FORMULARY: Primary care preferred choices

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

BNF Chapter/ Indication	Drug	Notes
1 - GI		
GORD/NUD	**Mucogel** **Peptac** **Lansoprazole caps**	Peptac is the recommended alginate **Lansoprazole capsules (1st choice)**, omeprazole capsules and pantoprazole tablets are the most cost-effective formulations. Use maintenance doses if possible. **Lansoprazole orodispersible are not approved for routine use but are the preferred option in genuine swallowing difficulties**
Constipation	**Ispaghula 3.5g sachets** **Bisacodyl**	See assessment and management of constipation in adults flow chart in formulary
2 CVS		
CVD prevention	**Atorvastatin** **Simvastatin** **Bendroflumethazide** **Atenolol** **Enalapril/Lisinopril/Ramipril (capsule)** **Amlodipine** **Aspirin disp tabs**	Secondary prevention – patients already at high risk, no risk calculation necessary. The thiazide-like diuretics are 2nd line options after bendroflumethiazide No evidence aspirin EC preps have lower GI bleed risk and more expensive.
Cardiac failure	**Enalapril/Lisinopril/Ramipril (capsule)** **Bisoprolol/Carvedilol** **Losartan/Candesartan** **Furosemide** **Digoxin**	See JAPC heart failure guidelines Ensure adequate ACEI & beta-blocker doses – titrate as far as possible and maintain. **Only use A2RA if patients cannot tolerate an ACEI.** Candesartan is first choice A2RA only in heart failure. Consider adding spironolactone on specialist advice. Digoxin - **consider lower doses in elderly and renal insufficiency.**
Stable Angina	**Aspirin disp tabs** **GTN – tabs/spray** **Atenolol or** **Verapamil/Diltiazem** **Isosorbide Mononitrate** **Amlodipine**	Prescribe verapamil MR and diltiazem MR 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 and Tardisc XL are used
Post MI	**Aspirin disp tabs** **Clopidogrel** **Atenolol** **Lisinopril/Ramipril (capsule)** **Atorvastatin** **Simvastatin**	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 website for local guidance
3 - Respiratory	**Appropriate spacer device**	For management of asthma in children and adults see JAPC guidelines
Asthma	**Salbutamol mdi/ easyhaler** **Beclometasone CFC Free:** • **Clenil Modulite** • **QVAR** **Budesonide Easyhaler**	Spacer devices + MDI are advised for efficient and effective delivery of inhaled steroids and where co-ordination is poor. QVAR is approximately twice as potent as Clenil due to its formulation **For ICS+LABA combination inhalers refer to asthma guidelines**.
COPD	**Ipratropium /dose MDI** **Formoterol Easyhaler / MDI** **Tiotropium Respimat/ Braltus Zonda** **Fostair MDI/Nexthaler** **DuoResp Spiromax** **Ultibro (Indacaterol & glycopyrronium)**	See JAPC COPD guidelines. Salbutamol and/or ipratropium (not with LABA) are short acting bronchodilators used for intermittent breathlessness.
Exacerbation	**Oral mucolytic (e.g. carbocisteine)** **Prednisolone**	No evidence that prednisolone EC tablets have lower GI bleed risk and more expensive
Hayfever	**Loratadine** **Cetirizine** **Chlorphenamine** **Beclometasone/mometasone nasal spray** **Sodium cromoglicate 2% eye drops**	See local guidance and detailing aid Prescribe sodium cromoglicate eye drops as generic as brands are significantly more expensive. Kenalog not recommended – harms may outweigh any short-term benefit. Alimemazine has been classified as BLACK
4 – CNS		See depression algorithm
Depression	**Citalopram** **Fluoxetine**	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.
Generalised Anxiety Disorder	**Sertraline**	**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 unless specialist input for non-cancer pain	Codeine/dihydrocodeine + paracetamol – prescribe separately – easy titration for pain prn and less side-effects. Zomorph capsules are the cost effective MR brand of morphine sulphate.

Migraine	**Aspirin/paracetamol + metoclopramide** **Sumatriptan 50mg** **Atenolol/amitriptyline**	Soluble aspirin or paracetamol work quickly. Combining either of these with metoclopramide can be as effective as a triptan. Atenolol or amitriptyline for prophylaxis. Valproate: risk of abnormal pregnancy outcomes see toolkit
6 – Endocrine		
Type 2 diabetes	**Metformin** - effective in reducing diabetic complications, all cause mortality and stroke	Tight BP 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. Although metformin maximum dose in BNF is 2 g/day, target dose (from UKPDS) is 2550mg daily (in divided doses). Doses up to 3 g/day are commonly used in clinical practice.
	TRUEresult testing strips **WaveSense JAZZ testing strips**	These are the recommended blood glucose testing strips. In patients where these testing strips are unsuitable consider any BGTS under £10, which meet the patient's needs and current ISO 15197 2013 standards.
Insulin in T2DM	**Human Isophane (NPH) insulin** 1st line	
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	**Elleste Duet tabs** **Cyclo-progynova**	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 HRT	**Premique low dose** **Kliofem 2/1** (2nd line)	
BPH	**Finasteride tabs**	
Osteoporosis	**Alendronic acid** (70mg once weekly is recommended)	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** **Loestrin 30**	Avoid in women aged over 50, and in smokers aged 35 years and over Refer to main formulary for equivalent brands.
Low strength	**Loestrin 20 & Lestramyl 20/150**	Low strength preparations are appropriate for women with risk factors for circulatory disease, provided COC is otherwise suitable.
Progestogen only	**Desogestrel** - COCs C.I. or caution advised **Norgeston/Noriday -** Smokers >35, COCs C.I. or caution advised	Avoid Dianette for oral contraceptive use alone and prescribe generically (co-cyprindiol) NICE advises Long Acting Reversible Contraception (LARC) as 1st line option.
EHC	**Levonorgestrel 1.5mg (Upostelle)** **Ulipristal acetate (ellaOne)**	See local emergency contraception guideline
Urinary retention	**Doxazosin tablets** **Tamsulosin M/R**	Doxazosin MR is BLACK- more costly than immediate release preparation with only marginal benefits in relation to side effects
Urinary frequency, enuresis and incontinence	**Oxybutynin tablets** **Tolterodine**	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 (Galfer) 305mg capsules**	
Vitamin D deficiency	**Fultium D3 (20,000 units)**	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.
	Thorens oral drops (10,000 units/ml)	For children. See local guideline for Vitamin D
Calcium + Vitamin D	**Accrete D3** **Natecal D3** **Calfovit D3** **Calci-D** **Adcal D3 caplet**	Film coated tablet Chewable tablet Powder sachet for patients with swallowing difficulties. 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	**Regular paracetamol +/- weak opiate prn** **Ibuprofen tab tds prn up to 1200mg/day** **Naproxen od/bd prn up to 1000mg/day**	**1st line in OA is regular paracetamol +/- opiate such as codeine 30mg prn.** 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.
OA + high risk GI bleed	**NSAID (as above) + lansoprazole caps 15mg**	Diclofenac is not recommended as a preferred option. MHRA June 2013 Coxibs are not recommended. See Medicines Management Key Points: NSAIDs
Topicals	**Ibuprofen gel/Ketoprofen gel**	Topicals: 2 week trial to assess effectiveness. Risk of photosensitivity reactions associated with topical ketoprofen. Glucosamine is not recommended or commissioned All rubefacients have been classified as BLACK

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 Lights List