require 'SLS' annotation.
9 - Nutrition & blood **Iron deficiency anaemias**	**Ferrous Fumarate 322mg tablets**	
Vitamin D deficiency	**Strivit D3 (20,000 units)- daily** **InVita D3 (50,000 units) -weekly** **Thorens oral drops (10,000 units/ml)**	Preferred formulary choice for treatment of vitamin D deficiency. Patients are advised to purchase OTC vitamin D for maintenance or vitamin D insufficiency. See position statement. For children. See local guideline for Vitamin D
Calcium + Vitamin D	**Accrete D3** **Evacal D3** **Adcal D3 dissolve** **Calci-D** **Adcal D3 caplet**	Film coated tablet Chewable tablet Effervescent tablet Chewable tablet, Once daily option in patients with compliance issue Caplet (smaller size if unable to swallow tablets/capsules; stability in a MCA for up to 14 days)

10 - MSK **Osteoarthritis**	**Fenbid 5% gel/ Diclofenac diethylammonium 1.16% gel (Voltarol Emulgel)**	See NICE visual summary Management of osteoarthritis Topicals: 2 week trial to assess effectiveness. All rubefacients have been classified as DNP.
OA + high risk GI bleed	**Ibuprofen tab tds prn up to 1200mg/day** **Naproxen od/bd prn up to 1000mg/day** (**+ lansoprazole caps 15mg** if risk GI bleed)	NSAID - give lowest effective dose & prn to minimise GI effects – avoid MR preps. See MHRA drug safety update June 2015 – high dose ibuprofen Naproxen has a long half life and can be taken as a single or divided daily dose. Plain tablets should be used rather than EC preparations. Diclofenac is not recommended as a preferred option. MHRA June 2013 Coxibs are not recommended.

DISCLAIMER: in order to keep this formulary concise and relevant it is accepted that 1st or 2nd line choices may occasionally not be appropriate for every patient. Alternative evidence based, cost-effective treatments to those suggested here are available, see: JAPC Traffic Light Classifications.