

## 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
<b>1 - GI</b> GORD/NUD	Mucogel (co-magaldrox) Peptac Lansoprazole caps	Peptac is the recommended alginate <b>Lansoprazole capsules (1<sup>st</sup> choice)</b> and omeprazole capsules are the most cost-effective formulations. Use maintenance doses if possible and consider prescribing on 'when required' basis. <b>Lansoprazole orodispersible are not approved for routine use but are the preferred option in genuine swallowing difficulties</b>
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 <a href="#">assessment and management of constipation in adults</a> flow chart in the formulary
<b>2 CVS</b> Hypertension/ CVD prevention	Lisinopril/Ramipril (capsule) Losartan Amlodipine Bendroflumethazide Bisoprolol Aspirin disp tabs Atorvastatin	See <a href="#">hypertension guideline</a> <b>Only use A2RA if patients cannot tolerate an ACEI.</b>  The thiazide-like diuretics are 2nd line options after bendroflumethiazide  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 <a href="#">heart failure guideline</a> . Aim for target dose or maximum tolerated dose for ACEI & beta-blocker. <b>Only use A2RA if patients cannot tolerate an ACEI.</b> Consider adding spironolactone in patients with ongoing symptoms despite optimal treatment.
Stable Angina	Aspirin disp tabs GTN – tabs/spray Bisoprolol <i>or</i> 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 <a href="#">ACS dual antiplatelet guidance</a> .
Atrial Fibrillation	Edoxaban Warfarin Bisoprolol <i>or</i> Diltiazem (unlicensed indication)	See JAPC <a href="#">AF guideline</a> . 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 totalol)
<b>3 - Respiratory</b> Asthma	Easychamber volumatic spacer device Salamol MDI/ easyhaler DPI Beclometasone MDI CFC Free: • Soprobec/ Clenil (standard particle) • Kelhale/ QVAR (extra-fine particle) Budesonide Easyhaler DPI Montelukast Fobumix Easyhaler DPI	See <a href="#">Greener inhaler prescribing guideline</a> <a href="#">For management of asthma in children and adults see JAPC guidelines</a> . 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 <b>For ICS+LABA combination inhalers refer to asthma guidelines.</b>
COPD	Salamol MDI/ easyhaler DPI Luforbec MDI/Fostair Nexthaler DPI Fobumix Easyhaler DPI LABA/LAMA combination inhalers Oral mucolytic (carbocisteine)	See JAPC <a href="#">COPD guidelines</a> . 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 persiste 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 <a href="#">guidance</a> . 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
<b>4 – CNS</b> Depression	Citalopram Fluoxetine	See <a href="#">depression algorithm</a> 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. <b>Citalopram is the most cost effective SSRI</b> but MHRA has issued warning on <a href="#">dose dependent QT interval prolongation</a> . See local <a href="#">BNF chapter</a> . Caution in use for those at high risk of GI bleed.
Generalised Anxiety Disorder	Sertraline	
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.

## Derbyshire Joint Area Prescribing Committee

Migraine prophylaxis	<b>Aspirin/ ibuprofen/ paracetamol</b> <b>Sumatriptan</b> <b>Propranolol</b>	Consider metoclopramide or prochlorperazine especially for patients presenting with migraine associated symptoms of nausea or vomiting.
<b>6 – Endocrine</b> Type 2 diabetes	<b>Metformin</b> - effective in reducing diabetic complications, all cause mortality and stroke  <b>Dapagliflozin</b> <b>Empagliflozin</b>	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. 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 ( <a href="#">NG28</a> ) placing increased prominence for the SGLT2i in the treatment pathway  See <a href="#">Blood glucose monitoring meter formulary</a> .
HRT – without uterus	<b>Elleste Solo tabs</b> <b>Premarin tabs</b> (2 <sup>nd</sup> 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 <a href="#">local guidance</a> .
HRT -with uterus Sequential combined	<b>Elleste Duet tabs</b> <b>Femoston</b> (2 <sup>nd</sup> 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 <sup>2</sup>
Continuous combined	<b>Premique low dose tabs</b> <b>Kliofem tab</b>	
BPH	<b>Dutasteride cap</b> <b>Finasteride tabs</b>	
Osteoporosis	<b>Risedronate</b> 35mg once weekly <b>Alendronic acid</b> 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 <a href="#">chapter 9</a> for Ca & vit D combination products.
<b>7 – Obs.Gynae &amp; UT</b> Combined oral contraceptives	<b>Levest</b> <b>Cimizt</b>	Avoid in women aged over 50, and in smokers aged 35 years and over Refer to main formulary for equivalent brands.
Low strength	<b>Bimizza</b> <b>Millinettee</b> 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	<b>Desogestrel</b> - COCs C.I. or caution advised <b>Norgeston/Noriday</b> - Smokers >35, COCs C.I. or caution advised	NICE advises Long Acting Reversible Contraception(LARC) as 1 <sup>st</sup> line option
Emergency Hormone Contraceptive	<b>Levonorgestrel 1.5mg</b> (Upostelle/Emerres) <b>Ulipristal acetate</b> (ellaOne)	See local <a href="#">emergency contraception guideline</a> .
Urinary retention	<b>Doxazosin tablets</b> <b>Tamsulosin M/R caps</b>	Doxazosin MR is DNP - more costly than immediate release preparation with only marginal benefits in relation to side effects
Urinary frequency, enuresis and incontinence	<b>Solifenacin</b> <b>Oxybutynin tabs</b>	See local guideline for <a href="#">Management of OAB</a>
Erectile dysfunction	<b>Sildenafil</b>	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.
<b>9 – Nutrition &amp; blood</b> Iron deficiency anaemias	<b>Ferrous Fumarate</b> 322mg tablets	Preferred formulary choice for treatment of vitamin D deficiency. Patients are advised to purchase OTC vitamin D for maintenance or vitamin D insufficiency. See <a href="#">position statement</a> .
Vitamin D deficiency	<b>Strivit D3</b> (20,000 units)- daily <b>InVita D3</b> (50,000 units) -weekly  <b>Thorens oral drops</b> (10,000 units/ml)	For children. See local guideline for <a href="#">Vitamin D</a>
Calcium + Vitamin D	<b>Accrete D3</b> <b>Evacal D3</b> <b>Adcal D3 dissolve</b> <b>Calci-D</b> <b>Adcal D3 caplet</b>	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)
<b>10 – MSK</b> Osteoarthritis	<b>Fenbid 5% gel/ Diclofenac diethylammonium 1.16% gel</b> (Voltarol Emulgel)	See NICE visual summary <a href="#">Management of osteoarthritis</a> Topicals: 2 week trial to assess effectiveness. All rubefaciants have been classified as DNP.
OA + high risk GI bleed	<b>Ibuprofen tab tds prn up to 1200mg/day</b> <b>Naproxen od/bd prn up to 1000mg/day</b> <b>(+ lansoprazole caps 15mg if risk GI bleed)</b>	NSAID - give lowest effective dose & prn to minimise GI effects – avoid MR preps. See <a href="#">MHRA drug safety update June 2015</a> – 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. <a href="#">MHRA June 2013</a> Coxibs are not recommended.

DISCLAIMER: in order to keep this formulary concise and relevant it is accepted that 1<sup>st</sup> or 2<sup>nd</sup> 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](#).