



GHA FORMULARY AND POLICY

(Includes Wound Care Formulary)

GHA Pharmacy Department

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Lead Author	Job Title	Department	Contact Number/Email
Ed Freestone	Interim Chief Pharmacist	Pharmacy Department	Telephone
			Email ed.freestone@gha.gi
Developed by		Drugs and Therapeutics Committee	
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CONTENTS	Page
1. Introduction	3
2. Policies statement	3
3. Scope of this policy	3
4. Who this policy applies to	4
5. Recommendations for independent contractors	4
6. Definitions used in this policy	4
7. Roles and responsibilities	4
8. Applications for Inclusion of medicine/drug/dressing into the formulary.	4
9. Training	7
10. Dissemination and implementation	7
11. Monitoring	8
12. Review	9
13. References	9
14) Formulary BNF Chapters	
Chapter 1 Gastro Intestinal system	10
Chapter 2 Cardiovascular System	16
Chapter 3 Respiratory System	26
Chapter 4 Nervous System	30
Chapter 5 Infection	43
Chapter 6 Endocrine System	54
Chapter 7 Genito-Urinary system	64
Chapter 9 Blood and Nutrition	70
Chapter 10 Musculoskeletal system	84
Chapter 11 Eye	89
Chapter 12 Ear Nose and oropharynx	93
Chapter 13 Skin	99
Chapter 15 Anaesthesia	112
Chapter 16 Emergency Treatment of Poisoning	114

Wound Care Formulary

117

Appendix 1 Non Formulary Request Form

150

1.Introduction

1.1 The aim is to produce a consolidated list of medicines and dressings which are approved for use in the GHA or will be funded through the GPMS. This formulary is designed to ensure that only a specialist can initiate new medications which require such input (see NICE Guidance etc), and allow all clinicians access to a range of medicines which will be able to meet most routinely identified conditions in primary care.

The formulary is informed by NICE TA's, SMC guidance, AWSG guidance, best practice guidance from Royal Colleges, SIGN guidance, CDF, HST and advice of relevant local lead clinicians (medical, nursing and pharmaceutical) current BNF guidance and MHRA licensing/MA's and referenced against three major English formularies for sense checking and confirmation of proposals.

Supply of these agreed medicines will be configured in the light of the patient's journey, supply constraints, recognised distribution restrictions (such as chemotherapeutic agents only from Hospital) and agreed with GHA mandated controls to meet identified clinical risks.

The BNF 81 (March 2021), BNF 83 (March 2022) and BNF 84 (Sept 2022) have been the starting point for the evolution of the formulary, new drugs added after this edition will need formal approval by DTC before they will be funded by the GPMS or the hospital pharmacy service.

2. Policies statement

- 2.1** The aim of the formulary is to regulate how and by what processes are to be followed to add a new drug/medicine/dressing to the formulary list approved for use in the GHA/PCC.
- 2.2** It identifies how dressings, drugs and medicines are to be removed from the formulary
- 2.3** It identifies how restrictions on by who and where a drug/medicine can be prescribed.
- 2.4** DTC is the decision making body supported by the PPAU and Hospital Pharmacy team in managing these processes
- 2.5** It identifies the roles and responsibilities of prescribing clinicians in the review process
- 2.6** DTC will decide what controls and restrictions are agreed.re the prescribing of specific medicines
- 2.7** The agreed rules set by DTC re prescribing practice and the use of generic and trade names
- 2.8** Recommendations from DTC will be ratified by the next available GHA Executive Meeting

3. Scope of the Formulary and associated policies

- 3.1** This policy applies to which medicines/dressings are approved for use in the GHA/PCC.
- 3.2** It also sets how prescribing of such medicines should be undertaken

- 3.3** It sets out the approval, and appeals processes to be followed, see attached form in appendix 1 which is to be completed for any specific patient non-formulary request.

4. Who the formulary and related policies applies to:

- 4.1** This policy applies to hospital pharmacy, PPAU, PCC and the GHA and to all prescribers, Nurses, Midwives, clinical staff and pharmacists working in the GHA

5. Recommendations for independent contractors

- 5.1** This policy applies to all contracted clinical staff in particular prescribers, nurses, midwives, clinical staff and pharmacists working in the GHA, ERS and PCC.

6. Definitions used in the Formulary and related policies

- 6.1** DTC is the GHA Drugs and Therapeutics Committee
- 6.2** PPAU is the Prescription Pricing Advisory Unit
- 6.3** PCC is the Primary Care Centre
- 6.4** BNF is the British National Formulary (current Edition)
- 6.5** NICE TA is a NICE Technology Appraisal
- 6.6** CDF is the English Cancer Drugs Fund
- 6.7** HST, Highly Specialised Technology usually commissioned in England by PHE
- 6.8** PHE is Public Health England

7. Roles and responsibilities

- 7.1** Drugs and Therapeutics is responsible for developing, reviewing and approving the formulary and all related policies
- 7.2** GHA Hospital Pharmacy and the PPAU team are responsible for its enforcement
- 7.3** The Medical Director is responsible for ensuring compliance by medical and dental staff

8. Applications for Inclusion of medicine/drug/dressing into the formulary.

- 8.1** All applications must be made by a GHA health professional/clinician or from a hospital/ service provider where GHA has sponsored patients which are cared for/managed by them. This must be

by the DTC agreed processes and documentation, usually in writing with supporting information. This includes adding NICE TA, CDF and HST drugs though these will be normally reviewed as and when they are published (potentially to agree a sub set of a therapeutic class to be used by the GHA).

- a) DTC may elect to adopt a formulary from a major partner organisation and adopt an edited sub-set of it, amending it in line with their recommendations.
- b) Patients who may need to have a non-formulary medicine for other specialist reasons then the lead clinician will need to make an application to the Chair of DTC for an Individual Funding Request decision (use the NON-FORMULARY/ EXCEPTIONAL/ COMPASSIONATE USE DRUG APPLICATION FORM 2022, see appendix 1). If urgent (the decision is needed before the next meeting) the Chair of DTC will consult with other members of the committee as appropriate. The chairs final decision will be reported at the next DTC meeting.
- c) DTC will use a standard approach to all applications, considering the therapeutic benefit, costs/financial/resource impact (acquisition, handling and distribution), beneficial changes to care pathways, patient safety, number of patients affected, clinical effectiveness, lack of alternatives, concerns over variation in local practice and what medicines can be removed from the formulary. Gibraltar Identified Health Priorities should also be considered in any decision. (inclusion of any social factors will not usually add weight to the case)
- d) Sponsored patients returning from tertiary centres may need to have continuation of care under shared care arrangements, this may result in a decision to continue a non-formulary medicine or to make a switch to a formulary one. This needs to be discussed with the patient and have the approval of the Chair of DTC sought if the GHA is to continue with a non-formulary medicine (see para i) (issues such as time to get stock need to be factored in).
- e) Any restrictions or controls on who can prescribe or defining the supplying pharmacy service must be sanctioned by DTC as a part of the approval process. These controls must allow for:
 - a. Patient Access Schemes (NICE/PHE)
 - b. Patient care pathway
 - c. Shared Care (secondary led, but much primary care delivered) arrangements
 - d. Patients care journey, avoiding duplication of collection points and the potential for incomplete information being held on PMR systems or EMIS.
 - e. Avoid unnecessary costs to patients (including time) or the system (including staff resources)
 - f. Specials/unlicensed medicines
 - g. Identified and documented concerns about the potential for diversion/abuse.
- f) All decisions will be advised to the requesting clinician within 2 weeks of the meeting of the GHA Executive which ratifies DTC decisions. Where new funding is required this will be also submitted to the GHA executive leadership team for agreement. The minutes will be

circulated to all key lead professionals (such as the Director of Nursing, Medical Director, Clinical Directors, Head of Pharmacy, Microbiologist, etc.)

- g) There is an appeals process using the form in appendix 1 for individual approval outside the formulary.
- h) When an applicant believes the Individual Funding/Formulary decision had not considered all the relevant or key elements of the case for inclusion of a medicine in the formulary or for the care of a specific patient/case. Social factors will not be normally considered. This will be to the Medical Director supported by the executive leadership team.
 - a. The Medical Director should only consider the evidence of how the decision was undertaken in terms of process (committee quorate etc)
 - b. And/or that new information/evidence has appeared since the decision was made which makes it necessary or relevant for it to be reviewed.
 - c. The Medical Director will not change the actual clinical decision, if he/she finds it seriously wanting, or the process was not compliant, or new evidence could really change it, then the Medical Director will refer the decision back to DTC for re-consideration.
- i) The Formulary will be published on line internally and externally.
- j) The formulary will be regularly reviewed, at least annually, and medicines, which are then considered/identified to be of limited clinical value or no longer recommended for use, deemed archaic, will be deleted, following a short period of consultation with relevant clinical professionals.

8.2 For Deletions/Amendments to prescribing rights/supply arrangements:

- 1) Proposal for the withdrawal or restrictions on use of a medicine or group (under chapter reviews of the formulary) formal consultation of affected areas of practice to be undertaken, 4 weeks minimum.
- 2) Submitted to DTC for a decision, all comments received will be available to the committee.
- 3) If the change is ratified by the GHA Executive team on recommendation from DTC
 - a. Then all clinical areas advised immediately or at an agreed date in the future.
 - b. New prescribing in EMIS and the hospital will be discouraged until the implementation date (except within agreed parameters when restrictions applied).
 - c. The electronic formulary amended to indicate this drug is not recommended for use in GHA or the restrictions on prescribing which now apply.
 - d. Existing patients in hospitals and other GHA facilities will be reviewed in the next 6 weeks, by the responsible clinician/or prescribing pharmacist appointed to work in GHA and agreed change to practice implemented (or management transferred under the restrictions for their review).

- e. Community patients should have their medication reviewed at the next repeat request and the necessary changes/transfers made by the responsible clinician or a prescribing pharmacist employed by the GHA.
- f. In cases identified where there may be clinical issues, this must be documented in the notes and an appeal lodged (use form in appendix 1) with DTC by the responsible clinician
- g. DTC will discuss such appeals at the next meeting.
- h. Continued prescribing audited and prescribers chased to make the necessary interventions unless continuation is formally supported by DTC
- i. After 3 months a review of the position may be undertaken, and blocking of all prescribing except for specific patients or in specific cases by designated clinicians or within the agreed parameters in the case of restrictions.

8.3 Prescribing Rules/Controls and Processes

- a) All medicines will be prescribed in line with the Guidance on Prescribing in the current BNF and the Specialist Pharmacy Service Guidance on prescribing in Primary Care.
- b) Also prescribers must take responsibility for their decisions and practices as required under the various codes such as the GMC 'Good practice in prescribing and managing medicines and devices'
- c) Must follow BNF guidance on prescription writing or computer-issued prescriptions.
- d) Controlled Drugs (DDAs) will be prescribed in accordance with BNF guidance.
- e) All In-patients must have all allergies and intolerances documented on the MAR sheet and in their medical record. Primary care and outpatients it must be documented in the clinical (including PMR) record and if/whenever possible on the prescription.
- f) All medicines will be prescribed generically and these are reimbursed accordingly unless:
 - i) Listed in the BNF as having to be prescribed by Brand name when brand changes may cause significant patient harm, or there is not bio-equivalence between brands or needs re-titration such as:
 - a. Biological Medicines
 - b. Biosimilars (see specific BNF Guidance Chapter 1)
 - c. Products such as Lithium and Theophylline (changing brands requires re-titration)
 - d. carbamazepine, phenytoin and other category 1 and category 2 anti-epileptics (not category 3)
 - e. M/R, S/R and XL products where there are differences between brands

- f. Other products/medicines which the BNF or MRHA recommend must use brand specific prescribing (such as insulins)
 - g. Combination products such as Rifater, which have no recognised generic descriptor such as co-codamol, co-amilozone, co-careldopa etc.
 - h. Topical formulations if they only exist in branded forms, there is no EP or BP (or such as the BPC 1973 or the PC 1994) standard for the product.
 - i. Immunoglobulins
 - j. There is an identified supply chain issue which can be only overcome by use of branded products, as identified and recommended by the NHS CMU/SPS/NHS BSA or subject to a therapeutic/product switch policy in the UK/Gibraltar under a serious shortage protocol, or a locally agreed switch policy in line with identified local supply chain issues, reported to DTC.
 - k. See SPS Guidance Nov 2017 for further details and table of recommendations.
- ii) The patient has a known, and identified specific brand intolerance/allergy, this must be documented/recorded in their medical record(s).

9. Training

- 9.1 The formulary will be available on line and in a published format. EMIS and the hospital pharmacy systems will be configured to apply it at all times. Induction of new or temporary clinical staff and in particular prescribers must include instructions how to access this information.

10. Dissemination and implementation

- 10.1 The Formulary and its related policies will be placed on the GHA intranet
- 10.2 The hospital pharmacy team and PPAU will provide support and advice to prescribers and will support clinicians making an application for new drugs and deletions from the formulary.
- 10.3 Community pharmacy will have it circulated to them.
- 10.4 Note printed copies of the formulary maybe out of date

11. Monitoring

- 11.1 The impact of the policy is to be monitored and reported on to DTC. DTC will at a minimum, review its impact and effectiveness annually
- 11.2 The PPAU and the Hospital Pharmacy team will audit compliance and breaches of this policy, feeding back to DTC and relevant clinical directors.
- 11.3 The use of antibiotics etc see chapter 5 will be monitored by the antibiotic stewardship committee as well as DTC (includes selection and IVOST)

- 11.4 Governance and DATIX reports will also be monitored, collated and reported to the DTC chair for potential discussion at the next DTC**
- 11.5 If necessary reports will be submitted to the relevant Responsible Officer**

12. Review

- 12.1 This Formulary and policy should be reviewed annually along with the Safe and Secure Handling of Medicines Policy**

13. References

NICE MPG1	Developing and Updating Local Formularies
NICE KTT23	Shared Decision Making
NICE NG 5	Medicines Optimisation
NICE CG183	Drug Allergy: Diagnosis and Management
BNF 81	March 2021
BNF 83	March 2022
BNF 84	September 2022
SPS/UKMI	Which Medicines should be considered for brand name prescribing in primary care? Nov 2017

BNF Chapter One Gastro-intestinal System

1.1.3 Inflammatory Bowel Disease

Aminosalicylates

Mesalazine enema 1g/100ml (Pentasa)
Mesalazine granules 1g, 2g (Pentasa)
Mesalazine MR gastro-resistant tablets 400mg, 800mg (Asacol)
Mesalazine MR tablets 1.2g (Mezvant XL)
Mesalazine MR tablets 500mg, 1g (Pentasa)
Mesalazine suppos 1g (Pentasa)
Olsalazine Sod_Cap 250mg
Olsalazine Sod_Tab 500mg
Sulfasalazine_Tab E/C 500mg

Corticosteroids

Budesonide enema 2mg/100ml
Budesonide_Cap 3mg (E/C M/R Grans)
Budesonide_Cap 3mg (E/C M/R Pellets)
Budesonide gastro resistant granules in sachet 9mg
Hydrocortisone acetate Foam Aero Enema 10% 20.8g (14D)
Prednisolone sodium metasulphobenzoate enema (Long Tube) 20mg/100ml
Prednisolone sodium metasulphobenzoate enema (Std Tube) 20mg/100ml
Prednisolone sodium metasulphobenzoate Foam enema 20mg

Immunosuppressants

Cytokine Modulators/JAK Inhibitors/TNF Alpha Inhibitors (chapter10)

Adalimumab pfs/pfp for ini 20mg in 0.2ml
Adalimumab pfs/pfp for ini 40mg in 0.4ml
Adalimumab pfs/pfp for ini 80mg in 0.8ml
Certolizumab Pegol Inj in dispenser cartridge 200mg/ml (Note 'Off Label' use)
Golimumab prefilled pen for inj 50mg in 0.5ml (specialist initiation NICE TA 329)
Golimumab prefilled pen for inj 100mg/ml (Specialist initiation only NICE TA 329)
Infliximab powder for infusion 100mg (specialist initiation only)
Infliximab subcut, 120mg per 1ml solution for injection pre-filled syringes.
(specialist initiation only For people with documented extremely difficult venous access and for dispensing by the St Bernards Hospital Pharmacy only.)
Ustekinumab Inj 90mg/ml (NICE TA 633 for moderate to severely active ulcerative colitis , specialist initiation only)
Ustekinumab Inj 45mg/0.5ml (NICE TA 633 for moderate to severely active ulcerative colitis , specialist initiation only)
Tofacitinib, film coated tablets, 5mg and 10mg
(In accordance with NICE TA number 547 or any revision thereof only)

Vedolizumab Inj 300mg (moderate to severely active Ulcerative Colitis NICE TA 342, NICE TA 352 use after prior therapy (restrictions apply, specialist initiation only)

1.1.4 Irritable Bowel Syndrome

Antispasmodics

Peppermint Oil e/c Cap 0.2ml

Peppermint Oil e/c m/r Cap 0.2ml

Laxatives Guanylate Cyclase-C Receptor Agonists

Linacotide caps 250mcg (specialist initiated prescribing only)

1.1.5 Short Bowel Syndrome

1.2 Constipation and Bowel Cleansing

1.2.1 Bowel Cleansing

Macrogol 3350 with anhydrous sodium sulfate, ascorbic acid, potassium chloride, sodium ascorbate and sodium chloride (Moviprep or Plenvu) oral powder sachet

Macrogol 3350 with anhydrous sodium sulfate, potassium chloride, sodium bicarbonate and sodium chloride (Klean-Prep) oral powder sachet

Stimulant Laxatives

Mag carbonate/citric acid_Eff Pdr Sach 29.5g Citrus All strengths, forms and presentations
Moviprep

Plenvu powder for oral solution

Sodium Picosulphate/Magnesium Citrate sachet 13.5g (Picolax)

1.2.2 Constipation

Laxatives bulk forming

Ispag Husk Gran Eff Sach 3.4g, 3.5gS/F

Ispaghula husk granules 90%

Laxatives osmotic laxatives

Lactulose Soln 3.1g-3.7g/5ml

Macrogol 3350 compound oral powder sachets

Phospho-soda Oral Soln (Fleet) S/F

Phosphate Enema 20mg/100ml

Sodium acid phos/sodium phos (Fleet) enema 118ml

Laxatives selective 5-HT₄ Receptor Agonists

Prucalopride tablets 1mg & 2mg

(Specialist initiation/recommendation and according to NICE guidelines only)

Laxatives softening laxatives

Arachis Oil Enema 130ml (not on GPMS)

Docusate caps 100mg

Docusate Sod Oral Soln 12.5mg/5ml, 50mg/5ml S/F

Laxatives stimulant laxatives

Bisacodyl Suppos 5mg, 10mg

Bisacodyl Tab E/C 5mg

Co-Danthramer Susp 75mg/1g S/F

Glycerol Suppos 1g, 2g, 4g

Sennoside Calcium Oral Soln 7.5mg/5ml (specialist use only)

Sennoside Calcium Tab 7.5mg

Sodium Picosulph_Elix 5mg/5ml S/F

Opioid Receptor antagonists

Naldemedine Film-coated Tablets, 200micrograms

(In accordance with NICE TA number 651 or any revision thereof only)(specialist initiation only)(named patient only)

Naloxegol Film-coated Tablets, 12.5mg and 25mg

Alkalisng Drugs (see 7.1.4)

Sodium Citrate Enemas 90mg in 1ml (Relaxit, Micolette and Micralax)

1.3 Diarrhoea

Loperamide HCl_Cap 2mg

Loperamide HCl_Syr 1mg/5ml S/F

Loperamide/activated dimeticone Tab 2mg/125mg

1.4 Pancreatic Exocrine Insufficiency

Pancreatin Creon Cap E/C 10 000, 25 000 & 40 000

Nutrizym 22 caps

1.5 Food Allergy

1.6.Gastric Acid Disorders and Ulceration

1.6.1 Dyspepsia

Compound alginates

Gastrocote_Liq S/F (self care only not on GPMS)

Gastrocote_Tab (self care only not on GPMS)

Gaviscon Advance Tablets
Gaviscon Advance_Liq S/F
Gaviscon Infant_Sach 2g (Dual Pack) S/F
Gaviscon_Liq S/F (not on GPMS hospital only)

Al & Mg containing antacids

Antacid and Oxetacaine Oral Suspension (Oncology initiation)(named patient only)
Co-magaldrox suspension 195mg/220mg/5ml S/F
Co-Simalcite 125mg/500mg/5ml S/F (low sodium)
Mag Carb_Cap 500mg
Mag Carb_Heavy Cap 500mg
Mag Trisil Tablets Compound BP (self care only not on GPMS)
Mag Trisil_Mixture BP (self care only not on GPMS)

Aluminium-magnesium complexes

Hydrotalcite_Susp 500mg/5ml

Antifoaming Drugs

Simeticone alone

Simeticone (activated dimeticone) colic drops, emulsion 21mg/2.5ml (self care only not on GPMS)
Simeticone (activated dimeticone) liquid S/F 40mg/ml (not recommended in BNF 84) (self care only not on GPMS)

1.6.2 Gastric and Duodenal Ulceration

Gastroprotective Chelates and complexes

Sucralfate preps (named patient only) (specialist initiation)

H2 antagonists

Cimetidine_Oral Susp 200mg/5ml S/F (named patient use only)(specialist initiation)
Cimetidine_Tab 200mg, 400mg, 800mg (second line oncology use only)
Famotidine_Tab 20mg, 40mg
Nizatidine_Cap 150mg, 300mg

Prostaglandin analogues

Misoprostol_Tab 200mcg (Note DDA in St Bernard's Hospital)

Proton Pump inhibitors

Esomeprazole G/R cap 20mg, 40mg
Esomeprazole G/R Tab 20mg, 40mg
Lansoprazole_Cap 15mg, 30mg
Lansoprazole dispersible tablets 15mg, 30mg
Omeprazole_Cap E/C 10mg, 20mg, 40mg

Omeprazole_Tab Disper 10mg, 20mg, 40mg
Omeprazole inj 40mg (Hospital Only)
Omeprazole Oral Susp 10mg/5ml
Pantoprazole_Tab E/C 20mg, 40mg
Pantoprazole Inj 40mg (hospital Only)

1.6.3 Gastro-oesophageal reflux disease

Antacids

Gaviscon Advance_Liq S/F
Gaviscon Infant_Sach 2g (Dual Pack) S/F
Gaviscon_Liq S/F (not on GPMS)

1.6.4 Test for Helicobacter pylori

Helicobacter Test
Pylobactell_Tab Solb 100mg

1.7 Gastro-intestinal smooth muscle spasm

Antimuscarinics

Dicycloverine (Dicyclomine) HCl_Oral Soln 10mg/5ml
Dicycloverine (Dicyclomine) HCl_Tab 10mg, 20mg
Kolanticon_Gel S/F
Hyoscine Butylbrom_Inj 20mg/ml 1ml Amp
Hyoscine Butylbrom_Tab 10mg
Propantheline Brom_Tab 15mg

Antispasmodics

Alverine Cit_Cap 60mg, 120mg
Mebeverine HCl Cap 200mg M/R
Mebeverine Oral solution 50mg/5ml S/F
Mebeverine HCl Tab 135mg

1.8 Liver Disorders and Related Conditions

Bile Acids

Obeticholic acid tab 5mg, 10mg (in line with NICE TA 443 with restrictions) (Hospital Only)
(Specialist Initiated Only)
Ursodeoxycholic acid susp 250mg/5ml
Ursodeoxycholic Acid_Cap 250mg
Ursodeoxycholic Acid_Tab 150mg, 300mg

1.8.2 Oesophageal Varices

Terlipressin Acetate Inj 120 microg/ml

1.9 Obesity

1.10 Rectal and Anal Disorders

1.10.1 Anal Fissures

Glyceryl Trinitrate Rectal Ointment 0.4%

Diltiazem Cream 2%

Diltiazem Oint 2%

1.10.2 Haemorrhoids

Anusol HC_Oint

Anusol HC_Suppos

Anusol_Crm (self care only not on GPMS)

Anusol_Oint (self care only not on GPMS)

Anusol_Suppos (self care only not on GPMS)

Diltiazem HCl 2% Ointment Perinal_P/Spy 30ml

Proctofoam HC_Foam Aero 21.2g + Applic

Proctosedyl_Oint

Proctosedyl_Suppos

Scheriproct_Oint

Scheriproct_Suppos

Ultraproct_Oint

Ultraproct_Suppos

Xyloproct_Oint

Rectal sclerosants

Oily phenol inj 5% BP

Chapter 2 Cardiovascular System

2.1 Antiarrhythmics

Class 1A

Disopyramide Tab M/R 150mg, 250mg
Disopyramide_Cap 100mg, 150mg
Disopyramide_Cap 250mg M/R

Class 1B

Lidocaine 1% P/F Syringe 10ml
Lidocaine 2% P/F Syringe 5ml
Lidocaine Inj 2% 2ml, 5ml, 10ml, 20ml amp

Class 1C

Flecainide Acet_Tab 50mg, 100mg
Flecainide liquid all strengths
Propafenone HCl_Tab 150mg, 300mg

Class III

Amiodarone HCl_Tab 100mg, 200mg
Amiodarone Inj PFS 30mg/ml (hospital only)
Amiodarone Inj 50mg/ml (hospital only)
Dronedarone (as hydrochloride) tablets 400mg (Specialist initiation only for second line treatment NICE TA 197)

Others

Adenosine Inj 3mg/ml (Hospital Only)
Mexiletine cap 50mg , 100mg, 200mg (specialist initiation only)

Beta-Adrenoceptor Blockers (non Selective)

Sotalol HCl_Tab 40mg, 80mg, 200mg
Sotalol_HCl Tab 160mg

Cardiac Glycosides

Digoxin_Inj 250mcg/ml 2ml Amp
Digoxin_Oral Soln Paed 50mcg/ml (specialist initiation only)
Digoxin_Tab 62.5mcg, 125mcg, 250mcg

2.2 Bleeding Disorders

Antifibrinolytic drugs and Heamostatics

Antihaemorrhagics/Antifibrinolytics

Tranexamic acid Inj 100mg/ml (hospital use only)
Tranexamic Acid Susp, 500mg/5ml
Tranexamic acid Tab 500mg

Antihaemorrhagics/Haemostatics

Emicizumab (specialist use only)

2.2.1 Coagulation Factor Deficiencies

Blood and Related products

Seek specialist advice for such as:

Factor VII (Novoseven)
Factor VIII (Optivate)
Factor VIII 500 unit and Von Willibrand Factor 1200 unit (Vencento)
Factor IX fraction dried
Human Fibrinogen 1g (Riastap)
Protein C concentrate
Prothrombin Complex 500IU (Beriplex)

Haemostatic Products

Factor VIII inhibitor- FEIBA 1000 unit

These products are routinely held by the GHA Pharmacy by agreement with Haematology

The following are not unless a local patient is undergoing regular treatment.

Factor XIII fraction dried

2.2.2 Subarachnoid haemorrhage

Calcium Channel Blockers

Nimodipine Infusion 200mcg/ml 50ml vial (hospital use only)
Nimodipine Tab 30mg

2.3 Blood clots

2.3.1 Blocked catheters and lines

Epoprostenol powder for Infusion 500mcg (hospital use only)

2.3.2 Thromboembolism

Antidotes and Chelators

Andexant alfa Inf 200mg (emergency reversal of **apixaban** and **rivaroxaban** only) (specialist supervision in hospital only) NICE TA 697
Idarucizumab Inf 2.5g/50ml (rapid reversal of **Dabigatran** only) NICE ESNM 73 (specialist supervision in hospital only)

Antithrombotic drugs (antiplatelet drugs)

Aspirin Disper Tab 75mg, 300mg
Aspirin EC Tab 75mg, 300mg
Aspirin Tab 75mg, 300mg
Clopidogrel Tab 75mg
Dipyridamole Cap 200mg M/R
Dipyridamole Oral Susp 50mg/5ml
Dipyridamole Tab 25mg, 100mg
Dipyridamole/Aspirin Cap 200mg/25mg M/R

Antithrombotic drugs (factor Xa inhibitors)

Apixaban tablets 2.5mg, 5mg (in accordance with NICE TA 245, 275 and 341))
Edoxaban tab 15mg, 30mg and 60mg (NICE TA 354, 355)
Fondaparinux PFS 2.5mg, 7.5mg, 10mg
Rivaroxaban, film-coated tablets, 2.5mg, 10mg, 15mg, 20mg (see NICE TA 170, 256, 261, 287, 335, 354 and 355 and In accordance with NICE TA number 607 or any revision thereof only)

Antithrombotic drugs (heparanoids)

Danaparoid Inj 1250 unit/ml

Antithrombotic drugs (heparins)

Enoxaparin PFS 20mg, 40mg, 60mg, 80mg, 100mg, 120mg, 150mg
Heparin 10 units/ml & 100 units/ml 2ml & 5ml amp
Heparin Inj 1000units/ml 1ml, 5ml, 10ml, 20ml amp
Heparin Inj 25000units/ml 0.2ml, 1ml, 5ml amp
Heparin Inj 5000units/ml 1ml, 5ml amp
Tinzaparin PFS 2500 unit, 3500 unit, 4500 unit, 20000unit

Antithrombotic drugs (Thrombin Inhibitors direct)

Argatoban Inf 50mg/50ml 100mg/ml (multidose vial)
Dabigatran etexilate, hard capsules 75mg, 110mg and 150mg
(In accordance with NICE TA numbers 157 or 249 or 327 or any revision(s) thereof only)

Antithrombotic drugs (TPA)

Urokinase Inj 10,000 units and 100,000 units (Hospital only)

Vitamin K Antagonists

Acenocoumarol Tab 1mg
Phenindione Tab 10mg, 25mg, 50mg
Warfarin Sod Tab 500mcg, 1mg, 3mg, 5mg

2.4 Blood Pressure Conditions

2.4.1 Hypertension

Antihypertensives, centrally acting

Clonidine Inj 150mcg/ml
Clonidine Tab 25mcg, 100mcg
Methyldopa Tab 125mg, 250mg, 500mg
Moxonidine Tab 200mcg, 300mcg, 400mcg (Consultant initiation only)

Alpha-adrenoceptor blockers (from chapter 7.1.2)

Doxazosin Tab 1mg, 2mg, 4mg
Prazosin Tab 500mcg, 1mg, 2mg, 5mg
Terazosin Tab 2mg, 5mg, 10mg

Beta-adrenoreceptor blockers (alpha and beta)

Carvedilol_Tab 3.125mg, 6.25mg, 12.5mg, 25mg
Labetalol HCL Inj 5mg/ml (hospital use only)
Labetalol HCL_Tab 50mg, 100mg, 200mg, 400mg

Beta-adrenoreceptor blockers (non-selective)

Propranolol HCL_Cap M/R 80mg, 160mg
Propranolol HCL_Oral Soln 10mg/5ml, 50mg/5ml S/F
Propranolol HCL_Tab 10mg, 40mg, 80mg, 160mg

Others not recommended deprescribe at review unless specialist initiated

Beta-adrenoreceptor blockers (selective)

Atenolol Inj 500mcg/ml (hospital use only)
Atenolol_Oral Soln 25mg/5ml S/F
Atenolol_Tab 25mg, 50mg, 100mg
Bisoprolol Fumar_Tab 1.25mg, 2.5mg, 3.75mg, 5mg, 7.5mg, 10mg
Co-Tenidone_Tab 100mg/25mg
Co-Tenidone_Tab 50/12.5mg, 100/25mg
Esmolol Inj 10mg/ml (hospital use only)
Metoprolol Tart Inj 1mg/ml (hospital use only)
Metoprolol Tart_Tab 50mg, 100mg
Metoprolol Tart_Tab 200mg M/R
Nebivolol Tablet 5mg

Calcium channel blockers

Amlodipine Tab 5mg, 10mg
Diltiazem Tab M/R 60mg,

Diltiazem Tab M/R 90mg, 120mg (Tildiem Retard)
Diltiazem Cap LA, 200mg, 300mg, (Tildiem LA)
Felodipine Tab M/R 2.5mg, 5mg, 10mg
Lacidipine Tab 2mg, 4mg
Lercanidipine Tab 10mg, 20mg
Nifedipine Caps 5mg and 10mg (for Reynauds Only)
Verapamil Cap 120mg, 180mg M/R
Verapamil Inj 2.5mg/ml
Verapamil Tab 40mg, 80mg, 120mg, 160mg
Verapamil Tab 120mg M/R
Verapamil Tab 240mg M/R

Diuretics

Thiazides and related diuretics

Bendroflumethiazide_Tab 2.5mg, 5mg
Co-Amiloride_Tab 2.5/25mg, 5/50mg
Indapamide_Tab 1.5mg M/R
Indapamide_Tab 2.5mg

Drugs acting on the renin-angiotensin system

Angiotensin-converting enzyme inhibitors

Captopril Tab 12.5mg, 25mg, 50mg;
Enalapril Tab mg, 5mg, 10mg, 20mg (for use in existing patients only, should be reviewed and potentially switched)(New patients not allowed)
Lisinopril Tab 2.5mg, 5mg, 10mg, 20mg
Perindopril erbumine Tab 2mg, 4mg, 8mg
Perindopril /indapamide 4mg/1.25mg
Ramipril Cap 1.25mg, 2.5mg, 5mg, 10mg
Ramipril Tab 1.25mg, 2.5mg, 5mg, 10mg

Angiotensin-II receptor antagonists

Candesartan Tab 2mg, 4mg, 8mg, 16mg
Eprosartan Tab 300mg, 400mg, 600mg
Irbesartan Tab 75mg, 150mg, 300mg
Losartan Tab 12.5mg, 25mg, 50mg, 100mg
Valsartan Cap 40mg, 80mg, 160mg Tablets 40mg, 320mg

Renin Inhibitors

None

Vasodilators

Hydralazine tabs 10mg, 25mg, 50mg
Hydralazine HCl Inj 20mg (Hospital use only)
Minoxidil Tab 2.5mg, 5mg, 10mg

2.4.1a Hypertension associate with phaeochromocytoma

Vasodilators

Phenoxybenzamine Cap 10mg

2.4.1b Hypertensive crisis (see also hydralazine and labetalol)

Sodium Nitroprusside Inj 50mg (hospital use only)

2.4.1c Pulmonary hypertension (see also epoprostenol, sildenafil)

Sildenafil Tab 25mg

Antithrombotic drugs

Selexipag Tab 200mcg, 400mcg, 600mcg, 1mg, 1.2mg, 1.4mg, 1.6mg
(Specialist Initiation) (Hospital Only)(named patient only)

Antiplatelet drugs

Specialist initiation only, not stocked in Gibraltar, special order required

Endothelin Receptor Antagonists

Specialist initiation only, not stocked in Gibraltar, special order required (should these be listed as only used on tertiary referral)

Bosentan monohydrate Tab 62.5mg, 125mg (For specialist Initiation in systemic sclerosis only and dispensed by GHA pharmacy only)

Macitentan tab 10mg (specialist initiation only, GHA pharmacy only)

Guanylate Cyclase Stimulators

Specialist initiation only, not stocked in Gibraltar, special order required

Prostaglandins and analogues

Iloprost (**Specialist initiation only, named patient order**)

2.4.2 Hypotension and shock

Sympathomimetics

Inotropic

Dopamine HCl 200mg/5ml (hospital use only)

Vasoconstrictor

Metaraminol Inj (hospital use only)

Midodrine HCl tab 2.5mg, 5mg

Norepinephrine (Noradrenaline) Inf 4mg/50ml, 8mg/50ml (hospital use only)
Norepinephrine Inj 1mg/ml, 4mg/4ml (hospital use only)
Phenylephrine HCl Inj 10mg/ml (hospital use only)

2.6 Heart Failure

Diuretics

Potassium sparing and aldosterone antagonists

Co-Flumactone_Tab 25/25mg, 50/50mg
Eplerenone tablets 25mg, 50mg (Specialist initiation only)
Spironolactone Susp 10mg/5ml, 100mg/5ml S/F
Spironolactone_Susp 5mg/5ml, 25mg/5ml, 50mg/5ml S/F
Spironolactone_Tab 25mg, 50mg, 100mg

Drugs acting on the renin angiotensin system, angiotensin II receptor antagonists

Sacubitril 49mg/Valsartan 51mg tablets	(For specialist initiation only and according to NICE TA 388 only)
Sacubitril 24mg/Valsartan 26mg tablets	(For specialist initiation only and according to NICE TA 388 only)
Sacubitril 97mg/Valsartan 103mg tablets	(For specialist initiation only and according to NICE TA 388 only)

Phosphodiesterase type 3 inhibitors

Enoximone Inj 5mg/ml	(hospital use only)
Milrinone Inj 1mg/ml	(hospital use only)

2.7 Hyperlipidaemia

Bile acid sequestrants

Colesevelam Tab 625mg (for bile acid malabsorption only) (Specialist Initiation only)
Colestipol Granules 5g sachet
Colestyramine Powder 4g sachet

Lipid modifying drugs, cholesterol absorption inhibitors

Ezetimibe Tab 10mg

Lipid modifying drugs, fibrates

Deprescribe at review unless specialist initiated for the treatment of mixed dyslipidemia as monotherapy only

Bezafibrate_Tab 400mg M/R
Fenofibrate 67mg, 160mg, 200mg, 267mg (Micronised)

Lipid modifying drugs, nicotinic acid derivatives

Not recommended deprescribe at review unless specialist initiated

Lipid modifying drugs, statins

Atorvastatin_Tab 10mg, 20mg, 40mg, 80mg

Pravastatin Sod_Tab 10mg, 20mg, 40mg

Rosuvastatin tablets 5mg, 10mg, 20mg & 40mg

Simvastatin tab 10mg, 20mg, 40mg & 80mg

Lipid modifying drugs, other

Alirocumab PFS 75mg/ml, 150mg/ml

(Specialist initiation only, NICE TA393, note restrictions, see GHA policy)(named patient)

Evolucumab solution for injection 140mg per 1ml pre-filled pens

(Familial Hypercholesterolemia prescribing according to NICE TA 294 only, Specialist initiation only see GHA Policy)(named patient)

2.8 Myocardial Ischaemia

Antithrombotic drugs, antiplatelet drugs

Antithrombotic drugs, glycoprotein IIB/IIIA Inhibitors

Tirofiban Inj 50mcg/ml (Hospital Only)

Piperazine derivatives

Ranolazine Tab MR 375mg, 500mg, 750mg (Specialist Initiation only)

Selective sinus node 11, inhibitors

Ivabradine tablets 2.5mg, 5mg & 7.5mg (Consultant cardiologist initiation only)

Vasodilators, potassium channel openers

Nicorandil Tab 10mg, 20mg

2.8.1 Acute Coronary syndromes

Antithrombotic drugs, antiplatelet drugs

Prasugrel tablets 5mg & 10mg (Consultant cardiologist initiation only, NICE TA 317)

Ticagrelor film-coated tablets 60 mg (in combination with aspirin) (In accordance with NICE TA 236 and 420 or any revision thereof only)
Ticagrelor, film-coated tablets and orodispersible tablets, 90 mg (in combination with low-dose aspirin)

Fibrinolytic drugs

Alteplase powder for Inf 10mg and 50mg (stroke use NICE TA 264)

Nitrates

Glyceryl trinitrate Aerosol Spray 400mcg
Glyceryl trinitrate Pump Spray 400mcg
Glyceryl TrinitrTE Inj
Glyceryl trinitrate Oint 2%
Glyceryl trinitrate patch 5mg, 10mg, 15mg/24 hours
Glyceryl trinitrate s/l Tab 300mcg, 500mcg
Isosorbide mononitrate Cap M/R 25mg, 40mg, 50mg
Isosorbide mononitrate Tab 10mg, 20mg, 40mg
Isosorbide mononitrate Tab M/R 25mg, 40mg, 50mg, 60mg

Sympathomimetics

Dobutamine Inf 250mg/20ml (hospital use only)

2.8.1a Cardiac Arrest

Sympathomimetics

Adrenaline/Epinephrine PFS 1mg/ml 150mcg/0.15ml, 300mcg/0.3ml, 500mcg/0.5ml
Adrenaline/Epinephrine PFS 100microg/ml (1 in 10,000)
Adrenaline/Epinephrine Inj 1mg/ml

2.9 Oedema

Diuretics, Loop Diuretics

Bumetanide_Oral Soln 1mg/5ml S/F
Bumetanide_Tab 1mg & 5mg
Co-Amilofruse_Tab 2.5/20mg, 5/40mg, 10/80mg
Furosemide_Inj 10mg/ml 2ml, 5ml, 25ml Amp
Furosemide_Oral Soln 20mg/5ml, 40mg/5ml S/F
Furosemide_Tab 20mg, 40mg, 500mg

Diuretics, osmotic

Mannitol Inf 100mg/ml (10%)
Mannitol Inf 150mg/ml (15%)
Mannitol Inf 200mg/ml (20%) currently unavailable

Diuretics, Potassium sparing and aldosterone antagonists

Spironolactone/Furosemide Cap 50mg/20mg

Diuretics, Potassium Sparing, other

Amiloride HCl/Cyclopenth_Tab 2.5/0.25mg
Amiloride HCl_Tab 5mg
Amiloride Oral Soln 5mg/5ml
Amiloride HCl/Bumetanide_Tab 5mg/1mg
Triamterene/chlortalidone 50mg/50mg

Diuretics, Thiazides and related diuretics

Chlortalidone tab 12.5mg, 50mg
Metolazone tablet 2.5mg & 5mg
Triamterene Caps 50mg
Xipamide tab 20mg

2.10 Peripheral Vascular Disease**Antithrombotic, antiplatelet drugs**

Not recommended deprescribe at review unless specialist initiated

Lipid Modifying Drugs, Nicotinic Acid Derivatives

Not recommended deprescribe at review unless specialist initiated

Vasodilators, Flavonoids

Not recommended deprescribe at review unless specialist initiated

Vasodilators, peripheral

Naftidrofuryl oxalate cap 100mg
Pentoxifylline 400mg for Osteoradionecrosis only (Maxillofacial Specialist initiation only) (Named Patient)

2.10.1 Vein Malformations

Sodium Tetradecyl sulfate 1% Inj (Hospital Only)
Sodium Tetradecyl sulfate 3% Inj (Hospital Only)

Chapter 3 Respiratory System

3.1 Airways Disease Obstructive

Antimuscarinics (inhaled)

Anoro Ellipta 55 microgram/22 microgram per inhalation dry powder inhaler
Ipratropium MDI 20mcg
Ipratropium Neb 250mcg/ml 500mcg/2ml
Ipratropium/Salbutamol Neb 500mcg/2.5mg
Tiotropium 2.5 Microgram per dose solution for inhalation cartridge with device (Respimat)
Tiotropium capsules 10mcg refill
Tiotropium Handihaler & Capsules 10mcg
Tiotropium with Olodaterol 2.5mcg/2.5mcg (Spiolto) Inhalation Soltn with device

Beta₂-adrenoceptor agonists (Selective) Long Acting

Formoterol Caps 12mcg (with inhaler device)
Formoterol Turbohaler 6mcg, 12mcg

Beta₂-adrenoceptor agonists (selective) Short acting

Salbutamol Accuhaler 200mcg
Salbutamol EasiBreathe 100mcg
Salbutamol Easyhaler
Salbutamol Inj 500mcg/ml 1ml
Salbutamol MDI 100mcg
Salbutamol Neb 2.5mg/5ml
Salbutamol Neb 5mg/2.5ml
Terbutaline Inj 500mcg/ml

Corticosteroids (inhaled)

Beclometasone Autohaler 50mcg, 100mcg, 250mcg
Beclometasone MDI 50mcg, 100mcg, 250mcg
Beclometasone Diskhaler & Disks 100mcg, 200mcg, 400mcg
Beclometasone (Qvar) Autohaler 50mcg, 100mcg
Beclometasone/Formoterol. All strengths and presentations, Fostair
Beclometasone with formoterol and glycopyrronium Inhaler (Trimbow)
Budesonide Easyhaler 100mcg, 200mcg, 400mcg
Budesonide Neb 500mcg/2ml, 1mg/2ml
Ciclesonide Inhaler (Consultant Initiation only, named patient)
Budesonide/Formoterol dry powder inhaler, and inhaler:all strengths and presentations (Symbicort)
Fluticasone Inhalers MDI 50mcg, 125mcg and 250mcg/actuation
Fluticasone Accuhaler 50mcg, 100mcg, 250mcg and 500mcg/dose
Fluticasone/Salmeterol Accuhaler (Seretide) 100/50 mcg, 250/50mcg, 500/50mcg
Fluticasone/Salmeterol MDI (Seretide) 50/25mcg, 125/25mcg, 250/25mcg

Fluticasone/Vilanterol 22 microgram/92 microgram per inhalation dry powder inhaler
Fluticasone/Vilanterol 22 microgram/184 microgram per inhalation dry powder inhaler
Fluticasone with umecclidinum and vilanterol (Trelegy Ellipta)
22 microgram/92 microgram/55 microgram per inhalation dry powder inhaler

Enzyme Inhibitors

Human α_1 -proteinase inhibitor

None

Immunosuppressants, monoclonal antibodies

Benralizumab PFS 30mg/ml (See NICE TA 565, note restrictions)
Mepolizumab PFP 100mg/ml (see NICE TA 431, approved with restrictions) (hospital only)

Leukotriene receptor antagonists

Montelukast 4mg Paediatric Granules
Montelukast Tab 4mg, 5mg, 10mg

Mast cell stabilisers

Sodium Cromoglicate MDI 5mg

Phosphodiesterase type-4 inhibitors

Roflumilast, Tablets 250 micrograms and Film-coated tablets
(In accordance with NICE TA number 461 or any revision thereof only)

Sympathomimetics, vasoconstrictor

Ephedrine Inj 30mg/ml (hospital use only)

Xanthines

Aminophylline Inj 25mg/ml (hospital use only)
Aminophylline Tab 225mg M/R
Theophylline Tab S/R 200mg, 300mg, 400mg

Nebuliser Solutions

Sodium Chloride 0.9% nebuliser solution
Sodium Chloride 3% nebuliser solution

Peak Flow Meters

Wrights peak flow meter

Spacers

Able Spacer
AeroChamber Plus with adult, child or infant mask
Babyhaler

3.2 Allergic conditions

Antihistamines, non-sedating

Cetirizine Tab 10mg
Cetirizine Liquid 5mg/5ml
Desloratadine tab 5mg (named patient Only ENT consultant initiation)
Desloratadine Liq 500mcg/ml (named patient Only ENT consultant initiation)
Fexofenadine Tab 30mg, 120mg & 180mg
Loratadine Tab 10mg
Loratadine Liquid 1mg/ml

Antihistamines, sedating

Alimemazine Liquid 7.5mg/5ml (named patient only consultant paediatrician initiated)
Chlorpheniramine Tab 4mg
Chlorpheniramine Oral soln 2mg/5ml
Chlorpheniramine Inj 10mg
Hydroxyzine Tab 25mg
Promethazine Tab 10mg, 25mg
Promethazine Elixir 5mg/5ml
Promethazine Inj 25mg/ml

Vaccines, allergen type vaccines

Not Stocked

3.2.1 Angioedema

Drugs used in hereditary angioedema

C1- esterase inhibitor powder and solvent for Inj 500 unit, 1500 unit
Conestat alfa powder for Inj 2100 unit

3.3 Conditions affecting Sputum Viscosity

Mucolytics

Acetylcysteine Cap 600mg
Carbocisteine Cap 375mg
Carbocisteine Oral liquid 250mg/5ml

3.3.1 Cystic Fibrosis

Mucolytics

Ivacaftor 150mg tablets (Kalydeco) (Specialist Initiation and dispensing by GHA Pharmacy only)
Tezacaftor 50mg, Ivacaftor 75mg and elexacaftor 100mg tablets Kaftrio (Specialist initiation and dispensing by GHA pharmacy only)

BNF Nervous System Chapter 4

4.1 Dementia

Anticholinesterases

Donepezil tab 5mg, 10mg (NICE TA 217 with restrictions)
Galantamine_Oral Soln 20mg/5ml S/F (NICE TA 217 with restrictions)
Galantamine -Cap XL 8mg, 16mg, 24mg (NICE TA 217 with restrictions)
Rivastigmine_Cap 1.5mg, 3mg, 4.5mg, 6mg (NICE TA 217 with restrictions)
Rivastigmine 4.6mg, 9.5mg & 13.3mg/24 hour patches (for initiation by psychogeriatric specialist only) (NICE TA 217 with restrictions)

Dopaminergic Drugs, NMDA Receptor Antagonists

Memantine Tab 10mg (Specialist initiation only) (NICE TA 217 with restrictions)
Memantine Oral Solution 10mg/ml (Specialist initiation only) (NICE TA 217 with restrictions)

4.2 Epilepsy and other seizure disorders

Note:

Category 1 ALWAYS PRESCRIBE SAME SPECIFIC MANUFACTURERS PRODUCT (where possible, see BNF for full guidance))

Carbamazepine, phenobarbital, phenytoin and primidone

Category 2 ALWAYS PRESCRIBE SAME SPECIFIC MANUFACTURERS PRODUCT IF THERE IS CLINICAL CONCERN OVER CONTROL and/or IMPLICATIONS OF A SEIZURE (see BNF for full guidance)

Clonazepam, eslicarbazepine acetate, lamotrigine, oxcarbazepine, perampnenal, rufinamide, topiramate, valproate and zonisamide.

Category 3 No need usually to stick to specific brand, generic prescribing possible. (see BNF for full guidance)

Brivacetam, ethosuximide, gabapentin, lacosamide, levetiracetam, pregabalin, tiagabine and vigabatrin

4.2 Antiepileptics

Brivaracetam 10mg, 25mg, 50mg, 75mg & 100mg tablets (for refractory epilepsy only and for initiation Consultant Neurologist only)
Cannabidiol oral soltn 100mg/ml (Consultant Neurologist initiation only)
Carbamazepine Chewtab 100mg, 200mg
Carbamazepine suppos 125mg, 250mg
Carbamazepine_Oral Liq 100mg/5ml S/F
Carbamazepine_Tab 100mg, 200mg, 400mg
Carbamazepine_Tab M/R 200mg, 400mg
Gabapentin_Cap 100mg, 300mg, 400mg

Gabapentin_Liq Spec 250mg/5ml
 Gabapentin_Tab 600mg, 800mg
 Lacosamide tablets 50mg, 100mg, 150mg & 200mg (Specialist initiation only)
 Lacosamide Syrup 15mg/ml (Specialist initiation only)
 Lamotrigine_Tab. 2mg, 5 mg , 25mg, 50mg, 100mg, 200mg
 Lamotrigine Disp _Tab. 2mg, 5 mg , 25mg , 100mg
 Levetiracetam Injection (All strengths and presentations)((Hospital Use Only)
 Levetiracetam_Oral Solution 100mg/ml
 Levetiracetam Tab 250mg, 500mg, 750mg & 1g granules sachets sugar free
 Oxcarbazepine_Tab 150mg, 300mg, 600mg
 Oxcarbazepine Oral Susp s/f 60mg/ml
 Perampanel 2mg, 4mg, 6mg, 8mg, 10mg & 12mg tablets (for initiation only by consultant physician with expertise in epilepsy)
 Perampanel Oral Suspension 0.5mg per ml (see above)
 Phenytoin Chewable Tabs 50mg
 Phenytoin_Oral Susp 30mg/5ml
 Phenytoin_Sod Cap 25mg, 50mg, 100mg, 300mg
 Pregabalin Cap 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg
 Rufinamide 100mg, 200mg & 400mg tablets (Specialist initiation only)
 Rufinamide 40mg per 1ml oral suspension (Specialist initiation only)
 Sodium Valproate Cap 150mg & 300mg
 Sodium Valproate granules m/r 100mg, 250mg, 500mg, 750mg & 1g
 Sodium Valproate Inj 400mg
 Sodium Valproate_Oral Soln 200mg/5ml S/F
 Sodium Valproate_Syr 200mg/5ml
 Sodium Valproate_Tab 100mg
 Sodium Valproate_Tab E/C 200mg, 500mg
 Sodium Valproate_Tab M/R 200mg, 300mg, 500mg
 Stiripentol Oral Pwdr sachets 250mg (Specialist Initiation only) Stiripentol Caps 250mg, 500mg (Specialist Initiation only)
 Tiagabine Tab 5mg, 10mg, 15mg
 Topiramate_Sprinkle Cap 15mg, 25mg, 50mg (Specialist Initiation only)
 Topiramate_Tab 25mg, 50mg, 100mg, 200mg (Specialist Initiation only)
 Vigabatrin_Pdr Sach 500mg S/F
 Vigabatrin_Tab 500mg
 Zonisamide Caps 25mg, 50mg, 100mg (Specialist initiated only)

4.2 Antiepileptics, Barbiturates

Phenobarbital_Elix 15mg/5ml (alcohol free)
 Phenobarbital_Tab 15mg, 30mg, 60mg
 Phenobarbital Inj 60mg/ml
 Primidone Tablet 50mg & 250mg

4.2 Hypnotics, Sedatives and Anxiolytics, Benzodiazepines

Clobazam Liquid Spec 2.5mg/5ml, 5mg/5ml, 10mg/5ml (SLS for epilepsy only)

Clobazam_Tab 10mg (SLS for epilepsy only)

Clonazepam_Tab 500mcg, 2mg

4.2.1 Status epilepticus

(see also diazepam, phenobarbital and phenytoin)

Antiepileptics, barbiturates

Thiopental Sodium powdr for Inj 500mg

Hypnotics, Sedatives and Anxiolytics, Benzodiazepines

Lorazepam Inj 4mg/ml

Lorazepam Tab 500mcg, 1mg, 2.5mg

Midazolam Inj 1mg/ml (MIU Hospital only)

Midazolam Inj 2mg/ml

Midazolam Inf 50mg/50ml (CCU Hospital only)

Midazolam oromucosal solution 2.5mg

Midazolam (as Midazolam hydrochloride) oromucosal solution 5mg prefilled syringes sugar free

Midazolam (as Midazolam maleate) oromucosal solution 10mg prefilled syringes sugar free

4.3 Mental Health Disorders

4.3.1 Anxiety

Antidepressants, serotonin receptor agonists

Buspirone tab 5mg, 10mg

Hypnotics, Sedatives and Anxiolytics, Benzodiazepines

Alprazolam tab 250mcg, 500mcg

Chlordiazepoxide HCl_Cap 5mg, 10mg

Diazepam_Inj (emulsion) 5mg/ml 2ml Amp

Diazepam Rectal Soln 2.5mg, 5mg, 10mg

Diazepam_Inj 5mg/ml 2ml Amp

Diazepam_Oral Susp 2mg/5ml

Diazepam_Oral Soln 2mg/5ml S/F

Diazepam_Suppos 10mg

Diazepam_Tab 2mg, 5mg, 10mg

Hypnotics, Sedatives and Anxiolytics, Non-benzodiazepine Hypnotics and Sedatives

4.3.2 Attention deficit hyperactivity disorder

CNS stimulants,centrally acting sympathomimetics

Atomoxetine capsules 10mg, 18mg, 25mg, 40mg, 60mg (Specialist Paediatrics and Psychiatry initiated prescribing only)
Methylphenidate HCl M/R Cap 10mg, 20mg, 30mg & 40mg (Specialist Paediatrics and Psychiatry initiated prescribing only) (Prescribe brand specifically MHRA advice)
Methylphenidate HCl_Tab 5mg, 10mg, 20mg (Specialist Paediatrics and Psychiatry initiated prescribing only)
Methylphenidate Tab 18mg, 27mg, 36mg, 54mg M/R (Specialist Paediatrics and Psychiatry initiated prescribing only)(Concerta XL brand only available)

CNS stimulants,centrally acting sympathomimetics, amphetamines

Dexamphetamine Sulph_Tab 5mg (specialist prescribing only)
Lisdexamfetamine capsules 20mg, 30mg, 40mg, 50mg, 70mg (specialist prescribing only)

Sympathomimetics, alpha-adrenoreceptor agonists

Guanfacine M/R Tab 1mg, 2mg (Specialist initiation only)

4.3.3 Bipolar disorder and mania

Antiepileptics

Valproic Acid (as Semi sodium) tab G/R 250mg, 500mg

Antipsychotics,second generation

Asenapine tab S/L 5mg

Lithium Salts

Lithium carbonate Tab M/R 200mg, 400mg, 450mg
Lithium carbonate Tab 250mg
Lithium citrate oral Soln 101.8mg/ml, 203.6mg/ml
Lithium Citrate oral Soln 104mg/ml

4.3.4 Depression

Antidepressant Drugs

Antidepressants melatonin receptor agonists

Antidepressants, monoamine oxidase inhibitors

Antidepressants, monoamine oxidase A inhibitors reversible

Antidepressants, noradrenaline reuptake inhibitors

Reboxetine Tab 4mg

Antidepressants, selective serotonin re-uptake inhibitors

Citalopram tab 10mg, 20mg
Citalopram Oral drops 40mg/ml
Escitalopram tablets 5mg, 10mg, 20mg
Fluoxetine HCl Cap 20mg, 30mg 60mg
Fluoxetine HCl Oral Soln 20mg/5ml
Paroxetine tab 10mg, 20mg, 30mg, 40mg
Sertraline HCl Tab 50mg, 100mg

Antidepressants, serotonin and noradrenaline re-uptake inhibitors

Duloxetine Cap 20mg, 30mg, 40mg, 60mg
Venlafaxine HCl Capsules 75mg, 150mg M/R
Venlafaxine HCl Tablets 37.5mg & 75mg
Venlafaxine HCl Tablets 37.5mg, 75mg, 150mg & 225mg M/R

Antidepressants, serotonin uptake inhibitors

Trazodone HCl Cap 50mg, 100mg
Trazodone HCl Oral Liq 50mg/5ml S/F
Trazodone HCl Tab 150mg

Antidepressants, tetracyclic antidepressants

Mianserin HCl Tab 10mg, 20mg, 30mg
Mirtazapine Oral Sol 15mg/ml
Mirtazapine orodispersible tabs 15mg, 30mg, 45mg
Mirtazapine Tab 15mg, 30mg & 45mg

Antidepressants, Tricyclic

Amitriptyline HCl Oral Soln 10mg/5ml, 25mg/5ml, 50mg/5ml S/F
Amitriptyline HCl Tab 10mg, 25mg, 50mg
Clomipramine HCl Cap 10mg, 25mg, 50mg
Imipramine HCl Tab 10mg, 25mg
Lofepamine HCl Susp 70mg/5ml S/F
Lofepamine HCl Tab 70mg

Nortriptyline Tab 10mg, 25mg (only if failed on amitriptyline for migraine)

Other antidepressants

Tryptophan cap 500mg (specialist prescribing only)
Vortioxetine, film-coated tablets, 5mg, 10mg, 15mg and 20mg (In accordance with NICE TA 367 only)

4.3.5 Inappropriate Sexual Behaviour

Antipsychotics, first generation

Benperidol_Tab 250mcg

4.3.6 Psychoses and schizophrenia

Antipsychotic drugs

Antipsychotics, first generation

Chlorpromazine HCl_Inj 25mg/ml 1ml, 2ml Amp
Chlorpromazine HCl_Oral Soln 25mg/5ml, 100mg/5ml
Chlorpromazine HCl_Tab 10mg, 25mg, 50mg, 100mg
Flupentixol Tab 500mcg, 1mg, 3mg
Haloperidol_Cap 500mcg
Haloperidol_Inj 5mg/ml 1ml (hospital use only)
Haloperidol_Oral Soln 5mg/5ml 10mg/5ml S/F
Haloperidol_Tab 500mcg, 1.5mg, 5mg, 10mg, 20mg
Pericyazine (named patient only)(specialist initiation)
Pimozide Tab 2mg, 4mg, 10mg
Prochlorperazine Mal Tab 5mg
Prochlorperazine Mal Tab Buccal 3mg
Prochlorperazine Mesyl Inj 12.5mg/ml 1ml Amp
Prochlorperazine Mesyl Oral Soln 5mg/5ml
Sulpiride oral solution 200mg/5ml Sulpiride_Tab 200mg, 400mg
Zuclopenth HCl_Tab 2mg, 10mg, 25mg
Zuclopenthixol Acetate Inj 50mg/ml 1ml, 2ml amp (hospital only)

Antipsychotics, first generation (depot injections)

Flupentixol Inj 20mg/ml, 100mg/ml, 200mg/ml
Fluphenazine Decan Inj 25mg/ml, 0.5ml, 1ml, 1ml syringe, 2ml, 2ml syringe, 10ml
Fluphenazine Decan Inj 100mg/ml 0.5ml, 1ml amp
Haloperidol Decan Inj 50mg/ml, 100mg/ml

Zuclopenthixol Decan_Inj 200mg/ml, 500mg/ml

Antipsychotics, second generation

Amisulpride_Oral Soln 500mg/5ml
Amisulpride Tablet 50mg, 100mg, 200mg & 400mg
Aripiprazole Tab 5mg, 10mg, 15mg, 30mg (Specialist Initiated Only)
Aripiprazole oral solution 1mg/ml (Specialist initiation only)
Aripiprazole Inj 7.5mg/ml (9.75mg/1.3ml) (specialist prescribing only)
Aripiprazole pwdr for Inj 400mg (for maintenance)(specialist initiation only)
Aripiprazole orodispersible tablet 10mg and 15mg (Specialist initiation only)
Clozapine tab 25mg, 100mg (Specialist initiation only, blood monitoring needed)
Olanzapine Oral Lyophilisate Tab 5mg, 10mg, 15mg & 20mg
Olanzapine Tab 2.5mg, 5mg, 7.5mg, 10mg, 15mg & 20mg
Paliperidone Palm Inj PFS 100mg/ml 50mg, 75mg, 150mg
Paliperidone Palm Inj PFS 200mg/ml 175mg, 263mg, 350mg, 525mg
Paliperidone tab M/R 3mg, 6mg
Quetiapine_Tab 25mg, 100mg, 150mg, 200mg, 300mg
Risperidone_Oral Liq 1mg/1ml
Risperidone orodispersible tablets 500mcg, 1mg, 2mg, 3mg, 4mg (Specialist initiation only)
Risperidone Tab 500mcg, 1mg, 2mg, 3mg, 4mg, 6mg
Risperidone Inj 25mg, 37.5mg, 50mg

Antipsychotics, second generation (depot injections)

Olanzapine embonate Inj 210mg, 300mg, 405mg

4.4 Movement disorders

4.4.1 Dystonia and other involuntary movements

Antipsychotics, first generation

Promazine (named patient only)(specialist initiation only)

CNS stimulants

Piracetam tab 800mg, 1.2g
Piracetam Oral Soln 333.3mg/ml

Monoamine depleting drugs

Tetrabenazine Tab 25mg

Muscle relaxants, peripherally acting, neurotoxins

Botulinum A Neurotoxin Comp_Inj 100iu vial (hospital use only) NICE TA260, NICE TA 605

Botulinum A Toxin-Haem Comp_Inj 500iu vial (hospital use only) NICE TA260, NICE TA 605

Botulinum B Toxin 5000 units/ml 0.5ml, 1ml, 2ml vial (hospital use only)

4.4.2 Parkinson's Disease

Antimuscarinics

Procyclidine HCl_Syr 2.5mg/5ml, 5mg/5ml S/F

Procyclidine HCl_Tab 5mg

Procyclidine Inj 10mg

Trihexyphenidyl HCl_Syr 5mg/5ml

Trihexyphenidyl Tab 2mg, 5mg

Dopaminergic drugs, catechol-o-methyltransferase inhibitors

Entacapone Tab 200mg

Opicapone 50mg capsules (Second line agent for Specialist initiation)

Tolcapone Tab 100mg (second line agent for Specialist Initiation)

Dopaminergic drugs, dopamine precursors

Co-Beneldopa_Cap 12.5mg/50mg, 25mg/100mg, 50mg/200mg

Co-Beneldopa_Cap M/R 25mg/100mg

Co-Beneldopa_Tab Disper 12.5mg/50mg, 25mg/100mg

Co-Careldopa_Tab 10mg/100mg, 12.5mg/50mg, 25mg/100mg, 25mg/250mg

Co-Careldopa_Tab M/R 25mg/100mg, 50mg/200mg

Stalevo Tab 50mg/12.5mg/200mg, 75mg/18.75mg/200mg,

100mg/25mg/200mg, 125mg/31.25mg/200mg, 150mg/37.5mg/200mg and 200mg/50mg/200mg

Dopaminergic drugs, dopamine receptor agonists

Amantadine HCl_Cap 100mg

Amantadine HCl_Oral Soln 50mg/5ml

Apomorphine Inj 10mg/ml 2ml, 5ml amp

Apomorphine Pen Inj 10mg/ml 3ml

Apomorphine 5mg/ml 10ml prefilled syringe

Bromocriptine Tab 2.5mg (not first line for parkinsons, named patient only)

Cabergoline_Tab 0.5mg, 1mg, 2mg, 4mg
Pramipexole 260 Microgram MR, 520 mg MR, 1.57mg MR, 2.1mg MR, 2.62mg MR, 3.15 mg MR tablets.
Pramipexole Tab 88mcg, 180mcg, 350mcg & 700mcg
Ropinirole modified release tablets 2mg, 4mg & 8mg
Ropinirole tablets 250mcg, 500mcg, 1mg, 2mg, 5mg
Rotigotine Transdermal Patches 2mg, 4mg, 8mg/24 hours (Specialist Initiated Only)

Dopaminergic drugs, mono-amine oxidase B inhibitors

Rasagiline-Tab 1mg (specialist initiated only)

4.5 Nauseas and Labyrinth disorders

(other drug promethazine HCl see chapter 3)

Antiemetics and antinauseants, antihistamines

Cyclizine HCl_Tab 50mg
Cyclizine Lact_Inj 50mg/ml 1ml Amp

Antiemetics and antinauseants, cannabinoids

Nabilone_Cap 1mg

Antiemetics and antinauseants, dopamine receptor antagonists

Domperidone Tab 10mg
Domperidone Susp 1mg/ml
Metoclopramide HCl_Inj 5mg/ml 2ml Amp, 20ml amp
Metoclopramide HCl_Oral Soln 5mg/5ml S/F
Metoclopramide HCl_Tab 5mg, 10mg

Antiemetics and antinauseants, neurokinin receptor antagonists

Aprepitant caps 80mg, 125mg

Antiemetics and antinauseants, serotonin receptor antagonists

Granisetron HCl_Tab 1mg, 2mg
Granisetron Inj 1mg/ml 1ml, 3ml amp
Ondansetron HCl_Inj 2mg/ml 2ml, 4ml Amp
Ondansetron HCl_Oral Soln 4mg/5ml S/F
Ondansetron HCl_Tab 4mg, 8mg
Ondansetron oral lyophilisates Tab 4mg, 8mg
Ondansetron suppos 16mg

Antihistamines, sedating antihistamines

Cinnarizine_Tab 15mg

Antimuscarinics

Hyoscine Hydrob_Tab 300mcg
Hyoscine_Skin Patch 1mg/72hrs
Hyoscine Inj 600mcg/ml

Antipsychotics, first generation

Levomepromazine_Inj 25mg/ml 1ml Amp
Levomepromazine_Tab 25mg

4.5.1 Meniere's disease

Histamine analogues

Betahistine HCl_Tab 8mg, 16mg

4.6 Pain

Anaesthetics, general, volatile liquid anaesthetics

Methoxyflurane (ED only)

Analgesics, non-opioid

Paracetamol Oral Susp 120mg/5ml, 250mg/5ml, 500mg/5ml
Paracetamol Suppos 60mg, 120mg, 125mg, 240mg, 250mg, 500mg
Paracetamol Tab 500mg
Paracetamol Tab Sol 500mg
Paracetamol Inf 10mg/ml 50ml, 100ml

Analgesics, non-opioid centrally acting

Nefopam HCl Tab 30mg

Analgesics, non-steroidal anti-inflammatory drugs

None

Analgesics, opioid

Buprenorphine Patch 35mcg, 52.5mcg, 70mcg
Buprenorphine Self-Adhesive Patch 5 micrograms/hour, 10 micrograms/hour and 20 micrograms/hour (Specialist initiation only)

Buprenorphine Tab S/L 200mcg, 400mcg
 Co-Codamol Eff Tab 8/500mg, 30/500mg
 Co-Codamol Capsules 15mg/500mg
 Co-Codamol Tab 8/500mg, 30/500mg
 Co-Dydramol Tab 10mg/500mg
 Codeine Phos Inj 60mg/ml
 Codeine Phos Syrup 25mg/5ml
 Codeine Phos Tab 15mg, 30mg,
 Diamorph HCl Inj 5mg, 10mg, 30mg, 100mg
 Dihydrocodeine Tart Inj 50mg/ml 1ml Amp
 Dihydrocodeine Tart Oral Soln 10mg/5ml
 Dihydrocodeine Tart Tab 30mg, 40mg
 Dihydrocodeine Tart Tab 60mg, 90mg, 120mg M/R
 Dihydrocodeine with Paracetamol 10mg/500mg
 Dihydrocodeine with Paracetamol 30mg/500mg
 Fentanyl lozenge 200mcg, 400mcg, 600mcg, 800mcg
 Fentanyl Patch Self-Adhesive 12mcg, 25mcg, 37.5mcg, 50mcg, 75mcg &
 100mcg/hour 72 hours
 Fentanyl tab S/L 100mcg, 200mcg
 Fentanyl Inj 50mcg/ml 2ml, 10ml
 Morphine Sulph Inj 10mg/1ml, 20mg/ml
 Morphine Sulph Oral Soln 10mg/5ml, 100mg/5ml
 Morphine Sulph Tab 10mg, 20mg, 50mg
 Morphine Sulph Tab M/R 5mg, 10mg, 15mg, 30mg, 60mg, 100mg, 200mg
 Oxycodone Cap 5mg, 10mg, 20mg
 Oxycodone HCl Inj 10mg/ml, 1 ml, 2ml amps
 Oxycodone oral soln 5mg/5ml
 Oxycodone Tab M/R 5mg, 10mg, 20mg, 40mg, 60mg, 80mg
 Oxycodone with Naloxone M/R tab 2.5/5mg, 10/5mg, 10/20mg, 20/40mg
 (Named Patient Only)
 Tapentadol tab 50mg
 Tapentadol tab S/R 50mg, 100mg
 Tramadol HCl Cap 50mg
 Tramadol HCl Cap M/R 50mg,
 Tramadol HCl Inj 50mg/ml 2ml Amp

4.6.1 Headache

Antihistamines, sedating antihistamines

Pizotifen tab 500mcg

4.6.1a Migraine

Analgesics, non-opioid

Analgesics, non-steroidal anti-inflammatory drugs

Antihistamines, sedating antihistamines

Calcitonin gene-related peptide inhibitors

Framanezumab PFS 150mg/ml (NICE TA 631, note restrictions)

Galencanezumab PFP 120mg/ml (NICE TA 659, note restrictions)

Ergot Alkaloids

None

Triptans

Rizatriptan_Wafer 10mg

Sumatriptan_Aq Nsl Spy 10mg/0.1ml Ud , 20mg/0.1ml Ud

Sumatriptan_Inj 6mg/0.5ml Pfs & Refill

Sumatriptan_Tab 50mg, 100mg

4.6.2 Neuropathic pain

Analgesics, plant alkaloids

Capsaicin Patch 179mg (specialist initiation only)

Capsaicin cream 750mcg/ml

Capsaicin cream 250mcg/ml

4.7 Sleep Disorders

4.7.1 Insomnia

Hypnotics, sedatives and anxiolytics, benzodiazepines

Lormetazepam tab 500mcg, 1mg

Nitrazepam_Oral Susp 2.5mg/5ml

Nitrazepam_Tab 5mg

Temazepam_Oral Soln 10mg/5ml S/F

Temazepam_Tab 10mg, 20mg

Hypnotics, sedatives and anxiolytics, non-benzodiazepines hypnotics and sedatives

Chloral Hydrate Oral Sol 28.66mg/ml (paediatrics only)

Melatonin oral solution 10mg/5ml,

Melatonin modified release tablets 2mg: to be prescribed or initiated only by paediatric consultants and for under 18s only

Melatonin modified release tablets 2mg, for people with learning difficulties (specialist initiation only)

Zolpidem Tab 5mg, 10mg
Zopiclone_Tab 3.75mg, 7.5mg

4.7.2 Narcolepsy

CNS depressants

None, **only used under expert supervision**

CNS stimulants

None, **only used on specialist advice**

CNS stimulants, centrally acting sympathomimetics

Modafinil tablet 100mg and 200mg (consultant initiation)

4.8 Substance Dependence

Acamprosate Calc_Tab E/C 333mg
Buprenorphine oral lyophilisates sugar-free 2mg, 8mg
Buprenorphine Tab 400mcg, 2mg, 8mg
Buprenorphine / Naloxone Sublingual Tab 2mg/0.5mg , 8mg/2mg
Bupropion Tab MR 150mg
Disulfiram_Tab 200mg
Lofexidine HCl_Tab 0.2mg
Methadone 1mg/ml oral solution and oral solution S/F (for Drug and Alcohol service prescribing only)
Nalmefene, film-coated tablets, 18mg
Naltrexone HCl_Tab 50mg
Naltrexone Inj
Naloxone 2mg/2ml solution in prefilled syringe
Nicotine Replacement Therapy
 Nicotine 1.5mg lozenges sugar free
 Nicotine 10mg/16hours transdermal patches
 Nicotine 14mg/24hours transdermal patches
 Nicotine 15mg inhalation cartridges with device
 Nicotine 15mg/16hours transdermal patches
 Nicotine 1mg/dose oromucosal spray sugar free
 Nicotine 21mg/24hours transdermal patches
 Nicotine 25mg/16hours transdermal patches
 Nicotine 2mg lozenges sugar free
 Nicotine 2mg medicated chewing gum sugar free
 Nicotine 2mg sublingual tablets sugar free
 Nicotine 4mg lozenges sugar free
 Nicotine 4mg medicated chewing gum sugar free
 Nicotine 500micrograms/dose nasal spray
 Nicotine 7mg/24hours transdermal patches
 Nicotine bitartrate 1mg lozenges sugar free
 Nicotine bitartrate 2mg lozenges sugar free

CHAPTER 5 Infection

BNF Chapter 5 Infections See Microguide for Detailed Advice on Selection

5.1 Amoebic Infection

Antiprotozoals

Mepacrine HCl_Tab 100mg

5.2 Bacterial Infection

Antibacterials, Aminoglycosides

Amikacin Inj 500mg/2ml

Gentamicin Sulph_Inj 20mg/2ml, 80mg/2ml

Streptomycin (Special Hospital only, Microbiology recommendation only)

Tobramycin Neb Soln 300mg

Tobramycin_Inj 20mg, 40mg, 80mg

Antibacterials, Carbapenems

Ertapenem Inj 1g (Hospital Only)

Imipenem with Cilastatin Inj 500/500mg (Hospital Only)

Meropenem Inj 500mg, 1g (Hospital Only)

Meropenem with vaborbactam Inj 1/1g (Hospital Only) (Microbiology Recommendation Only)

Antibacterials, Cephalosporins

Cephalosporins First-Generation

Cefalexin_Cap 250mg, 500mg

Cefalexin_Oral Susp 125mg/5ml, 250mg/5ml

Cefalexin_Tab 250mg, 500mg

Cefazolin Inj 1g, 2g (Hospital only)

Cephalosporins Second-Generation

Cefaclor_Cap 250mg, 500mg

Cefaclor_Oral Susp 125mg/5ml, 250mg/5ml S/F

Cefoxitin Inj 1g, 2g (Hospital/GHA only)

Cefuroxime Inj 250mg, 750mg, 1.5g

Cefuroxime axetil Sachet 125mg
Cefuroxime Axetil_Susp 125mg/5ml
Cefuroxime Axetil_Tab 125mg, 250mg

Cephalosporins Third-Generation

Cefixime_Tab 200mg
Cefotaxime Inj 500mg 1g, 2g
Ceftazidime Inj 500mg, 1g, 2g (GHA/Hospital Only)
Ceftriaxone Inj 250mg, 1g, 2g (GHA/Hospital Only)

Antibacterials, Cephalosporins third-generation with beta-lactamase inhibitor

Ceftazidime with Avibactam Inj 2g/500mg (microbiologist recommendation only)
Ceftolazane with Tazobactam Inj 1g/500mg (microbiologist recommendation only, not routinely stocked at SBH)

Antibacterials Cephalosporins Other

Cefepime Inj 1g, 2g (Hospital Only, Microbiology Recommendation Only)
Cefidercol Inj 1g (Hospital Only, Microbiology Recommendation Only)
Ceftaroline fosamil Inj 600mg (Hospital only, Microbiology Recommendation Only)
Ceftobiprole Inj 500mg (Hospital Only, Microbiology Recommendation Only)

Antibacterials, Glycopeptide Antibacterials

Dalbavancin Inj 500mg (Hospital Only, Microbiology Recommendation Only)
Teicoplanin Inj 200mg, 400mg (Hospital Only)
Vancomycin Cap 125mg, 250mg
Vancomycin Inj 500mg, 1g (Hospital Only)

Antibacterials, Lincosamides

Clindamycin HCl_Cap 75mg, 150mg
Clindamycin HCl Inj 600mg/4ml, 300mg/2ml
Pristinamycin tab 500mg (Unlicensed Drug, Microbiology Recommendation Only, not stocked in SBH)

Antibacterials, Macrolides

Macrolides

Azithromycin_Oral Susp 200mg/5ml
Azithromycin_Tab 250mg, 500mg
Azithromycin Inf 500mg (Hospital Only)
Clarithromycin Granules 250mg

Clarithromycin_Oral Susp 125mg/5ml, 250mg/5ml
Clarithromycin_Tab 250mg, 500mg
Clarithromycin Inj 500mg (Hospital Only)
Erythromycin_Ethylsuc Susp 125mg/5ml, 250mg/5ml, 500mg/5ml S/F
Erythromycin_Tab E/C 250mg
Erythromycin Inj 1g (Hospital Only)

Antibacterials, Monobactams

Aztreonam powder for Neb 75mg (Named Patient Only)
Aztreonam Inj 1g, 2g

Antibacterials, Nitroimidazole Derivatives

Metronidazole_Oral Susp 200mg/5ml
Metronidazole_Suppos 1g
Metronidazole_Suppos 500mg
Metronidazole_Tab 200mg, 400mg, 500mg
Metronidazole Inf 500mg/100ml (Hospital Only)
Tinidazole (No UK formulation)

Antibacterials, Penicillins

Antibacterials, Penicillins Anti-Pseudomonal with beta-lactamase Inhibitor

Piperacillin with tazobactam Inf 4g/500mg (4.5g) (Hospital Only)

Antibacterials, Penicillins Beta-lactamase Sensitive

Benzathine benzylpenicillin Inj 1.2 mega unit, 2.4 mega unit
Benzylpenicillin Sod_Inj 600mg, 1.2g
Phenoxymethylpenicillin Pot_Tab 250mg
Phenoxymethylpenicillin_Soln 125mg/5ml, 250mg/5ml

Antibacterials, Penicillins Broad-Spectrum

Amoxicillin Sod_Inj 500mg, 1g IV
Amoxicillin_Cap 250mg, 500mg
Amoxicillin_Oral Pdr Sach 3g S/F
Amoxicillin_Oral Susp 125mg/1.25ml, 125mg/5ml, 250mg/5ml S/F
Co-Fluampicil_Cap 500mg

Antibacterials, Penicillins Broad-spectrum with beta-lactamase Inhibitor

Co-amoxiclav Inj 500mg/100mg, 1000mg/200mg
Co-Amoxiclav_Susp 125/31mg, 250/62mg, 400/57mg S/F
Co-Amoxiclav_Tab 375mg, 625mg
Co-Amoxiclav_Tab Disper 250mg/125mg

Antibacterials, Penicillins Mecillinam-Type

Pivmecillinam tab 200mg

Antibacterials, Penicillins Penillinase-Resistant

Flucloxacillin Mag_Oral Susp 125mg/5ml, 250mg/5ml
Flucloxacillin Sod Inj 250mg, 500mg & 1g
Flucloxacillin Sod_Cap 250mg, 500mg
Flucloxacillin Sod_Oral Soln 125mg/5ml, 250mg/5ml sugar free
Temocillin Inj 1g (Hospital Only)

Antibacterials, Polymyxins

Colistimethate sodium Inj 1000000 unit, 2000000 unit (Hospital Only)

Antibacterials, Quinolones

Ciprofloxacin_Grains For Susp 250mg/5ml
Ciprofloxacin_Tab 100mg, 250mg, 500mg, 750mg
Ciprofloxacin_Grains For Susp 250mg/5ml
Ciprofloxacin_Tab 100mg, 250mg, 500mg, 750mg
Ciprofloxacin Inf 200mg, 400mg
Levofloxacin_Tab 250mg, 500mg
Levofloxacin Inf 500mg/100ml
Moxifloxacin Inf 400mg/250ml (Hospital Only)
Moxifloxacin tab 400mg
Ofloxacin_Tab 200mg, 400mg

Antibacterials, Sulphonamides

Co-Trimoxazole_Oral Susp 240mg/5ml, 480mg/5ml
Co-Trimoxazole_Tab 480mg, 960mg
Cotrimoxazole Inf 16mg/ml
Sulfadiazine tab 500mg

Antibacterials, Tetracyclines

Demeclocycline HCl_Cap 150mg

Doxycycline Cap 50mg, 100mg
Doxycycline Dispersible tablets 100mg
Eravacycline Inj 100mg (Hospital Only) (On Microbiologist advice only)
Lymecycline Cap 408mg
Minocycline HCl_Cap 50mg, 100mg
Minocycline HCl_Cap 100mg M/R
Minocycline HCl_Tab 50mg, 100mg
Oxytetracycline_Tab 250mg
Tigecycline Inf 50mg (Hospital Only)

Antibacterials, other

Chloramphenicol_Cap 250mg
Chloramphenicol_Inj 1g
Daptomycin Inf 350mg, 500mg
Fidaxomicin 200mg (Microbiology Recommendation only)(Hospital Only)
Fosfomycin sachets 3g (Hospital Only) (Microbiology Recommendation Only)
Fosfomycin powdr for Inf 2g, 5g (Microbiology Recommendation only)
(Hospital Only)
Fusidic Acid
 Fusidic Acid Susp 250mg/5ml
 Sodium Fusidate_Tab E/C 250mg
 Sodium Fusidate Inf 500mg (Hospital Only)
Linezolid Tab 600mg (Hospital Only)
Linezolid Inf 2mg/ml (Hospital Only)
Linezolid Susp 100mg/5ml (Hospital Only)
Trimethoprim_Oral Susp 50mg/5ml S/F
Trimethoprim_Tab 100mg, 200mg

Antimycobacterials Rifamycins

Rifabutin Cap 150mg
Rifaximin tablets 200mg, 550mg (Specialist Initiation Only)

5.2.1 Anthrax see BNF

5.2.2 Leprosy

Antimycobacterials Other

Clofazimine Cap 50mg
Dapsone_Tab 50mg, 100mg

5.2.3 Lyme Disease see BNF

5.2.4 Methicillin-Resistant Staphylococcus Aureus

See Microguide advice

5.2.5 Tuberculosis (see microguide)

Antimycobacterials Rifamycins

Rifampicin_Cap 150mg, 300mg
Rifampicin_Oral Susp 100mg/5ml
Rifampicin Inj 300mg (Hospital Only)
Rifampicin with ethambutol, isoniazid and pyrazinamide (Voractiv)
Rifampicin /isoniazid Tab 150mg/100mg, 300mg/150mg (Rifinah)
Rifampicin with isoniazid and pyrazinamide (Rifater_Tab)

Antimycobacterials other

Aminosalicylci Acid sachets 4g
Bedaquiline tab 100mg
Capreomycin pwdr for Inj 1g
Cycloserine Cap 250mg
Delamanid tab 50mg
Ethambutol HCl_Tab 100mg, 400mg
Isoniazid_Oral Soln 50mg/5ml S/F
Isoniazid_Tab 50mg, 100mg
Isoniazid Inj 100mg/5ml (Hospital Only)
Pyrazinamide_Liq Spec 150mg/5ml
Pyrazinamide_Tab 500mg

5.2.6 Urinary Tract Infections

Methenamine hippurate_Tab 1g
Nitrofurantoin_Cap 50mg, 100mg
Nitrofurantoin_Cap 100mg M/R
Nitrofurantoin_Oral Susp 25mg/5ml
Nitrofurantoin_Tab 50mg, 100mg

5.3 Fungal Infections

Antifungal Drugs Echinocandin Antifungals

Anidulafungin Inf 100mg (Hospital Only)
Caspofungin Inf 50mg, 70mg (Hospital Only)
Micafungin Inf 50mg (Hospital Only)

Antifungal Drugs Polyene Antifungals

Amphotericin B Liposomals (Ambisone) Pwdr for Inf 50mg (Hospital Only)

Antifungal Drugs Triazole Antifungals

Fluconazole_Cap 50mg, 150mg, 200mg
Fluconazole_Oral Susp 50mg/5ml, 200mg/5ml
Fluconazole Inf 2mg/ml 200mg, 100mg
Itraconazole_Cap 100mg
Itraconazole_Oral Soln 50mg/5ml S/F
Voriconazole oral suspension 200mg/5ml
Voriconazole tablet 200mg
Voriconazole Inf 200mg (Hospital Only)
Posaconazole 100mg tabs (Microbiology recommendation only)
Posaconazole 300mg/16.7ml Concentrate for infusion (Hospital only)
Posaconazole 40mg/ml oral suspension (Microbiology recommendation only)
Isavuconazole 100mg capsules (Microbiology Recommendation only)
Isavuconazole 200mg Pwdr for infusion (Hospital only, Microbiology Recommendation only)

Antifungal Drugs Other

Flucytosine 2.5g/250ml (Hospital Only)(Microbiology Recommendation Only)
Flucytosine tab 250mg (unlicensed product) (Microbiology Recommendation Only)(Hospital Only)
Griseofulvin_Tab 125mg, 500mg
Terbinafine 250mg tablets

5.3.1 Pneumocystis Pneumonia

Antiprotozoals Antiprotozoals Other

Atovaquone susp 750mg/5ml
Pentamidine Isetionate Inj 300mg

5.4 Helminth Infection

Anthelmintics

Albendazole tab 400mg (Microbiology Recommendation Only)(Hospital Only)
Ivermectin tab 3mg
Levamisole tab 50mg
Mebendazole tab 100mg
Mebendazole_Oral Susp 100mg/5ml S/F
Praziquantel tab 150mg, 500mg, 600mg

5.5 Protozoal Infection

5.5.1 Malaria (See Microguide and BNF)

Antiprotozoal Antimalarials

Artemether with lumefantrine 20/120mg tablets (Hospital Only)
Artenimol with piperazine tab 40mg/320mg
Artesunate iv injection (Hospital only)
Atovaquone with Proguanil tab (Malarone)
Chloroquine Phos Tab 250mg
Chloroquine Syrup 80mg/5ml
Mefloquine HCl_Tab 250mg
Primaquine Tab 7.5mg, 15mg
Proguanil Tab 100mg
Quinine Bisulphate Tablets 300mg
Quinine Sulphate Tablets 200mg, 300mg

5.5.2 Toxoplasmosis (See Microguide and BNF)

Antiprotozoals

Pyrimethamine tablets 25mg (use in combination with sulfadiazine and folic acid)

5.6 Viral Infections

5.6.1 Coronavirus

Molnupiravir Caps 400mg (Hospital Only)(see protocol for use)
Remdesivir Inf 100mg in 20ml (Hospital Only)(see protocol for use)
Paxlovid Tab 150mg PF-07321322 Tab 100mg Ritonavir, Combined Pack
(Hospital Only) (see protocol for use)

5.6.2 Hepatitis Infections

5.6.3a Chronic Hepatitis B

Antivirals Nucleoside Analogues

Entecavir Tab 500mg, 1mg (NICE TA 153 recommended)

Antivirals nucleoside reverse transcriptase inhibitors

Tenofovir alafenamide tab 25mg (specialist initiation only)

Antivirals nucleotide analogues

Adefovir dipivoxil Tab 10mg

Immunostimulants interferons

Peginterferon alfa Inj 180mcg, 270mcg, 360mcg (NICE TA 200 recommended)

5.6.3b Chronic Hepatitis C

Antivirals HCV inhibitors

Elbasvir with grazoprvir tab 50/100 (NICE TA 413 recommended)

Antivirals nucleoside analogues

Ribavirin tabs 200mg (NICE TA 200 recommended and NICE TA 300 recommended, children)

Antivirals nucleotide analogues

Sofosbuvir tab 400mg (NICE TA 330 recommended with restrictions)
Sofosbuvir with velpatasvir tab 50/200 and 100/400 (NICE TA 430 recommended)

Antivirals protease inhibitors Hepatitis

Glecaprevir with pibrentasvir tab 100/40 (NICE TA 499 recommended with restrictions)

5.6.4 Herpesvirus Infections

Antivirals inosine complexes

Antivirals nucleoside analogues

Aciclovir Tab 200mg, 400mg, 800mg
Aciclovir Disp tab 200mg, 400mg
Aciclovir Oral susp 200mg/5ml
Aciclovir pwdr for In 500mg (Hospital Only)
Famciclovir tab 125mg, 250mg, 500mg
Valaciclovir tab 250mg, 500mg

5.6.4a Cytomegalovirus

Antivirals nucleoside analogues

Cidofovir Sltn for Inf 375mg/5ml (Hospital Only)
Ganciclovir Pwdr for In 500mg (Hospital Only)
Valganciclovir tab 450mg
Valganciclovir Oral Sltn 50mg/ml

Antivirals Other

Foscarnet Sodium Sltn for Inf 6g/250ml (Hospital Only)
Letermovir Tab 240mg (NICE TA 591 recommended)

5.6.5 HIV Infection

Antivirals HIV-attachment inhibitors

Antivirals HIV-fusion inhibitors

Enfuvirtide Inf 108mg

Antivirals HIV-integrase inhibitors

Cabotegravir Prolonged Release Susp for Inj 200mg/ml (see NICE TA 757 with Rilpivirine)
Cabotegravir tab 30mg
Dolutegravir Tab 10mg, 25mg, 50mg
Dolutegravir with rilpivirine Tab 50/25mg
Raltegravir tab 400mg, 600mg (Held by SBH)

Antivirals non-nucleoside reverse transcriptase inhibitors

Doravirine tab 100mg
Rilpivirine tab 25mg
Rilpivirine Prolonged Release Susp for Inj 300mg/ml (see NICE TA757 with Cabotegravir)

Antivirals nucleoside reverse transcriptase inhibitors

Abacavir Tab 300mg
Abacavir with dolutegravir and lamivudine tab 50/600/300mg
Abacavir with Lamivudine tab 600/300mg (Held by SBH)
Bictegravir with emtricitabine and tenofovir alafenamide tab 50/200/ 25mg (Held by SBH)
Elvitegravir with Cobicistat, Emtricitabine and Tenofovir alafenamide Tab 150/150/200/10mg (held by SBH)
Elvitegravir with cobicistat, emtricitabine and tenofovir disoproxil tab 150/150/200/245mg (held by SBH)
Emtricitabine with rilpivirine and tenofovir alafenamide tab 200/25/25mg
Emtricitabine with rilpivirine and tenofovir disoproxil tab 200/25/245mg
Emtricitabine with tenofovir alafenamide tab 200/25mg
Emtricitabine with tenofovir disoproxil tab 200/245mg (Held by SBH)
Lamivudine tab 100mg, 150mg, 300mg

Lamivudine with dolutegavir tab 50/300mg (approved for named patient)
Tenofovir disoproxil tab 245mg, 123mg, 204mg (held by SBH)
Tenofovir disoproxil granules 33mg/g
Zidovudine cap 100mg, 250mg
Zidovudine Oral Soltn 10mg/ml

Antivirals Protease inhibitors- HIV

Darunavir tab 75mg, 150mg, 400mg, 600mg, 800mg (held by SBH)
Darunavir Oral Susp 100mg/ml
Darunavir with cobicistat tab 800/150mg (held by SBH)
Darunavir with cobicistat, emtricitabine and tenofovir alafenamide tab 800/150/200/10mg (held by SBH)
Ritonavir tab 100mg
Tipranavir tab 250mg

Antivirals Other

Maraviroc tab 150mg, 300mg

Pharmacokinetic Enhancers

Cobicistat tab 150mg

5.6.6 Influenza

Antivirals influenza neuraminidase inhibitors

Oseltamavir cap 30mg, 45mg, 75mg
Oseltamavir Oral Susp 6mg/ml
Zanamivir Soltn for Inf 10mg/ml (Hospital Only)
Zanamivir Inhalation pwdr blisters 5mg

5.6.7 Respiratory syncytial virus

Drugs for Respiratory Diseases Monoclonal Antibodies

Palivizumab Soltn for Inj 100mg/ml (Hospital Only)

BNF Endocrine System Chapter 6

6.1 Antidiuretic hormone disorders

6.1.1 Diabetes Insipidus

Pituitary and Hypothalamic Hormones and Analogues

Desmopressin Acet Injection all strengths
Desmopressin Acet_I/Nsl Soln 100mcg/ml ,
Desmopressin Acet_I/Nsl Spy 10mcg (50D)
Desmopressin Acet_I/Nsl Spy 10mcg (60D) ,150mcg (25D)
Desmopressin Acet_Tab 100mcg, 200mcg
Desmopressin Sublingual Tablet 60 microgram, 120 microgram and 240 microgram (Specialist initiation only)
Vasopressin (argipressin) Inj 20 units/ml

6.1.2 Syndrome of inappropriate antidiuretic hormone secretion

Diuretics, selective vasopressin V₂ receptor antagonists

Tolvaptan tablets 15mg, 30mg, 45mg, 60mg, 90mg (Specialist Initiation Only) (Hospital only) for treating autosomal dominant polycystic kidney disease NICE TA 358 with restrictions.

6.2 Disorders of Bone Metabolism

Anabolic Steroids

Biphosphonates

Alendronic Acid Tab 5mg, 10mg & 70mg
Disodium pamidronate Inj 15mg, 30mg, 90mg
Ibandronic Acid Tab 50mg , 150mg
Zoledronic Acid Inf 40mcg/ml 100ml
Zoledronic Acid Inf 50mcg/ml 100ml
Zoledronic Acid Inf 800mcg/ml (4mg/5ml)

Calcium regulating drugs

Calcitonin Inj 50u, 100u, 200u
Strontium ranelate 2 g granules

Calcium regulating drugs parathyroid hormones and analogues

Teriparatide injection 250mcg/ml

Drugs affecting bone structure and mineralisation MABs

Denosumab 60mg/ml & 70mg/ml solution (Specialist initiation only)

6.3 Corticosteroid responsive conditions

Corticosteroids (systemic)

Betamethasone Sod Phos Tab Solb 500mcg

Betamethasone_Tab 500mcg

Betamethasone Inj 4mg/ml Amp

Deflazacort Tab 6mg

Dexamethasone_Inj 3.3mg(base)/ml 1ml Amp

Dexamethasone_Inj 6.6mg(base)/2ml Amp

Dexamethasone_Oral Soln 2mg/5ml S/F

Dexamethasone_Tab 500mcg, 2mg

Fludrocortisone Acet_Tab 100mcg

Hydrocortisone_Tab 10mg, 20mg

Hydrocortisone granules in capsules for opening 500 micrograms, 1mg, 2mg,

Hydrocortisone 1mg per 1ml oral suspension (Rosemount)

Hydrocortisone Sod Phos_Inj 100mg/1ml Amp

Hydrocortisone Sod Succ_Inj 100mg VI + Dil

Methylprednisolone Tab 2mg, 4mg

Methylprednisolone Sod Succ Inj 40mg, 125mg, 500mg, 1g, 2g

Methylprednisolone acetate Depot Inj 40mg/ml 1ml amp, 2ml amp, 3ml amp

Prednisolone_Tab 1mg, 5mg, 25mg

Prednisolone_Tab E/C 2.5mg, 5mg

Prednisolone_Tab Solb 5mg

Triamcinolone Acetonide Inj 40mg/ml 1ml Pfs, 2ml PFS, 1ml vial

6.3.1 Cushing's syndrome and disease

Cushing's syndrome

Enzyme Inhibitors

Ketoconazole tab 200mg

Metyrapone Cap 250mg

6.4 Diabetes mellitus and hypoglycaemia

6.4.1 Diabetes mellitus

Blood Glucose Lowering Drugs Alpha Glucosidase Inhibitors

Acarbose Tab 50mg & 100mg

Blood Glucose Lowering Drugs Biguanides

Metformin HCl Tab 500mg, 850mg

Metformin MR Tab 500mg, 1g

Metformin oral liquid 500mg/5ml, 850mg/5ml

Metformin HCL 500mg & 1g Modified-Release tablets for patients intolerant of immediate release tablets only

Glucophage SR Tab 500mg, 750mg and 1g (for patients who cannot absorb generic MR tablets or have significant side effects) opened only on request.

Blood Glucose Lowering Drugs Dipetidylpeptidase-4 Inhibitors (Gliptins)

Linagliptin 5mg tablets

Linagliptin and Metformin Tab 2.5/850 2.5/1000

Sitagliptin tab 25mg, 50mg, 100mg

Sitagliptin tab and Metformin tab 50/1000

Blood Glucose Lowering Drugs Glucagon –like Peptide-1 Receptor Agonists

Liraglutide Prefilled Inj 6mg/ml (NICE TA 664 with restrictions for obesity)(no new patients)

Semaglutide 1mg/0.74ml solution for injection 3ml pre-filled pen;

0.25mg/0.19ml solution for injection 1.5ml pre-filled pen, 0.5mg/0.37ml solution for injection 1.5ml pre filled pen (First line GLP-1 agonist).

When prescribed for obesity must be through obesity program before use, and signed off by MDT in line with NICE TA 875.

Obesity use 0.25mg/0.37ml, 0.5mg/0.37ml 1.5ml cartridge and 1.0mg/0.75ml, 1.7mg/0.75ml, 2.4mg/0.75ml, 3ml cartridge, solution for injection prefilled pen.

Blood Glucose Lowering Drugs Meglitinides

Repaglinide Tab 500mcg, 1mg, 2mg

Blood Glucose Lowering Drugs Sodium Glucose co-transporter 2 Inhibitors (SGLT2)

Canagliflozin hemihydrate, film-coated tablets, 100mg and 300mg (Second line SGLT2 and in accordance with NICE TA number 390 or any revision thereof only)

Dapagliflozin, film-coated tablets, 10mg

(Second line SGLT2 and in accordance with NICE TA number 390 or any revision thereof only)

Dapagliflozin, film-coated tablets, 5mg

(Second line SGLT2 and in accordance with NICE TA number 597 or any revision thereof only)

Dapagliflozin/Metformin, film-coated tablets, 5mg/850mg and 5mg/1,000mg
Second line SGLT2 and in accordance with NICE TA number 288 or any revision thereof only)

Empagliflozin, tablets, 10mg, 25mg (First line SGLT2 and in accordance with NICE TA 336 or any revision thereof)

Sotagliflozin, Tablets, 200mg

(Second line SGLT 2 and in accordance with NICE TA number 622 or any revision thereof only)

Blood Glucose Lowering Drugs Sulfonylureas

Glibenclamide Tab 2.5mg & 5mg

Gliclazide Tab 30mg and 60mg M/R

Gliclazide Tab 40mg & 80mg

Glimepiride Tab 1mg, 2mg, 3mg, 4mg

Glipizide Tab 2.5mg, 5mg

Tolbutamide Tab 500mg

Blood Glucose Lowering Drugs Thiazolidinediones

Pioglitazone HCl Tab 15mg, 30mg & 45mg

Blood Glucose Lowering Drugs

Insulins

Rapid-acting insulins

Insulin Hum Actrapid_100u/ml 10ml VI
Insulin Hum Actrapid_Inj 100u/ml 3ml Pf Pen
Insulin Hum Actrapid_Penfill Cart 1.5ml
Insulin Hum Actrapid_Penfill Cart 3ml
Insulin Aspart_FlexPen 100u/ml 3ml Pf Pen
Insulin Aspart_Inj 100u/ml 10ml VI
Insulin Aspart_Novolet 100u/ml 3ml Pf Pen
Insulin Aspart_Penfill 100u/ml 3ml Cart
Insulin Humulin S_100u/ml 10ml VI
Insulin Humulin S_100u/ml 3ml Cart
Insulin Lispro_100u/ml 1.5ml Cart
Insulin Lispro_100u/ml 10ml VI
Insulin Lispro_100u/ml 3ml Cart
Insulin Lispro_100u/ml 3ml Pf Pen

Intermediate-acting insulins

Biphasic

Insulin Humulin M3_100u/ml 10ml VI
Insulin Humulin M3_100u/ml 3ml Cart
Insulin Humulin M3_100u/ml Humaject 3ml Pen Insulin Hum

Isophane

Insulatard_100u/ml 3ml Pf Pen
Insulin Hum Insulatard_(Ge) 100u/ml 10ml VI
Insulin Hum Insulatard_FlexPen 100u/ml 3ml Pf Pen
Insulin Hum Insulatard_Penfill 100u/ml 1.5ml
Insulin Hum Insulatard_Penfill 100u/ml 3ml
Insulin Humulin I_100u/ml 10ml VI
Insulin Humulin I_100u/ml 3ml Cart
Insulin Humulin I_100u/ml 3ml Pf Pen
Insulin Hypurin Porcine Isop 100u/ml cartridge
Insulin Hypurin Porcine Isop_100u/ml 10ml VI
Insulin Innolet Hum Insulinulat_100u/ml 3ml Pf Pen

Intermediate combined with rapid-acting insulins

Biphasic Insulin Aspart

Insulin NovoMix 30_FlexPen 100u/ml 3ml Pf Pen
Insulin NovoMix 30_Penfill 100u/ml 3ml Cart
Biphasic Insulin lispro

Insulins Longs-Acting

Insulin Degludec Injection 100 & 200 units per ml cartridge & prefilled pen
(for initiation only by publically funded Consultant Diabetologist and only for
Type 1 diabetes)
Xultophy® all strengths (Initiation by Consultant only)
Insulin detemir Flexpen 3ml, Penfill cartridge 3ml
Insulin Glargine SoloStar Prefilled Disposable Injection Device
Insulin glargine 100u/ml 10ml VI
Insulin glargine 100u/ml 3ml Cart
Insulin glargine OptiSet 100u/ml 3ml Pf Pen
Insulin glargine 300u/ml (Toujeo)
Insulin Glargine Biosimilar Kwikpen 100IU/ml pre-filled pen (Abasagar
Kwikpen)
Insulin Glargine Biosimilar (Abasagar) 100IU/ml 3ml cartridges

6.4.1a Diabetes Mellitus, diagnostic and monitoring devices

Prescribable Only for Insulin Dependent Diabetics (Type 1)

Type 2 on named patient basis only

Aviva
Caresens N
Chemical Reagents including Detection Strips Urine, Detection Strips Blood
for Glucose and Detection Strips Blood for Ketones as listed in Part IXR of the
Drug Tariff but excluding Detection Strips for determination of INR and
Detection Pad, Sweat for Neuropathy

Hypodermic equipment

Autopen Classic
Autopen 24
FlexPen
HumaPen
NovoFine autocover
NovoPen
Needle clipping device
Lancets - as Drug Tariff Part IXA Hypodermic equipment
Reusable Pens - as Drug Tariff Part IXA Hypodermic equipment
Needles - as Drug Tariff Part IXA Hypodermic equipment
Syringes - as Drug Tariff Part IXA Hypodermic equipment Syringes -
2ml & 5ml 10mls

Insujet needle free injection system and consumable kit

6.4.2 Hypoglycaemia

Glucagon Inj (rys) 1mg VI + Dil
Glucose Gel 40% (Triple D Pack 3x23g)
Glucose Gel 40% 80g

6.4.2a Chronic Hypoglycaemia

Diazoxide Tab 50mg

6.5 Dopamine responsive conditions

Quinagolide Tab 25mcg, 50mcg, 75mcg

6.6 Gonadotrophin responsive conditions

Gonadatrophins

Pituitary and Hypothalamic Hormones and Analogues anti-GRH

Cetrorelix_Inj 250mcg VI + Dil
Ganirelix Inj 500mcg/ml

Pituitary and Hypothalamic Hormones and Analogues GRH

Buserelin_Inj 1mg/ml 5.5ml VI (named patient only)
Buserelin_Nsl Spy 100mcg/dose, 150mcg/dose (named patient only)
Goserelin Imp 3.6mg
Goserelin Imp LA 10.8mg
Leuprorelin Acetate Imp 10.72mg (named patient only)
Leuprorelin Acetate PFS 11.25mg (named patient only)
Leuprorelin PFS 3.75mg (named patient only)
Nafarelin Acet_Nsl Spy 200mcg
Triptorelin SR Inj 3mg, 11.25mg, 22.5mg (Urology Specialist Initiated)

6.7 Hypothalamic and anterior pituitary hormone related disorders

6.7.1 Adrenocortical function testing

Pituitary and hypothalamic hormones and analogues corticotrophins

Tetracosactide/Zn Phos Comp_Inj 1mg/1ml Amp (Depot)

Tetracosactide_Inj 250mcg/ml 1ml Amp

6.7.2 Assessment of Pituitary function

Pituitary and Hypothalamic Hormones and Analogues GRH

Gonadorelin Inj 100mcg (Hospital Only)

6.7.3 Gonadotrophin replacement therapy

Choriogonadotropin alfa PFS/PFP 250mcg

Chorionic Gonadotroph_Inj 1500 unit, 5000 unit,

Follitropin alfa (all preparations)

Follitropin delta (all preparations)

Lutropin alfa Inj 75 unit

Menotrophin Inj (all preparations)

Urofollitropin Inj 75mcg, 150mcg

6.7.4 Growth hormone disorders

Pituitary and Hypothalamic Hormones and Analogues growth hormones.

Somatropin (all preparations)

6.8 Sex Hormone responsive conditions

6.8.1 Female sex hormone responsive conditions

Calcium regulating drugs bone resorption inhibitors

Raloxifene Tab 60mg

Oestrogens

Conjugated Oestrogens (equine)(Premarin®) Tab 300mcg, 625mcg, 1.25mg

Estradiol

Estradiol_Gel 0.06% 80g (64 Applic)

Estradiol_Gel Sach 1mg/1g

Estradiol_Gel Sach 500mcg/0.5g

Estradiol_Skin Patch 25mcg, 37.5mcg, 40mcg, 50mcg, 75mcg, 80mcg,
100mcg/24hrs

Estradiol Tab 1mg & 2mg

Estradiol Vag Tab 1mg, 2mg

Ethinylestradiol

Ethinylestradiol tablets, 1mg

Tibolone Tab 2.5mg

Oestrogens combined with progestogens

Conjugated Oestrogens with medroxyprogesterone

Premique_Tab

Estradiol with dydrogesterone

Femoston Tab 1/10, 2/20

Femoston-conti_Tab 500mcg/2.5mg, 1mg/5mg

Estradiol with levonorgestrel

FemSeven Conti Patch

FemSeven Sequi Patch

Estradiol with medroxyprogesterone

Indivina_Tab 1mg/2.5mg, 1mg/5mg, 2mg/5mg

Tridestra

Estradiol with norethisterone

Elleste Duet tab 1mg/2mg

Evorel Conti Patch

Evorel Sequi_Patch

Kliofem_Tab 1mg/2mg

Kliovance_Tab 500mcg/1mg

Trisequens Tab

Progesterones

Dienogest 2mg

Norethisterone

Norethisterone_Tab 5mg

Norethisterone 350mcg Tab (Noriday)

Progesterone Pess 100mg, 200mg, 400mg

Progesterone_Vag Gel Applic 8%/1.125g

Progesterone 100 mg capsules 200mg vaginal capsules

6.8.1a Anti-Oestrogens

Clomifene Cit Tab 50mg

6.8.2 Male sex Hormone responsive conditions

Androgens

Testosterone

Sustanon Inj 100mg/1ml Amp, 250mg/1ml amp (specialist initiation only)
Testosterone Gel 16.2 mg per gram (specialist initiation only)
Testosterone Gel 50mg/5g (specialist initiation only except for use in menopause on expert advice)
Testosterone Gel 20mg/g (specialist initiation only)
Testosterone propionate Inj 50mg/ml
Testosterone undecanoate injection 250mg/ml (Specialist initiation only)

6.8.2a Male sex hormone antagonism

Cyproterone Acetate_Tab 50mg 100mg

6.9 Thyroid Disorders

6.9.1 Hyperthyroidism

Antithyroid drugs sulphur containing imidazoles

Carbimazole_Tab 5mg, 20mg

Antithyroid drugs thiouracils

Propylthiouracil_Tab 50mg

Vitamins with trace elements

Iodine Oral Soln Aq (Lugols)

6.9.2 Hypothyroidism

Thyroid hormones

Levothyroxine Sod Tab 25mcg, 50mcg, 75mcg 100mcg
Levothyroxine Sod Liq formulations (specialist consultant initiated prescribing only)
Liothyronine Inj 20mcg (Hospital Only, not on GPMS)
Liothyronine tab 20mcg (Specialist Initiation Only as per GHA policy)

BNF Chapter 7 Genito-urinary system

7.1.1 Urinary Frequency, enuresis and incontinence

Antimuscarinics (systemic)

Fesoterodine Fumarate Tab 4mg,8mg
Oxybutynin HCl_Oral Soln 2.5mg/5ml
Oxybutynin HCl_Tab 2.5mg, 3mg, 5mg
Oxybutynin HCl_Tab M/R 5mg, 10mg
Propantheline Brom_Tab 15mg
Propiverine HCl_Tab 15mg
Solifenacin Tab 5mg,10mg
Tolterodine Tart_Cap 4mg M/R
Tolterodine Tart_Tab 1mg, 2mg
Trospium Chlor_Tab 20mg

Beta₃-Adrenoreceptor agonists

Mirabegron, Prolonged-release tablets, 25mg and 50mg (In accordance with NICE TA number 290 or any revision thereof only)

7.1.2 Urinary Retention

Alpha-Adrenoreceptor Blockers

Alfuzosin HCl_Tab 2.5mg
Alfuzosin HCl_Tab M/R 10mg
Doxazosin Tab 1mg, 2mg, 4mg
Prazosin Tab 500mcg, 1mg, 2mg
Tamsulosin HCl_Cap 400mcg M/R
Tamsulosin and Dutasteride cap 400mcg/500mcg
Terazosin HCl_Tab 2mg, 5mg, 10mg

Choline Esters

Bethanechol Chlor_Tab 10mg
Distigmine Tab 5mg

5 α -Reductase Inhibitors

Dutasteride Cap 500mcg

Finasteride tab 1mg, 5mg

7.1.4 Urological Pain

Alkalisng Drugs

Citric Acid/Potassium Citrate 0.25g/1.5g effervescent tablets (self care item do not prescribe on GPMS refer to community pharmacy)

Potassium Citrate Mixture (self care item do not prescribe on GPMS refer to community pharmacy)

Potassium Citrate Mixture Conc 5 In 4 (self care item do not prescribe on GPMS refer to community pharmacy)

Potassium Citrate Sachets (self care item do not prescribe on GPMS refer to community pharmacy)

Sodium Citrate Sachets (self care item do not prescribe on GPMS refer to community pharmacy)

Sodium Citrate Enemas 90mg in 1ml (Relaxit, Micolette and Micralax)

Heparinoids

Pentosan polysulfate sodium Cap 100mg (In accordance with NICE TA 610)

7.2 Bladder Instillations and urological surgery

Antiseptics and Disinfectants

Chlorhexidine and Lidocaine Gel 60ml, 110ml (Instillagel)

Irrigating Solutions

Glycine Soln 1.5% 3l Bag

Catheter Maintenance Solutions

OptiFlo G

OptiFlo R

OptiFlo S

Uro-Tainer Suby G

Uro-Tainer Solution R

Uro-Tainer Sodium Chloride 0.9%

7.3 Contraception

7.3.1 Contraception Combined: Oestrogens combined with Progesterones

Dienogest with estradiol valerate Tab
Estradiol with norgestrel Tab
Ethinylestradiol with desogestrel Tab
Mercilon_Tab

Ethinylestradiol with drospirenone Tab
Yasmin_Tab
Ethinylestradiol with etonogestrel VDS
Ethinylestradiol with gestodene
Femodene ED_Tab
Femodene_Tab
Femodette_Tab
Ethinylestradiol with levonorgestrel Tab
Microgynon 30 ED_Tab
Microgynon 30_Tab
Ovranette_Tab
Logynon (multiphasic)
Logynon ED (multiphasic)
Ethinylestradiol with norelgestromin Patch
Ethinylestradiol with norethisterone Tab
Brevinor Tab
Norimin Tab
Ethinylestradiol with norgestimate Tab
Norethisterone with mestranol Tab
Norinyl-1_Tab

7.3.2 Contraception Devices

7.3.3 Emergency Contraception

Ulipristal acetate Tab 30mg

7.3.4 Contraception Oral Progesterone Only

Desogestrel 75mcg tablets
Levonorgestrel IUD
Kyleena
Mirena
Levonorgestrel Tab 1.5mg
Levonelle
Levonorgestrel Tab 30mcg
Norgeston

7.3.5 Contraception, parenteral progesterone only

Etonogestrel 68mg flexible rod (Nexplanon)
Medroxyprogesterone Acet_Inj 150mg/ml 1ml Pfs

Medroxyprogesterone Acetate Inj 150mg/ml 1ml VI

7.3.6 Contraception, spermicidal

Nonoxinol Gel 81g

7.4 Erectile and Ejaculatory Conditions

7.4.1 Erectile Dysfunction

Maximum of 4 treatments or 4 tablets/28 days

Phosphodiesterase Type-5 Inhibitors

Sildenafil Tab 25mg, 50mg, 100mg

Tadalafil Tab 5mg, 10mg, 20mg (second line agent)

Prostaglandins and Analogues

Alprostadil dual chamber cartridge 10mcg & 20mcg

Alprostadil Inj Pfs Cart 10mcg, 20mcg, 40mcg

Alprostadil Inj VI + Dil 5mcg, 10mcg, 20mcg, 40mcg

Alprostadil Urethral Stick 125mcg, 250mcg, 500mcg, 1mg

Sympathomimetics Vasoconstrictors (specialist use only) (other uses see Chapter 2)

Adrenaline/Epinephrine Inj 100mcg/ml

Metaraminol Inj 10mg/ml

Phenylephrine Inj 10mg/ml

Vasodilators peripheral vasodilators

7.4.2 Premature Ejaculation

7.6 Obstetrics

7.6.1 Induction of Labour

Oxytocin and Analogues

Oxytocin Inj 5 unit/ml, 10 unit/ml

Prostaglandins and Analogues

Dinoprostone Pess 3mg

Dinoprostone Vag Gel 400mcg/ml **1mg/2.5ml**

Dinoprostone Vag Gel 800mcg/ml **2mg/2.5ml**

Dinoprostone Vag Device 10mg (Propress)

7.6.2 Postpartum haemorrhage

Ergot Alkaloids

Ergometrine Maleate Inj 500mcg/ml
Ergometrine with Oxytocin Inj 500mcg/5unit

Oxytocin and Analogues

Carbetocin Inj 100mcg/ml

Prostaglandins and Analogues

Carboprost Inj 250mcg/ml

7.6.3 Premature Labour

Oxytocin Receptor Antagonists

Atosiban Inj 7.5mg/ml PFS
Atosiban Inf 7.5mg/ml, 5ml vial

7.6.4 Termination of Pregnancy

Progesterone Receptor Modulators

Mifepristone tab 200mg (Hospital only, Restricted Drug DDA)

Prostaglandins and Analogues

Gemoprost Pess 1mg
Misoprostol Tab 200mcg (DDA in GHA)

7.7 Vaginal and Vulval conditions

7.7.1a) Vaginal and Vulval Bacterial Infections

Antibacterials lincosamides

Clindamycin Phos_Vag Crm 2% + Applic

Antiseptics and Disinfectants

Carboxylic Acids

None

7.7.1b) Vaginal and Vulval Fungal Infections

Clotrimazole Cream 1%, 2% & 10%
Clotrimazole_Pess 100mg, 200mg, 500mg

Ketoconazole Crm 2%
Miconazole Nit_Vag Crm 2% + Applic 78g

7.7.2 Vaginal Atrophy

Oestrogens

Estradiol 7.5mg/24 hours, vaginal delivery system
Estradiol Vag Tab 30mcg + Applic
Estriol_Crm 0.01% + Applic,
Estriol Crm 0.1% + Applic
Estriol Gel 50mcg/ml + applic
Prasterone Pess 6.5mg

Selective Oestrogen Receptor Modulators

Ospemifene tab 60mg (Named patient Only) (Specialist Initiation Only)

Chapter 9 BNF Blood and Nutrition

Blood and Blood Forming Organs

9.1 Anaemias

9.1.1 Hypoplastic Haemolytic and renal anaemias

(see also eltrombopag)

Anabolic steroids androstan derivatives

Epoetins

Darbepoetin Alfa PFS or PFP 10mcg, 20mcg, 30mcg, 40mcg, 50mcg, 60mcg, 80mcg, 100mcg, 130mcg, 150mcg, 300mcg
Epoetin alfa Inj PFS 1000, 2000, 3000, 4000, 5000, 6000, 8000 & 10000 units
Epoetin beta Inj PFS 500, 1000, 2000, 3000, 4000, 5000, 6000, 10000 unit
Epoetin zeta Inj PFS 2000u, 3000u, 4000u, 5000u, 6000u 8000u, 10000u 200000u, 300000u
Methoxy polyethylene glycol-epoetin beta Injection (all strengths)

9.1.1a Atypical Haemolytic Uraemic Syndrome and Paroxymal Nocturnal Haemoglobinuria

Immunosuppressants MABs

Eculizumab Inj 10mg/ml (Hospital use only) (NICE HST1 for atytpical HUS)
Ravulizumab Inj 10mg/ml (Hospital use only) (NICE TA 698)
Ravulizumab Inj 100mg/ml (Hospital use only) (NICE TA 698)

9.2 Anaemia Iron deficiency

Minerals and trace elements iron injectable

Ferric carboxymaltose Inj 50mg/ml of iron (Hospital use only)
Iron sucrose Inj 20mg/ml of iron (Hospital use only)

Minerals and trace elements iron oral

Ferric maltol Cap 30mg of iron (for iron deficiency in IBD only) (specialist initiation only)
Ferrous Fumarate_Oral Soln 140mg/5ml S/F
Ferrous Fumarate_Tab 210mg, 322mg
Ferrous Sulphate Tab 200mg
Ferrous sulphate/Folic Acid_Tab 325mg/350mcg
Sodium feredetate_Elix 190mg/5ml S/F

9.1.3 Megaloblastic Anaemia

Vitamins and Trace Element, folates

Folic Acid Syrup 500mcg/1ml & 2.5mg/5ml S/F

Folic Acid_Tab 400mcg, 5mg

Vitamins and Trace Elements

Cyanocobalamin Tab 50mcg (Haematologist initiation only) (note patients needing long term B12 support should be treated with injection every 3 months)

Cyanocobalamin Tab 1 mg (Specialist initiation only, Orabalin Brand only for patient unable to tolerate injection of Hydroxycobalamin)

Hydroxocobalamin_Inj 1mg/ml 1ml Amp

9.2 Iron Overload

Antidotes and Chelators, iron chelators

Deferasirox Tab 90mg, 180mg, 360mg (specialist initiation only)

Deferipone Tab 500mg, 1g (specialist initiation only)

Desferrioxamine mesilate Inj 500mg, 2g (specialist initiation only)

9.3 Neutropenia and stem cell mobilisation

9.3.1 Neutropenia

Immunostimulants GCSF

Filgrastim all strengths and presentations

Pegfilgrastim Inj PFS 10mg/ml, 6mg/0.6ml

9.3.2 Stem Cell Mobilisation

Immunostimulants, chemokine receptor antagonists

Plerixafor Inj 20mg/ml (Hospital Only)

9.4 Platelet disorders

9.4.1 Essential thrombocytopenia

Antithrombotic drugs, cyclic AMP phosphodiesterase inhibitors

Anagrelide capsules 500mcg (Specialist initiation/recommendation only)

9.4.2 Thrombocytopenias

Antihaemorrhagics, thrombopoietin receptor antagonists

Avatrombopag, Film-coated tablets, 20mg
(In accordance with NICE TA number 626 or any revision thereof only)
Lusutrombopag, Film-coated tablets, 3mg (In accordance with NICE TA number 617 or any revision thereof only)

9.4.2a Acquired thrombotic thrombocytopenic purpura

Antithrombotic drugs

Caplacizumab Inj 10mg (Hospital Only) (in line with NICE TA 667)

9.4.2b Immune thrombocytopenia

Immune thrombocytopenic purpura

Antihaemorrhagics, haemostatics

Fostamatinib Tab 100mg, 150mg

Antihaemorrhagics, thrombopoietin receptor antagonists

Eltrombopag Tab 12.5mg, 25mg, 50mg, 75mg (in accordance with NICE TA 293)

Romiplostim Inj 125mcg, 250mcg (in accordance with NICE TA 221)

9 Nutrition and Metabolic disorders

9.1 Fluid and Electrolyte Imbalance

Bicarbonates

Infusions and Injections

Sodium Bicarbonate Inf 8.4%

Sodium Bicarbonate Inj 8.4% 10ml

Sodium Bicarbonate Inf 4.2%

Sodium Bicarbonate Inf 1.26%

Oral

Sodium Bicarbonate_Cap 500mg

Sodium Bicarbonate_Tab 600mg

Electrolytes and Minerals potassium

Infusion and Injections

Potassium Chloride with Calcium Chloride and Sodium Chloride Inf (Ringers Soln)
Potassium Chloride with Calcium Chloride, Sodium Chloride and Sodium Lactate Inf (Hartmanns Solution/Ringer-Lactate)
Potassium Chloride with Glucose Inf
Potassium Chloride with Glucose and Sodium Chloride Inf
Potassium Chloride with Sodium Chloride Inf
Potassium Chloride Inj 20mmol/10ml (DDA in SBH)(Hospital use only)

Oral

Potassium Chloride with potassium bicarbonate Tab 600mg (Sando K) 12mmol of Potassium
Potassium chloride Syr 7.5%

Electrolytes and Minerals sodium chloride

Sodium Chloride Inf 0.9%
Sodium Chloride 0.9% Inj 5ml, 10ml, 20ml
Sodium Chloride Inf 1.8%
Sodium Chloride Inf 0.45%
Sodium Chloride 30% Inj 10ml amp
Sodium Chloride with Glucose Inf
Sodium Chloride 0.45% with Glucose 5%
Sodium Chloride 0.18% and Glucose 4% (Paeds only)

Nutrients, sugars

Infusions and Injections

Glucose Inj 50% 100ml
Glucose Inf 5%
Glucose Inf 10%
Glucose Inf 20%

Oral

Glucose Oral Gel 400mg/g

Oral Rehydration Salts

Disodium Hydrogen citrate with glucose, potassium chloride and sodium chloride (formulated as rehydration salts) Powder Sachet (various flavours)
Potassium Chloride with rice powder sodium chloride and sodium Citrate (formulated as rehydration salts) (sugar free) Sachets

9.1.1 Calcium Imbalance

9.1.1a Calcium Regulating drugs bone resorption inhibitors

Cinacalcet Tab 30mg, 60mg & 90mg (Specialist Initiation only in line with NICE TA 117 for secondary hyperparathyroidism)
Etelcalcetide Inj 5mg/ml (Specialist Initiation only in line with NICE TA 448 for hyperparathyroidism)

9.1.1b Hypocalcaemia

Calcium Regulating Drugs parathyroid hormones and analogues

Parathyroid Hormone Inj 25mcg, 50mcg, 75mcg and 100mcg (specialist use only)

Electrolytes and Minerals calcium

Infusions and Injections

Calcium Chloride Inj 14.7% 10mmol in 10ml

Oral

Calcium Carbonate Tablet 1.5g (600mg)

Calcium Carbonate Chewable Tab 1.5g (Adcal)

Calcium Carbonate Tablet Chewable 1.25g, 2.5g (Calcichew and Calcichew Forte)

Calcium Carbonate and Lactate Gluconate Tab Eff 1g (Clavive)

9.1.2 Low Blood Volume

Blood and Blood related products

Albumin 45mg/ml 250ml

Albumin 200mg/ml 100ml

Plasma Substitutes

9.1.3 Magnesium Imbalance

Infusions and Injections

Mag Sulph_Inj 50% 2ml, 10ml Amp

Oral

Magnesium aspartate dihydrate 243mg (Magnesium 10mmol) oral powder sachets

Magnesium (as magnesium glycerophosphate) 97.2mg (4mmol) tablets, chewable tablets

Magnesium aspartate dihydrate 243mg (Magnesium 10mmol) oral powder sachets

9.1.4 Phosphate Imbalance

9.1.4a Hyperphosphataemia

Electrolytes and Minerals Calcium

Calcium Actetate Tab 1g

Calcium Acetate Tab 475mg

Phosphate Binders

Calcium Acetate with Magnesium Carbonate Tab 435/235mg

Lanthanum carbonate chewable tablets 500mg, 750mg and 1g (Specialist initiation only)

Sevelamer_Tab 800mg

Sucroferric oxyhydroxide Chewable Tab 500mg (of iron)

9.1.4b Hypophosphataemia

Electrolytes and Minerals phosphates

Infusions and Injections

Potassium Dihydrogen Phosphate Inf 1.295g/l (hospital only)(Polyfusor)

Potassium Dihydrogen Phosphate Inj 13.6% (hospital only)

Oral

Phosphate-Sandoz Tab

9.1.5 Potassium Imbalance

9.1.5a Hyperkaemia

Antidotes and Chelators cation exchange compounds

Calcium polystyrene sulphonate powder (once SBH stock exhausted becomes non formulary)

Patiromer calcium powder for oral suspension, 8.4g, 16.8g

(In accordance with NICE TA number 623 or any revision thereof only)

Sodium zirconium cyclosilicate pwdr sachets 5g (in accordance with NICE TA 599 and any revision thereof only)(hospital Only)

9.1.5b Hypokalaemia

Electrolytes and Minerals potassium

Infusions and Injections

Potassium Chloride Inj 1.5g in 10ml (DDA in GHA)

Oral

Potassium Chloride with potassium bicarbonate Tab 600mg (Sando K) 12mmol of Potassium

Potassium chloride Syr 7.5%

Potassium Chloride Tab M/R 600mg

9.2 Metabolic Disorders

Drugs listed in this section are included for completeness, but most will require specialist input before use.

They often will only be held in Gibraltar and the SBH if there is a current patient with the relevant disease needing that treatment. New cases will need to be notified to DTC for specific funding and for supplies to be arranged.

Contact pharmacy as soon as possible if a sponsored patient or local patient has been diagnosed with one of these conditions or the treatment has been started in the UK or Spain. Usually will require special documentation to be completed.

9.2.1 Acute Porphyrias

Blood and related products, haem derivatives

Haem arginate Inj 25mg/ml (hospital only) (specialist initiated)

9.2.2 Amyloidosis

Neuroprotective drugs

Inotersen Inj PFS 189.33mg/ml, 284mg/1.5ml (in accordance with NICE HST9)(specialist initiated only)

Patisiran Inf 2mg/ml (in accordance with NICE HST10) (Specialist initiated only)

Tafamidis Cap 20mg, 61mg (hospital only)(specialist initiated only)

9.2.3 Carnitine deficiency

Amino acids and derivatives

Levocarnitine Oral Soln 100mg/ml, 300mg/ml

Levocarnitine Tab chewable 1g

Levocarnitine Cap 250mg

9.2.4 Cystinosis

9.2.4a Nephropathic cystinosis

Aminoacids and derivatives

Mercaptamine Tab G/R 25mg, 75mg
Mercaptamine Eye drops 3.8mg/ml
Mercaptamine Caps 50mg, 150mg

9.2.5 Fabry's Disease

Enzymes

Agalsidase alfa Inf 1mg/ml (Specialist Use only)
Agalsidase beta pwr for Inf 5mg, 35mg (Specialist initiated only)

Enzyme Stabiliser

Migalastat Cap 123mg (in accordance with NICE HST 4) (Specialist initiated only)

9.2.6 Gauchers Disease

(See also Miglustat section 9.2.11)

Enzyme inhibitors glucosylceramide synthase inhibitors

Eglustat Cap 84.4mg (in accordance with NICE HST5) (Specialist initiated only)

Enzymes

Imiglucurase pwr for Inf 400 unit (specialist initiation only)
Velaglucurase alfa pwr for Inf 400unit (specialist initiation only)

9.2.7 Homocystinuria

Methyl donors

Betaine Oral Powder 1g/g

9.2.8 Hypophosphatasia

Enzymes

Asfotase alfa Inj 40mg/ml (Specialist initiated only)

9.2.9 Leptin deficiency

Drugs for metabolic disorders leptin analogues

Metreleptin Inj 3mg, 5.8mg, 11.3mg (Specialist initiated only)

9.2.10 Mucopolysaccharidosis

Enzymes

Elosulfase alfa Inf 1mg/ml (in accordance with NICE HST2) (Specialist initiated only)
Galsulfase Inf 1mg/ml (Specialist Use only)
Idursulfase Inf 2mg/ml (Specialist Use only)
Laronidase Inf 100units/ml (Specialist Use only)

9.2.11 Niemann-Pick type C

Enzyme Inhibitors, glucosylceramide synthase inhibitor
Miglustat Caps 100mg (Specialist initiated only)

9.2.12 Pompe Disease

Enzymes

Alglucosidase alfa Inf 50mg (Specialist initiated only)

9.2.13 Tyrosinaemia type 1

Enzyme Inhibitors, 4 hydroxyphenylpyruvate dioxygenase inhibitors

Nitisinone (NTBC) Oral Susp 4mg/ml, (Specialist initiation only)
Nitisinone (NTBC) Caps 2mg, 5mg, 10mg, 20mg (Specialist initiation only)

9.2.14 Urea Cycle Disorders

Amino Acids and derivatives

Carglumic acid Disp Tab 200mg (Specialist initiation only)

Drugs for metabolic disorders ammonia lowering drugs

Glycerol phenylbutyrate oral liq 1.1.g/ml (Specialist use only)
Sodium Phenylbutyrate granules 483mg/g (Specialist use only)
Sodium Phenylbutyrate tab 500mg (Specialist use only)

9.2.15 Wilsons disease

Antidotes and Chelators copper absorption inhibitors

Zinc acetate Cap 25mg, 50mg

Antidotes and Chelators copper chelators

Trientine dihydrochloride Tab 150mg (Specialist initiation only)
Trientine dihydrochloride Cap 250mg, 300mg (Specialist initiation only)

9.3 Mineral and Trace Elements Deficiencies

9.3.1 Selenium deficiency

Vitamins and trace elements

Supplements should only be prescribed when there is good evidence of deficiency. Contact pharmacy or dietetics for advice.

9.3.2 Zinc deficiency

Electrolytes and minerals, zinc

Zinc sulphate monhydrate Tab Eff 125mg

9.4 Nutrition Intravenous

Contact dietetics and/or pharmacy for advice.

9.5 Nutrition (Oral)

9.5.1 Special Diets

Seek dietetic advice before prescribing also see BNF

9.5.1a Phenylketonuria

Drugs for metabolic disorders, tetrahydrobiopterin derivatives

9.6 Vitamin deficiency

Vitamins and Trace elements, multivitamins

Vit A & D_Cap 4000u/400u

Vit A, C & D drops

Abidec_Drops

Vitamins and Trace elements, vitamin A

No products listed, Named Patient Only

Vitamins and Trace elements, vitamin B Group

Potassium aminobenzoate sachet 3g (Peyronie's disease only)

Pyridoxine HCl_Tab 10mg, 20mg, 50mg

Thiamine HCl_Tab 50mg, 100mg

Vit B Co Strong_Tab

Vitamin B with ascorbic Acid Inj HP IM

Vitamin B with ascorbic acid Inj HP IV

Vitamins and Trace elements

Forceval Cap (Named Patient Only on dietetic recommendation)

Forceval Sol Tab (Named Patient Only on dietetic recommendation)

Vitamins and Trace elements, vitamin C

The 'off-label' use of ascorbic acid for concurrent treatment in patients taking iron for iron-deficiency anaemia is not recommended. (This recommendation also applies to all patients taking iron for iron deficiency anaemia, who may be taking a proton pump inhibitor.) The British Society of Gastroenterology (BSG) concluded that there are no data for the effectiveness of ascorbic acid in treating iron-deficiency anaemia. Routine co-prescription of ascorbic acid with iron is not recommended. Patients wishing to continue taking ascorbic acid with their iron supplement can take their iron supplement with a glass of orange juice, which contains ascorbic acid.

The British National Formulary lists only the treatment or prevention of scurvy as an indication for ascorbic acid.

Ascorbic Acid Tab 100mg, 500mg

Vitamins and Trace elements, vitamin D and analogues (vitamin D₃)

Vitamin D and analogues (systemic)

Alfacalcidol_Cap 250ng, 500ng, 1mcg

Alfacalcidol 2mcg/ml sugar free drops

Alfacalcidol Inj 2mcg/ml (Specialist Use Only)

Calcitriol_Cap 250ng, 500ng

Colecalciferol Cap 800iu, 1000iu, 20000iu

Colecalciferol with Calcium Carbonate

Calcium carbonate/Colecalciferol_Eff Gran Sach 1.25g/440unit

Calcium carbonate/Colecalciferol_eff Tab 1.5g/400unit (Adcal D3)

Calcium Carbonate chewable Tab 2.5g/800iu (Caclichew D3)

Calcium Carbonate chewable Tab 1.25g/400iu (Calcichew D3 Forte)

Colecalciferol with Calcium Phosphate

Calcium phosphate/colecalciferol 1.2g/800unit oral powder sachet

Ergocalciferol (Vitamin D₂)

Calcium & Ergocalciferol_Tab 400unit

Ergocalciferol injection 7.5mg (300,000 units)/ml 1ml & 2ml ampoules
Ergocalciferol Liquid all strengths (for Consultant Paediatrician initiation only)

Calcium and Vitamin D tablets

Paricalcitol Caps 1mcg, 2mcg(specialist initiation only)
Paricalcitol Inj 5mcg/ml(specialist initiation only)

Vitamins and Trace elements, vitamin E

Alpha Tocopherol Acetate_Susp 500mg/5ml (named patient only)
Alpha Tocopherol Acetate Chewable Tab 100mg

Vitamins and Trace elements, vitamin K

Phytomenadione Inj 10mg/ml 0.2ml amp, 1ml amp
Phytomenadione_Tab 10mg

ACBS Feeds Appendix 2 BNF

Foods for special diets

As shown in Drug Tariff Part XV - Borderline Substances (endorse ACBS)

Enteral nutrition

Prescribing of Sip Feeds should only be occur if the presenting condition is in accordance with the criteria set out in NICE CG 32 In particular these indications:

1.3.1 Nutrition support should be considered in people who are malnourished, as defined by any of the following:

a BMI of less than 18.5 kg/m²

unintentional weight loss greater than 10% within the last 3–6 months

a BMI of less than 20 kg/m² and unintentional weight loss greater than 5% within the last 3–6months.

1.3.2 Nutrition support should be considered in people at risk of malnutrition who, as defined by any of the following:

have eaten little or nothing for more than 5 days and/or are likely to eat little or nothing for the next 5 days or longer

have a poor absorptive capacity, and/or have high nutrient losses and/or have increased nutritional needs from causes such as catabolism.

The use of supplements under ACBS is approved in the following conditions:

Standard ACBS indications –

- Short Bowel Syndrome**
- Intractable malabsorption**
- Pre-operative preparation of patients who are undernourished**
- Proven inflammatory disease**
- Following total gastrectomy**
- Dysphagia**
- Bowel fistulae**
- Disease related malnutrition**

Other ACBS indications -

- Continuous Ambulatory Peritoneal Dialysis**
- Haemodialysis**

The need for continuation of these prescriptions should be regularly reviewed, including assessment of real usage and benefit, along with establishing on going requirement for them to prevent malnutrition. If in doubt seek dietetic advice.

10.1 Arthritis

Chondroprotective Drugs

DONOT PRESCRIBE

Disease Modifying anti-rheumatic drugs

Hydroxychloroquine Sulfate Tab 200mg,
Leflunomide tab 10mg, 15mg, 20mg (specialist initiation only)
Penicillamine_Tab 125mg, 250mg (specialist initiation only)
Sodium aurothiomalate Inj 10mg, 20mg, 50mg (specialist initiation only)

Immunosuppressants interleukin inhibitors

Ankinra Inj 150mg/ml (Specialist use only) (Stills Disease see NICE TA 685 restrictions)
Sarilumab Inj 131.6mg/ml (Specialist use only) (Moderate to severe RA NICE TA 485 with restrictions)
Secinumab Inj 150mg/ml PFS/PFP (see NICE TA 350, 407 and 445 for restrictions) (for 4th line use only)
Tocilizumab 180 mg per 1ml, PFP/PFS 162mg in 0.9ml (NICE TA 357 with restrictions)
Tocilizumab Inf 20 mg per 1ml, 80mg/ml (hospital use only) (NICE TA 357 with restrictions)
Ustekinumab Inj 90mg/ml PFS (Hospital Only) (NICE TA 180, 340, 456 and 633 with restrictions)
Ustekinumab Inf 5mg/ml (Hospital Only) (NICE TA 180, 340, 456 and 633 with restrictions)

Immunosuppressants JAK Inhibitors

Baricitinib tab 2mg, 4mg (NICE TA 466 and 681 with restrictions) (third line use only) (specialist initiated only)
Filgotinib Tab 100mg, 200mg (NICE TA 676 for moderate to severe RA, with restrictions) (specialist initiation only)
Tofacitinib, film coated tablets, 5mg, prolonged release tablets, 11mg (In accordance with NICE TA numbers 480 and 547 or any revision thereof only) (Specialist use only)
Upadacitinib (as Upadacitinib hemihydrate) prolonged-release tablets 15 mg. (In accordance with NICE TA number 665 or any revision thereof only) (Specialist use only)

Immunosuppressants cell activation inhibitors

Abatacept Intravenous Infusion 250mg and injection 125mg (for use in line with NICE TA195 and 375) (Specialist use only)

Immunosuppressants TNF- α Inhibitors

Adalimumab Inj PFS/PFP 20mg 40mg (for use only under specialist initiation) (see NICE TA 146, 187, 329, 199, 195, 375, 383 392 and 460) (Humira brand currently in GHA March 2022, biological switch, DTC approval required)

Certolizumab pegol 200mg per 1ml syringe and pre filled disposable injection (For specialist initiation, only for use when all other available agents are not tolerated or are not appropriate) (NICE TA 375, 383, 415, 445 and 574)

Etanercept biosimilar or Benepalir 50mg per 1ml PFP (NICE TA 103, 199, 375, 383)

Etanercept_Inj 25mg VI + Dil , 50mg VI + Dil (NICE TA 103, 199, 375, 383)

Etanercept injection PFS 25 & 50mg and PFP 50mg (NICE TA 103, 199, 375, 383)

Golimumab solution for injection 100mg per 1ml PFP (For specialist initiation only) (NICE TA 220, 375, 225, 383, 497 and 329)

Golimumab solution for injection 100mg per 1ml PFS 50mg/0.5ml (For specialist initiation only)

Infliximab Inf 100mg (NICE TA 134, 163, 187, 195, 199, 329, 329, 375 and 383) (Remicade brand currently in GHA March 2022, biological switch, DTC approval required)

Infliximab subcut, 120mg per 1ml solution for injection pre-filled syringes.

Phosphodiesterase type-4 inhibitors

Apremilast 10mg, 20mg, 30mg tablets (For specialist Initiation only) (NICE TA 433 and 419)

10.2 Hyperuricaemia and gout

Alkaloids plant alkaloids

Colchicine_Tab 500mcg

Xanthine oxidase inhibitors

Allopurinol_Tab 100mg, 300mg

Febuxostat 80mg & 120mg (Second line treatment only) (NICE TA 164 with restrictions)

10.3 Neuromuscular disorders

Neuroprotective drugs

Riluzole Tab 50mg (NICE TA 20)

10.3.1 Muscular Dystrophy

Drugs for Neuromuscular disorders

Ataluren Oral Sachet 125mg, 250mg, 1g (NICE HST3)

Nusinersen Inj 2.4mg/ml (NICE TA 588 with restrictions)

10.3.2 Myasthenia gravis and Lambert-Eaton myasthenic syndrome

Anticholinesterases

Neostigmine Inj 2.5mg/ml

Pyridostigmine Bromide Tab 60mg

Cholinergic receptor stimulating drugs

Amifampridine Tab 10mg (specialist use only)

10.3.3 Myotonic disorders

Drugs for neuromuscular disorders

Mexiletine HCl Cap 200mg (83.5mg of Mexiletine) (Hospital only)(specialist initiation only)

Mexilitine HCl Cap 50mg (41.75 mg of Mexilitine) (Hospital only)(specialist initiation only)

10.3.4 Nocturnal leg cramps

Quinine Sulfate Tab 200mg, 300mg

10.3.5 Spasticity

Cannabinoids

Cannabis Extract Oromucosal spray (Sativex) (named patient use only)

Muscle relaxants centrally acting

Baclofen Inj 50mcg/ml Intrathecal (Specialist Use Only) (Hospital only)

Baclofen_Oral Soln 5mg/5ml S/F

Baclofen_Tab 10mg
Tizanidine HCl_Tab 2mg, 4mg

10.4 Pain and Inflammation in Musculoskeletal Disorders

Analgesics Non-steroidal Anti-inflammatory Drugs (NSAIDs)

Celecoxib_Cap 100mg, 200mg
Diclofenac Sod_Inj 75mg/3ml
Diclofenac Sod_Suppos 12.5mg, 25mg, 50mg, 100mg
Diclofenac Sod_Tab 75mg, 100mg M/R
Diclofenac Sod_Tab Disper 50mg
Diclofenac Sod_Tab E/C 25mg, 50mg
Diclofenac Diethylammonium_Aq Gel 1% donot prescribe on GPMS
Ibuprofen_Gran Eff Sach 600mg
Ibuprofen_Oral Susp 100mg/5ml S/F
Ibuprofen_Tab 200mg, 400mg, 600mg, 800mg
Ibuprofen_Tab 800mg M/R
Ibuprofen_Gel 5% donot prescribe on GPMS,
Ibuprofen Gel 10%
Indometacin_Cap 25mg, 50mg
Indometacin Cap M/R 75mg
Mefenamic Acid_Cap 250mg
Mefenamic Acid_Oral Susp 50mg/5ml
Mefenamic Acid_Tab 500mg
Meloxicam_Tab 7.5mg, 15mg
Naproxen_Tab 250mg, 500mg
Naproxen_Tab E/C 250mg, 375mg, 500mg

10.5 Soft Tissue and Joint Disorders

10.5.1 Local Inflammation of joints and soft tissue

Corticosteroids Inflammatory disorders

Dexamethasone phosphate Inj 3.3mg/ml
Methylprednisolone Acetate/Lidocaine_Inj 40/10mg/ml 1ml, 2ml
Methylprednisolone Acetate_Inj 40mg/ml 1ml, 2ml, 3ml
Triamcinolone Acetonide_Inj 10mg/ml 1ml, 5ml Amp
Triamcinolone Acetonide_Inj 40mg/ml 1ml
Triamcinolone Hexacetonide_Susp I/A 20mg/1ml VI

10.5.2 Soft tissue disorders

Enzymes

Hyaluronidase Inj 1500unit

Chapter 11 BNF Eye preparations

11.1 Allergic and Inflammatory Eye Conditions

11.1.1 Allergic Conjunctivitis

Antihistamines

Olopatadine Eye Dps 1mg/ml

Mast Cell Stabilisers

Lodoxamide Eye Drops 0.1%

Sodium Cromoglicate_Eye Dps Aq 2%

11.1.2 Inflammatory Eye Conditions

Analgesics, Non-steroidal anti-inflammatory Drugs

Corticosteroids

Dexamethasone 0.1% Ud P/F (Minims)

Dexamethasone/Hypromellose_Eye Dps 0.1/0.5%

Fluorometholone/polyvinyl alcohol_Eye Dps 0.1%

Hydrocortisone_Eye Drops UD 3.35mg/ml

Prednisolone Sod Phos Ud 0.5% (Minims)

Prednisolone Sod Phos_Eye Dps 0.5%,

Corticosteroids combination with anti-infectives

Dexamethasone with framycetin and gramicidin (Sofradex) Eye/Ear Drops

Dexamethasone with hypromellose, neomycin and polymyxin (Maxitrol) Eye Drops

Dexamethasone with hypromellose, neomycin and polymyxin (Maxitrol) Eye Oint

Dexamethasone/Tobamycin Eye Drops 0.1%/0.3%

Immunosuppressants Calcineurin Inhibitors and Related Drugs

Ciclosporin Eye Drops (for use under specialist supervision only)

11.2a Anterior Uveitis

Antimuscarinics (eye)

Atropine Eye Dps 1% Ud P/F (Minims)
Atropine Sulph_Eye Dps 0.5%, 1%
Cyclopentolate HCl 1% Ud P/F (Minims)
Cyclopentolate HCl_Eye Dps 0.5%, 1%

11.2 Dry Eye Conditions

Ocular Lubricants

Acetylcysteine with hypromellose Eye Drops 5%
Carbomer 980 Eye Drops 0.2%
Carmellose Sodium Eye Drops 0.5% & 1% U/d preservative free
Liquid paraffin with white soft paraffin and wool alcohols eye oint (preservative free)
VitA-POS 5g eye ointment
Sodium Chloride Eye Ointment 5%
Sodium Hyaluronate eye drops (all strengths and presentations)

11.3 Eye Infections

11.3.1 Bacterial Eye Infection

Antibacterials, Aminoglycosides

Gentamicin Sulph_Eye Dps 0.3%

Antibacterials, Cephalosporins Second Generation

Special only Products Contact Hospital Pharmacy if needed.

Antibacterials, Macrolides

Azithromycin Eye Drops UD 15mg/g

Antibacterials, Quinolones

Ciprofloxacin eye Drops 0.3%
Levofloxacin eye drops 0.5%
Moxifloxacin Eye Drops 5mg/ml
Ofloxacin Eye Drops 3mg/ml

Antibacterials, Other

Chloramphenicol eye drops 0.5%
Chloramphenicol Eye Dps 0.5% Ud P/F (Minims)
Chloramphenicol_Eye Oint 1%
Fusidic Acid MR Eye Drops 1%

11.3.2 Viral Eye Infection

11.3.2a Ophthalmic Herpes Simplex

Antivirals Nucleoside Analogues

Aciclovir_Eye Oint 3%

Ganciclovir Ophthalmic Gel 0.15%

11.4 Eye Procedures

Mydriatics and Cycloplegics

Antimuscarinics

Tropicamide Eye Drops UD 0.5%, 1%

Tropicamide Eye Drops 0.5%, 1%

Antiseptics and Disinfectants

Povidone Iodine Eye Drops UD 50mg/ml (0.5%)

Diagnostic Agents, Dyes

Fluorescein Eye Drops 1%, 2% 0.5ml U/d

Miotics, Parasympathomimetics

Sympathomimetics, Vasoconstrictor

Phenylephrine HCl Eye Drops UD 25mg/ml

Phenylephrine Ud (Minims) 10%

11.4.1 Post-Operative Pain and Inflammation

Anaesthetics Local

Lidocaine/Fluorescein Eye Drops U/d 4%/0.25%

Proxymetacaine HCl 0.5% Ud P/F (Minims)

Tetracaine Eye Drops 0.5%, 1%

Analgesics, Non-steroidal anti-inflammatory Drugs

Bromfenac Eye drops 900mcg/ml –

Ketorolac Eye Drops 0.5%

Corticosteroids

Loteprednol Ophthalmic Suspension 0.5% (Specialist Initiation only)

11.5 Glaucoma and Ocular Hypertension

Beta-Adrenoreceptor Blockers

Timolol Maleate Eye Drops 0.25%, 0.5%,

Timolol Maleate Eye Gel 0.25%, 0.5%⁻

Timolol Maleate Eye Drops 1% Ud

Carbonic Anhydrase Inhibitors

Acetazolamide_Cap 250mg M/R

Acetazolamide_Tab 250mg

Acetazolamide Inj 500mg

Brinzolamide_Eye Dps 10mg/ml

Brinzolamide with Brimonidine Eye Drops 10/2mg

Brinzolamide with Timolol Eye Drops 10/5mg

Dorzolamide_Eye Drops 2%

Dorzolamide/timolol Eye Drops 2%/0.5%

Miotics, Parasympathomimetics

Pilocarpine HCl_Eye Drops 2%,

Pilocarpine Nitrate 2%,Ud P/F (Minims)

Prostaglandins and Analogues

Latanoprost Eye Drops 50mcg/ml

Latanoprost Eye Drops 50mcg/ml 0.2ml unit dose single use

Latanoprost/Timolol Eye Drops 50mcg/5mg/ml

Tafluprost Eye Drops 15 microgram per ml (Specialist Initiation only)

Tafluprost with Timolol Eye Drops 15mcg/5mg (Specialist Initiation only)

Travoprost eye drops 40mcg/ml (Specialist initiation/recommendation only)

Travoprost with Timolol 40mcg/5mg (Specialist initiation/recommendation only)

Prostamides

Bimatoprost Eye Drops 100micrograms/ml & 300micrograms/ml
(Specialist initiated only)

Bimatoprost Eye Drops 100micrograms/ml 0.4ml unit dose vials (Specialist initiated only)

Bimatoprost 300 microgram per 1ml Timolol 5mg per 1ml eye drops
preservative free (for specialist Initiation only and for second line use only)

Sympathomimetics, Alpha-Adrenoreceptor Agonists

Apraclonidine Eye Drops 5mg/ml

Brimonidine Tart_Eye Dps 0.2%
Brimonidine Tart with Timolol Eye Drops 2/5mg

11.6 Retinal Disorders

11.6.1 Macular Degeneration

Bevacizumab Intraviteal Inj (Special) (Hospital Pharmacy Only)

Photosensitisers

11.6.2 Macular Oedema

Corticosteroids

Dexamethasone Intravitreal Implant 700mcg (Hospital Only)

11.6.3 Optic Neuropathy

11.6.4 Vitreomacular Traction

11.7 Miscellaneous Ophthalmic Products

Balanced salt solution (sterile)(Hospital Only)

EAR

12.1 Otitis Externa

Antibacterials Aminoglycosides

Gentamicin Ear Drops 0.3%

Gentamicin with Hydrocortisone Ear drops 0.3%/1%

Antibacterials Quinolones

Ciprofloxacin Ear Drops 2mg/ml UD

Antibacterials Other

Chloramphenicol ear drops 5%, 10%

Antifungals Imidazole Antifungals

Clotrimazole Soln 1%

Corticosteroids

Betamethasone Sod Phos_Ear Dps 0.1%

Flumetasone/clioquinol Ear Drops 0.02%/1%

Prednisolone Sod Phos_Eye/Ear Drops 0.5%

Corticosteroids Corticosteroid Combinations with Anti-infectives

Betamethasone Sod Phos/Neomycin_Ear Dps 0.1%/0.5%

Flumetasone with Clioquinol Ear Drps 200mc/10mg/ml

Ciprofloxacin with Dexamethasone Ear Drops 0.3%/0.1%

Dexamethasone with Glacial Acetic Acid and Neomycin (Otomize) Ear Spray

Hydrocortisone with Neomycin and Polymyxin B (Otosporin) Ear Drops

12.2 Otitis Media

Phenazone with Lidocaine Ear Drops

12.3 Removal of Ear Wax

Sodium bicarbonate ear drops 5% (Self care Item not on GPMS)

Almond oil ear drops(Self care Item not on GPMS)

Docusate Sodium (Waxsol) Ear Drops 0.5% (Self care Item not on GPMS)

Olive Oil ear drops(Self care Item not on GPMS)

Cerumol Ear Drops(Self care Item not on GPMS)

Urea Hydrogen Peroxide (Exterol)Ear Drops 5% (Self care Item not on GPMS)

NOSE

12.1 Nasal Decongestion

Sympathomimetics Vasoconstrictor

Ephedrine Nasal Drops 0.5% (Self care Item not on GPMS)

Pseudoephedrine Tab 60mg (Self care Item not on GPMS)

Pseudoephedrine Syrup 30mg/5ml(Self care Item not on GPMS)

Xylometazoline Nasal drops 500mcg/ml (Self care Item not on GPMS)

Xylometazoline Nasal Spray 1mg/ml (Self care Item not on GPMS)

12.2 Nasal Infection

Antibacterials, Aminoglycosides

Chlorhex HCl/Neomycin Sulph_Crm 0.1%/0.5%

Antibacterials, Other

Mupirocin_Nsl Oint 2%

Chlorhexidine with Neomycin (Naseptin) Nsl Cream

12.3 Nasal Inflammation, Nasal Polyps and Rhinitis

Antihistamines

Azelastine HCl_Aq Nsl Spy 140mcg (136D)

Antimuscarinics

Ipratropium Brom_Aq Nsl Spy 21mcg (180D)

Corticosteroids

Beclometasone Diprop_Aq Nsl Spy 50mcg (200D)

Betamethasone Sod Phos_Nsl Dps 0.1%

Budesonide_Aq Nsl Spy 64mcg (120 dose)

Fluticasone Prop_Nsl Spy 50mcg (150D)

Fluticasone Prop_Nsl Spy 27.5mcg (120D)

Fluticasone Prop_Susp Nsl Dps 400mcg Ud

Fluticasone with Azelastine Nasal Spray 50/137mcg
Mometasone Fur_Aq N/Spy 50mcg (140D)
Mometasone Fur with Olopatadine Nasal Spray 25/600mcg
Triamcinol Aceton_Aq Nsl Spy 55mcg(120D)

Oropharynx

12.1 Dry Mouth

Lubricants

Artificial Saliva_Spy 50ml
AS Saliva Orthana_Loz (ACBS only)
AS Saliva Orthana_P/Spy 50ml (ACBS only)
Gelclair Sachet (Oncology specialist initiated only)
Glandosane_A/Spy 50ml (Flav) (ACBS only)
Oralbalance Gel (ACBS only)
Oralieve 50ml moisturising gel (for patients on oxygen and with cracked lips)
Saliveze Spray (ACBS only)
Salivix Pastilles (ACBS only)
SST Tab (Specialisrt initiation only)

Parasympathomimetics

Pilocarpine Tab 5mg

12.2 Oral Hygiene

Antiseptics and Disinfectants, other

Chlorhexidine Gluconate_Gel 1% (Self care Item not on GPMS)
Chlorhexidine Gluconate_Mthwsh 0.12% (Self care Item not on GPMS)
Chlorhexidine Gluconate Catheter Irrigation Soltn 0.2%
Chlorhexidine Gluconate_Oral Spray 0.2%(Self care Item not on GPMS)
Hexetidine_Mthwsh/Garg 0.1%
Hydrogen Peroxide Mouthwash 1.5% & 6% (Self care Item not on GPMS)
Sodium chloride Comp Mthwsh (Special Hospital Only)

12.2.1 Dental Caries

Sodium Fluoride Tablet 1.1mg
Colgate Duraphat Toothpast 2800ppm 5000ppm (Self care Item not on GPMS)
Sodium Fluoride Oral Drops 3.7mg/ml(Self care Item not on GPMS)

12.3 Oral Ulceration and Inflammation

Anaesthetics

Lidocaine Spray 10mg/dose

Lidocaine Oint 5%

Analgesics

Benzydamine HCl_Mthwsh 0.15% (Self care Item not on GPMS)

Benzydamine HCl_Spy 0.15% 30ml (Self care Item not on GPMS)

Diclofenac Mouthwash 74mg/ml

Flurbiprofen Loz 8.75mg

Corticosteroids

Hydrocortisone 2.5mg buccal tablet

Salicyclic Acid Derivatives

Choline Salicylate_Dental Gel 8.7% S/F (Self care Item not on GPMS)

Pyralvex_Soln + Brush

12.4 Oropharyngeal Bacterial Infections

Antibacterials, Tetracyclines and related drugs

Doxycycline Disp Tab 100mg

12.5 Oropharyngeal Fungal Infections

Antifungals Imidazole Antifungals

Miconazole_Oramucosal Gel 24mg/ml S/F

Antifungals Polyene Antifungals

Nystatin Susp 100000unit/ml

12.6 Oropharyngeal Viral Infections

See BNF and Microguide for advice

12.7 Other Products

Bismuth and iodoform impregnated gauze (all sizes)

Bismuth and iodoform paste

BNF Skin Chapter 13

Area of the body	Creams and Ointments	Lotions
Face	15 - 30 g	100 mL
Both hands	25 – 50 g	200 mL
Scalp	50 – 100 g	200 mL
Both arms or both legs	100 – 200 g	200 mL
Trunk	400 g	500 mL
Groins and genitalia	15 – 25 g	100 mL

These amounts are usually suitable for an adult for twice daily application for 1 week. The recommendations do not apply to corticosteroid preparations.

13.1 Dry and scaling skin disorders.

Dermatological Drugs, barrier preparations

Barrier creams and ointments

Ointment

Zinc & Castor Oil Oint , 100g, 500g (self care item do not prescribe on GPMS refer to community pharmacy)

Metanium (self care item do not prescribe on GPMS refer to community pharmacy)

Spray

Cavilon Spray (see wound care formulary)

Sprilon Spray (self care item do not prescribe on GPMS refer to community pharmacy)

Cream

Conotrane Crm 100g,500g (self care item do not prescribe on GPMS refer to community pharmacy)

Sudocrem (self care item do not prescribe on GPMS refer to community pharmacy)

Dermatological Drugs, emollients

Emollient bath and shower products antimicrobial-containing

Dermol 200_Shower Emollient

Dermol 600_Bath Emollient

Emulsiderm_Emollient

Oilatum Plus_Emollient

Emollient bath and shower products, paraffin containing

Aqueous_Crm 100g, 500g Do not prescribe on GPMS

Doublebase emollient wash gel100g, 500g

E45_Emollient Bath Oil

Emollient bath and shower products, soya bean oil containing

Balneum_Bath Oil

Balneum Plus Bath Oil

Emollient creams and ointments,

Emollient bath and shower products tar-containing

Psoriderm Emul 40% 200ml

Emollient cream and ointments, antimicrobial –containing

Dermol 500 Lot, 500ml

Emollient creams and ointments colloidal oatmeal-containing

Aveeno_Crm 100ml, 300ml, 500ml

Emollient creams and ointments paraffin-containing

Diprobace Cr 50g, 500g

Doublebase Gel 100g, 500g, 1000g

E45_Lotion (ACBS Only) 200ml, 500ml

E45 Cream 50g, 125g, 500g

Emollin Spray (only use for children otherwise self care item do not prescribe on GPMS refer to community pharmacy)

Emulsifying_Ointment, 500g

Epaderm Cream 50g, 150g, 500g

Epaderm Oint 125g, 500g

Hydromol Ointment 500g, 1kg

Liq Paraf/Wte Soft Paraf_(S) 50%/50%

Paraf_Soft Wte (S)

Emollients, urea-containing

Balneum Cream 50g 500g

Balneum Plus Cream 100g 500g

Diprobace_Crm

Eucerin Intensive Crm

Eucerin Intensive Lotion

Urea 10% cream 30g, 100g

13.2 Infections of the skin

13.2.1 Bacterial Skin Infections

Antibacterials, aminoglycosides

Neomycin Sulph Crm 0.5%

Antibacterials, nitroimidazole derivatives

Metronidazole_Crm 0.75%, 1%
Metronidazole_Gel 0.75%, 0.8%

Antibacterials, sulphonamides

Silver Sulfadiazine_Crm 1% 50g

Antibacterials, others

Mupirocin_Crm 2% 15g (Impetigo see microguide for use)
Mupirocin_Oint 2% 15g (Impetigo see microguide for use)

13.2.2 Fungal skin infections**Antifungals, imidazole antifungals**

Clotrimazole Cr 1% 20g,
Clotrimazole Cr 2% 20g
Clotrimazole_VC Crm 10% 5g
Econazole Nit_Crm 1% 30g
Ketoconazole_Crm 2% 30g
Ketoconazole_Shampoo 2%

Antifungals, other

Amorolfine HCl_Crm 0.25%
Terbinafine HCl_Crm 1% 15g, 30g
Terbinafine HCl Tab 250mg

Antiseptics and disinfectants, other

Benzoic Acid Co Oint (self care item do not prescribe on GPMS refer to community pharmacy)

13.2.3 Parasitic Skin Infections**Parasitacides**

Dimeticone 4% Lotion (self-care item do not prescribe on GPMS refer to community pharmacy)
Malathion_Aq Lot 0.5%
Permethrin_Creme Rinse 1% (self-care item do not prescribe on GPMS refer to community pharmacy)
Permethrin_Crm 5% (see microguide)

13.2.4 Viral Skin Infections**Antivirals, nucleoside analogues**

Aciclovir_Crm 5%

13.3 Inflammatory skin conditions

Suitable quantities of corticosteroid preparations to be prescribed for specific areas of the body.

	Creams and Ointments
Face and neck	15 - 30 g
Both hands	15 – 30 g
Scalp	15 – 30 g
Both arms	30 – 60 g
Both legs	100 g
Trunk	100 g
Groins and genitalia	15 – 30 g

These amounts are usually suitable for an adult for a single daily application for 2 weeks.

Steroid Potency-

Mild

Fluocinolone 0.0025% (Synalar 1 in 10)
Hydrocortisone 0.1-2.5%

Moderate

Betamethasone Val 0.025% (1 in 4) (Betnovate RD)
Clobetasone But 0.05% (Eumovate)
Fluocinolone 0.00625% (Synalar 1 in 4)

Potent

Beclometasone Dip 0.025%
Betamethasone Val 0.1% (Betnovate)
Diflucortolone Val 0.1% (Nerisone)
Fluocinolone 0.025%,(Synalar)
Hydrocortisone But 0.1% (Locoid)
Mometasone Fur 0.1% (Elocon)

Very Potent

Clobetasol Prop 0.05% (Dermovate, Etrivex)
Diflucortolone Val 0.3% (Nerisone Forte)

See BNF for full details on products and combination products.

Please note corticosteroids should be prescribed in line with NICE [TA 81](#) - Frequency of application of topical corticosteroids for atopic eczema.

In order to minimise the side-effects of a topical corticosteroid, it is important to apply it thinly to affected areas only, no more frequently than twice daily, and to use the least potent formulation which is fully effective.

Psoriasis: The use of potent or very potent corticosteroids in psoriasis can result in rebound relapse, development of generalised pustular psoriasis, and local and systemic toxicity. Do **NOT** use **very** potent corticosteroids continuously at any site for longer than 4 weeks.

Do **NOT** use potent corticosteroids continuously at any site for longer than 8 weeks.

Corticosteroids with Antimicrobials:

Only where inflammatory skin conditions are associated with bacterial or fungal infection, such as infected eczema. The antimicrobial drug should be chosen according to the sensitivity of the infecting organism and used regularly for a short period (typically twice daily for 1 week). Longer use increases the likelihood of resistance and of sensitisation

Psoriasis

Consult NICE CG 153 - Psoriasis: Assessment and management of psoriasis.

See also:

Adalimumab for plaque psoriasis NICE TA 146 (consultant/GPwERSinitiated prescribing only)

Certolizumab NICE TA 574 moderate to severe psoriasis (consultant initiated prescribing only)

Dimethy Fumarate NICE TA 475 moderate to severe plaque psoriasis (consultant prescribing only)

Etanercept NICE TA 103 for plaque psoriasis (consultant/GwERS initiated prescribing only)

Infliximab NICE TA 134 for plaque psoriasis (consultant/GPwERS initiated prescribing only)

Ustekinumab NICE TA 180 for moderate to severe psoriasis in adults (consultant initiated prescribing only)

Summary: Management of Psoriasis - taken from NICE CG 153:

- First line – Topical therapy – e.g. corticosteroids, vitamin D, vitamin D analogues, dithranol and tar preparations
- Second line – broad- or narrow-band UVB light and psoralen plus UVA light (PUVA) and systemic non-biologics e.g. ciclosporin, methotrexate or acitretin
- Third line – systemic biologics; Anti-TNFs – adalimumab, etanercept and infliximab and mono-clonal antibody ustekinumab which targets IL-12 and IL-23.

Offer second and third line therapies if topical therapies unlikely to control psoriasis, such as extensive disease e.g. > 10% body surface area affected, or at least “moderate” on the static Physicians Global Assessment.

Calcipotriol is an analogue of vitamin D that affects cell division and differentiation. **Calcitriol** is an active form of vitamin D. Vitamin D and its analogues are used first-line for the long-term treatment of plaque psoriasis; they do not smell or stain and they may be more acceptable than tar or dithranol products. Of the vitamin D analogues, calcitriol is less likely to irritate

13.3.1 Eczema and psoriasis

Corticosteroids

Alclometasone Diprop_Crm 0.05%

Alclometasone Diprop_Oint 0.05%
 Beclometasone Dip_Oint 0.025%
 Betamethasone Diprop_Crm 0.05% 30g, 100g
 Betamethasone Diprop_Oint 0.05% 30g, 100g
 Betamethasone Diprop_Scalp Applic 0.05%
 Betamethasone Val_Crm 0.025% (1 in 4)
 Betamethasone Val_Crm 0.1%
 Betamethasone Val_Foam Aero 0.12% 100g
 Betamethasone Val_Oint 0.025% (1 in 4)
 Betamethasone Val_Oint 0.1%
 Betamethasone Val_Scalp Applic 0.1% 100ml
 Calcipotriol (as monohydrate) 50mcg/g, Betamethasone 0.05%(as dipropionate) Cutaneous foam 60g, 120g
 Calcipotriol 50mcg/g, Betamethasone 0.05% (as dipropionate), Gel 60g, 120g
 Calcipotriol 50mcg/g, Betamethasone 0.05% (as dipropionate), Ointment 30g, 60g, 120g
 Clobetasol Prop Cream 0.05% 30g,100g
 Clobetasol Prop Ointment 0.05% 30g,100g
 Clobetasol Prop Scalp Application 0.05% 30ml, 100ml
 Clobetasol Prop Shampoo 500micrograms per 1g
 Clobetasone But_Crm 0.05% 15g, 30g, 100g
 Clobetasone But_Oint 0.05% 15g, 30g, 100g
 Fludroxycortide Crm 0.0125% 60g
 Fludroxycortide Tape 7.5 x 50cm and 7.5 x 200cm
 Fluocinolone Gel 0.025%
 Fluocinolone_Crm 0.025%, 0.00625%,
 Fluocinolone Crm (Synalar 1 in 10) 0.0025%
 Hydrocortisone_Crm 0.1%, 0.5%, 1%, 2.5%
 Hydrocortisone_Oint 0.5%, 1%, 2.5%
 Mometasone Fur_Crm 0.1%
 Mometasone Fur_Oint 0.1%
 Mometasone Fur_Scalp Lot 0.1%

Corticosteroids, combinations with ant-infectives

Betamethasone Val/Clioquinol_Crm 0.1%/3% 30g
 Betamethasone Val/Clioquinol_Oint 0.1%/3% 30g
 Betamethasone Val/Fusidic Acid_Crm 0.1%/2% 30g, 60g% (Impetigo see microguide for use of fusidic acid)
 Betamethasone Val/Neomycin Sulph_Crm .1/0.5% 30g, 100g
 Betamethasone Val/Neomycin Sulph_Oint .1/0.5% 30g, 100g
 Betamethasone Diprop/Salic Acid_Oint 0.05/3% 30g, 100g
 Betamethasone Diprop/Salic Acid_Scalp Applic 0.05/2% 100ml
 Clobetasol Prop 0.05%/neomycin 5mg/g/nystatin 100,000units/g Cr 30g

Clobetasol Prop 0.05%/neomycin 5mg/g/nystatin 100,000units/g Oint 30g
 Fluocinolone acetonide 250 microgram per 1 gram, Clioquinol 30mg per 1 gram cream (Synalar C cream) 15g
 Fluocinolone acetonide 250 microgram per 1 gram, Clioquinol 30mg per 1 gram ointment (Synalar C Ointment) 15g
 Hydrocortisone Acet/Fusidic Acid_Crm 1%/2% (Impetigo see microguide for use of fusidic acid)
 Hydrocortisone/Clotrimazole_Crm 1%/1% 30g
 Hydrocortisone/Miconazole Nit_Crm 1%/2% 30g
 Hydrocortisone 0.5%/chlorhexidine 0.1%/Nystatin 100000units/g (Nystaform-HC) Crm 30g
 Hydrocortisone 1%/chlorhexidine 0.1%/Nystatin 100000units/g (Nystaform-HC) Oint 30g
 Trimovate Cream 30g

Dermatologicals, anti-infectives

Icthopaste Bandage 7.5cm x 6m

Dermatologicals,antracen derivatives

Dithranol_Crm 0.1%, 0.25%, 0.5%. 1% 50g (consultant/GPwERS only)
 Dithranol combinations with coal tar and salicyclic acid can be organised as specials (consultant led only prescribing through Hospital Pharmacy)
 Dithranol combinations with salicyclic acid and zinc oxide specials (consultant led only prescribing through Hospital Pharmacy)

Dermatologicals, tars

Alphosyl_Shampoo 2 In 1
 Coal tar soln Crm 10%
 Coal Tar_Bath Emuls 40%
 Coal Tar_Prep Crm 1%
 Exorex Emulsion 250ml
 Neutrogena T Gel 125ml, 250ml
 Psoriderm Lotion 250ml

Coal tar with coconut oil and salicyclic acid

Capasal_Therapeutic Shampoo

Coal Tar with salicyclic acid and precipitated sulphur

Cocois Co Oint (St.John's Hosp)

Immunosuppressants, calcineurin inhibitors and related drugs

Pimecrolimus cream 1% 30g , 60g, 100g(Specialist initiation only)(NICE TA 82, see detailed advice not recommended for mild atopic eczema or first line for any severity)

Tacrolimus_Oint 0.03%, 0.1% 30g, 60g (Specialist initiation only) (NICE TA 82 see detailed advice not recommended for mild atopic eczema or first line for any severity)

Immunosuppressants, interleukin inhibitors

Brodalumab 140mg/ml PFS (to be dispensed by hospital pharmacy only) (NICE TA 511 with restrictions)

Dupilumab 150mg per 1 ml, pre filled disposable injection (to be dispensed by hospital pharmacy only) (NICE TA 534 with restrictions)

Guselkumab PFP 100mg/ml (NICE TA 521 with restrictions)

Ixekizumab, solution for injection in pre-filled syringes and prefilled pens, 80mg (In accordance with NICE TA numbers 442 or 537 or any revision(s) thereof only)

Risankizumab, solution for injection in pre-filled syringe, 75 mg (In accordance with NICE TA number 596 or any revision thereof only)

Tildrakizumab, solution for injection in pre-filled syringe, 100mg (In accordance with NICE TA number 575 or any revision thereof only)

Retinoids and related drugs

Acitretin_Cap 10mg, 25mg (Hospital only) (under expert supervision)

Alitretinoin, soft capsules, 10mg and 30mg (In accordance with NICE TA 177) (Hospital Only)

Tazarotene_Aq Gel 0.05%, 0.1% 30g

Salicylic Acid and derivatives

Salicylic Acid and Zinc Oxide Paste (special hospital only)

Vitamin and trace elements, vitamin D and analogues

Calcipotriol_Crm 50mcg/1g 30g, 60g, 120g

Calcipotriol_Oint 50mcg/1g 30g, 60g, 120g

Calcipotriol_Scalp Soln 50mcg/ml 60ml, 120ml

13.4 Perspiration

13.4.1 Hyperhidrosis

Antimuscarinics

Glycopyrronium Bromide Powder 3g

Dermatological Products, astringents

Aluminium Chloride Liquid 20% 60ml 250ml (self care item do not prescribe on GPMS refer to community pharmacy)

13.5 Pruritis

Antipruritics

Calamine Aq_Crm (self care item do not prescribe on GPMS refer to community pharmacy)

Calamine_Lot (self care item do not prescribe on GPMS refer to community pharmacy)

Crotamiton_Crm 10% 30g, 100g

Menthol and derivatives

Menthol Cream all strengths

Menthol Gel all strengths

13.6 Rosacea and acne

13.6.1 Acne

Anti-androgens

Ethinylestradiol 35microg, cyproterone acetate 2mg tab, pack of 63 (Co-Cyprindiol_Tab 2mg/35mcg) (Consultant or GPSI initiation)

Antibacterials, lincosamides

Clindamycin Phos_Lot 1%

Clindamycin Phos_Top Soln 1% + Applic

Antibacterials, macrolides

Erythromycin/Zn Acet Lot 40mg/ml/12mg/ml, 30ml, 90ml

Antiseptics and disinfectants, peroxides

Benzoyl Peroxide Aq Gel 5%, 30g, 60g

Benzoyl Peroxide Skin Wash 5% 100g

Clindamycin 1%/Benzoyl Peroxide 5 % Gel 30g, 60g

Clindamycin 1%/Benzoyl Peroxide 3% Gel 30g, 60g

Dermatologicals, anticomedonals

Azelaic Acid_Crm 20% 30g

Retinoid and related drugs

Adapalene_Crm 0.1% 45g

Adapalene_Gel 0.1% 45g

Adapalene 0.1%/Benzoyl peroxide 2.5% Gel 45g

Isotretinoin_Cap 5mg, 10mg, 20mg

Erythromycin/Isotretinoin_Gel 2%/0.05% 25ml

Vitamins and trace elements, vitamin B group

Nicotinamide 40mg/g gel 25g, 60g (not for routine prescribing Specialist or GPwERS only)

13.6.2 Rosacea

(see also azelaic acid)

Antihelminitics

Ivermectin Cream 10mg/g, 30g (named patient or specific outbreak request only)

Sympathomimetics, alpha₂ adrenoceptor-agonists

Brimonidine tart 3mg/g gel 30g

13.7 Scalp and hair conditions**Antiseptics and disinfectants, other**

Benzalkonium chloride 5mg/ml shampoo 250ml (self care item do not prescribe on GPMS refer to community pharmacy)

Vitamins and trace elements,

Selenium Sulphide shampoo 2.5% 100ml, 150ml (self care item do not prescribe on GPMS refer to community pharmacy)

13.7.1 Alopecia**Vasodilators, vasodilator hypertensives**

None

13.7.2 Hirsutism**Antiprotozoals**

Eflornithine (as Eflornithine monohydrate chloride) 115mg per 1 gram cream 60g (restricted prescribing, Consultant/GPwSI)

13.8 Skin cleansers, antiseptics and desloughing agents**Antiseptics and disinfectants**

Pot Permanganate_Soln Tab 400mg, 30 tab (restricted product for Hospital and community nursing teams not for routine GPMS prescribing)

Antiseptics and disinfectants, alcohol disinfectants

Industrial methylated spirit BP 70% 600ml

Antiseptics and disinfectants, iodine products

Povidone Iodine Pdr A/Spy 2.5% 150g

Povidone iodine 7.5% surgical scrub 500ml

Povidone iodine 10% antiseptic solution 500ml

Antiseptics and disinfectants, other**Chlorhexidine**

Chlorhexidine gluconate Obs Crm 1% 250ml
Chlorhexidine gluconate skin wash 1% 150ml
Chlorhexidine gluconate hand rub 0.5% 500ml
Chlorhexidine gluconate surgical scrub 4% 500ml
Chlorhexidine gluconate sterile sachets 0.05% 25 x 25ml

Chlorhexidine gluconate and isopropyl alcohol

Chlorhexidine gluconate 20mg/ml IPA 70%

Chlorhexidine gluconate with Cetrimide

None

Hydrogen Peroxide

Hydrogen Per crm 1% 25g, 40g
Hydrogen Per_Soln 10vols/3%
Hydrogen Per Soln 20vols/6%

Proflavine

Proflavine Crm 0.1% (hospital only)

Irrigation Solutions

Sodium Chloride Soln 0.9% (all preparations)

13.8.1 Minor cuts and abrasions**Antiseptics and disinfectants, other**

Magnesium Sulph Paste (self care item do not prescribe on GPMS refer to community pharmacy)

Antiseptics and disinfectants, other**Skin Adhesives**

Dermabond Propen (Hospital only)

13.9 Skin disfigurement

Seek advice/ see BNF, contact PPAU for details of how to prescribe

13.10 Sun protection and photodamage

Sun Protection (Ocean View and chemotherapy patients and those meeting ACBS criteria for use)

Preparations with an SPF less than 30 should not be prescribed.

Ambre Solaire Protection Lotion SPF 50 (GHA/Ocean View use only or where indicated in chemotherapy regimen)

Contact PPAU for ACBS criteria patients, will need approval first.

Analgesics, NSAIDs (from chapter 10.4)

Ibuprofen Gel 5% (self care item do not prescribe on GPMS refer to community pharmacy) (caution flammable)

Ibuprofen Gel 10% 30g 50g 100g

Antineoplastics, antimetabolites

Fluorouracil Cr 5% 40g

Protein kinase C activators

Ingenol mebutate gel 150mcg/g & 500mcg/g (Specialist or GPwERS initiation only)(no licensed product listed)

13.11 Superficial soft-tissue injuries and superficial thrombophelbitis

Heparinoids

Heparinoid_Crm 0.3% 50g

Heparinoid_Gel 0.3% 50g

13.12 Warts and calluses

Antineoplastic drugs plant alkaloids

Camellia sinensis

Camellia sinensis extract crm 100mg/g 15g

Podophyllotoxin

Podophyllotoxin_Crm 0.15% 5g

Podophyllotoxin_Soln 0.5%

Antiseptics and disinfectants, aldehydes and derivatives

Formaldehyde Soln 350mg/g 500ml

Antiseptics and disinfectants, other

Silver Nitrate

Avoca_Caustic Pencil 40% single

Avoca Caustic_Applic 75% pack of 100

Avoca Caustic_Applic 95% pack of 100

Avoca Caustic Pencil 95% single

Antivirals, immune response modifiers

Imiquimod_Crm 5% Sach 250mg, pack of 12

Salicylic Acid and derivatives**Salicylic Acid**

Salicylic Acid 26% Soln or Gel with applicator 10ml

Salicylic Acid and lactic acid

Salicylic Acid/Lactic Acid 11% or 12%/4% Gel with applicator 8g (self care item do not prescribe on GPMS refer to community pharmacy)

Salicylic Acid/Lactic Acid 16.7/16.7% Paint with applicator 10ml (self care item do not prescribe on GPMS refer to community pharmacy)

Salicylic acid 50% Oint (self care item do not prescribe on GPMS refer to community pharmacy)

BNF 15 Anaesthesia

Anaesthetics, general, intravenous anaesthetics

Propofol Emulsion for Inf 10mg/ml 20ml, 50ml, 100ml (hospital only)

Propofol Emulsion for Inf 20mg/ml 20ml, 50ml (hospital only)

Anaesthetics, general, volatile liquid anaesthetics

Desflurane

Nitrous Oxide (hospital use only)

Nitrous Oxide/Oxygen 50:50 mix (Entonox) (GHA use only)

Sevoflurane

15.1 Anaesthesia adjuvants

Antimuscarinics

Atropine Sulfate_Inj 600mcg/1ml

Atropine Sulfate_Inj PFS 100mcg/ml

Glycopyrronium Bromide injection 200mcg/ml 3ml amps

15.1.1 Neuromuscular blockade

Neuromuscular blocking drugs, depolarising

Suxamethonium Inj 50mg/ml

Neuromuscular blocking drugs, non-depolarising

Atracurium besilate Inj 10mg/ml 2.5ml, 5ml, 25ml

Rocuronium bromide Inj 10mg/ml 5ml, 100ml,

Vecuronium Bromide Inj powdr 10mg

15.1.2 Neuromuscular blockade reversal

Anticholinesterases

Neostigmine with Glycopyrronium Inj 500mcg/2.5mg/ml

Anticholinesterases

Sugammadex Inj 100mg/ml 2ml, 5ml (restricted see SBH policy on its use)

15.1.3 Peri-operative analgesia

Anaesthetics general, nmda receptor antagonists

Esketamine Inj 5mg/ml 5ml (hospital only) (DDA)

Esketamine Inj 25mg/ml 2ml (hospital only) (DDA)

Anaesthetics local

Bupivacaine with fentanyl Inf 1mg/2mcg/ml 250ml, 500ml bag

Bupivacaine with fentanyl Inf 1.25mg/2mcg/ml 250ml, 500ml bag

Analgesics non steroidal anti-inflammatory drugs NSAIDs

Ketorolac_Inj 30mg/ml

Parecoxib Inj pwdr 40mg (restricted see SBH policy on its use)

Analgesics opioids

Alfentanil Inj 500 mcg/ml and 5mg/ml (DDA)

Fentanyl Inj 50mcg/ml 2ml, 10ml (DDA)

Remifentanil HCl pwdr for Inj 1mg, 2mg, 5mg (DDA)

15.1.4 Peri-operative sedation

Anaesthetics general, nmda receptor antagonists

Ketamine Inj 10mg/ml, 50mg/ml (DDA) (hospital only)

Hypnotics, sedatives and anxiolytics, non-benzodiazepine hypnotics and sedatives

Dexmedetomidine Inf 100mcg/ml

15.2 Malignant Hyperthermia

Dantrolene sodium pwdr for Inf 20mg (hospital only)

Dantrolene Caps 25mg

Dantrolene Caps 100mg

Local Anaesthesia

Anaesthetics, Local

Bupivacaine HCl Inj 0.25%,

Bupivacaine HCl Inj 0.5%

Bupivacaine HCl Inj 0.5% (heavy)

Bupivacaine HCl with Adrenaline Inj 2.5mg:5mcg/ml
 Bupivacaine HCl with Adrenaline Inj 5mg:5mcg/ml
 Chloroprocaine HCl Inj 10mg/ml
 Levobupivacaine Inf 62.5mg/ml
 Levobupivacaine Inf (bags) 1mg/ml (0.1%)
 Lidocaine HCl_Inj 10mg/ml 20ml Amp
 Lidocaine HCl_Inj 10mg/ml 20ml vial
 Lidocaine HCl_Inj 10mg/ml 2ml Amp
 Lidocaine HCl_Inj 10mg/ml 5ml Amp
 Lidocaine HCl_Inj 20mg/ml 20ml Amp
 Lidocaine HCl_Inj 20mg/ml 2ml Amp
 Lidocaine HCl_Inj 20mg/ml 5ml Amp
Lidocaine Medicated Plasters (to be prescribed only for licensed indication by all doctors and by Pain Clinic only for post herpetic neuralgia, and through pain clinic for focal neuropathic pain with allodynia (unlicensed use so non formulary request required) (DTC February 2023)
 Lidocaine HCl_Gel 1%
 Lidocaine_Oint 50mg/g (5%)
 Lidocaine_P/Spy 10% 50ml
 Lidocaine HCl/Adren_Inj 1% 20ml VI
 Lidocaine HCl/Adren_Inj 2% 20ml VI
 Lidocaine with phenylephrine solution 150mg:25mg/ml
 Lidocaine HCl/Prilocaine_Crm 2.5%/2.5%
 Prilocaine HCl Inj 10mg/ml
 Prilocaine HCl_Inj 20mg/ml 5ml amp (Heavy)
 Ropivacaine HCl Inj 2mg/ml
 Ropivacaine HCl Inj 7.5mg/ml
 Ropivacaine HCl Inj 10mg/ml
 Ropivacaine HCl Inf 2mg/ml
 Tetracaine Gel 4%

BNF 16 Emergency Treatment of Poisoning

16.1 Active Elimination from the Gastro-Intestinal Tract

Antidotes and Chelators, intestinal adsorbants

Charcol Activated Granules

16.2 Chemical Toxicity

16.2.1 Cyanide Toxicity

Hydroxocobalamin Inf 5g (Cyanokit)
Sodium Thiosulfate Inj 250mg/ml

16.2.2 Organophosphorous Toxicity

Pralidoxine Chloride Inj 1g

16.3 Drug Toxicity

16.3.1 Benzodiazepine toxicity

Antidotes and Chelators, Benzodiazepine antidotes

Flumazenil Inj 100mcg/ml

16.3.2 Digoxin Toxicity

Antidotes and Chelators, Antibodies

Digoxin Specifici Antibody Powder for Inf 40mg

16.3.3 Heparin Toxicity

Antidotes and Chelators

Protamine Sulfate 10mg/ml

16.3.4 Opioid Toxicity

Opioid Receptor Antagonists

Naloxone Inj 400mcg/ml

Naloxone PFS 2mg/2ml

16.3.5 Paracetamol Toxicity

Antidotes and Chelators

Acetylcysteine Inj 200mg/ml

16.4 Methaemoglobinaemia

Antidotes and Chelators,

Methylthionium Chloride Inj 5mg/ml (Methylene Blue)

16.5 Snake Bites

Immune Sera and Immunoglobulins, Antitoxins

No snake anti-venoms are held in the SBH Pharmacy contact Civil Contingencies/MoD

European viper snake antivenom Inf NOT STOCKED IN SBH PHARMACY



Gibraltar Health Authority

Wound Care Formulary

Version 1.2

Wound Definition

For the purposes of these guidelines, the following definitions apply –

- A simple wound is one where there is damage to the epidermal layer of the skin, including discolouration due to pressure damage.
- A complex /chronic wound is one which heals by granulating from the base up and requires contraction and scar tissue to close. Debridement of slough and necrotic tissue may be necessary.
- It is important to note that the term chronic suggests longevity; however, many wounds e.g. diabetic foot or rheumatoid lesions may be termed chronic at the onset. A more accurate term for a chronic /complex wound would be a compromised wound. It is the underlying host response to the wound, which will determine to a great extent its ability to heal.

Cavity Wounds

Providing a single definition for a cavity wound is challenging as they vary in aetiology, size, depth and position. They may present with additional challenging features such as sinus formation, fistulae, undermining or bridging.

For the purposes of these guidelines, the following definitions apply –

- A wound extending beneath the layers of the dermis, potentially exposing structures such as fascia, tendon, muscle or bone.
- A wound requiring more than a simple flat dressing – wounds that require a ‘filler’ dressing.
- A wound deeper than 2cm.

Packing and Probing wounds

Guidance on how best to pack a wound and how to probe a wound to measure wound depth.

Clinicians must use their clinical judgment when deciding to pack or probe a wound.

- To gauge depth use a soft cotton tipped swab to gently probe, taking care not to damage tissue or structures.
- Podiatrists, please seek advice regarding probe type.
- To pack a wound with a hydrogel or alginate gel, half fill the cavity and apply secondary dressing.
- To pack a wound with dressing material, the end of the wound must be established to avoid dressing material being lost within the wound, it may be more appropriate to use a gel.
- Pack dressing material loosely
- Clearly document how many pieces of dressing material have been inserted and removed from the wound

Necrotic tissue

Necrotic tissue is a layer of dead tissue which can be brown/ black and or waxy in colour and is caused by an inadequate blood supply or infection. It may be soft or hard on the surface. The skin can remain intact, the necrosis can be of varying depth and it may produce an offensive smell.

Nursing staff must be cautious before attempting to remove necrotic tissue from a wound; this includes autolytic debridement with the use of hydrogels and dressing products. A full, holistic assessment of the patient must be undertaken first to ascertain any intrinsic or extrinsic factors, which may cause complications if removal of necrotic tissue is initiated or necessary.

Necrosis should not be routinely removed in an ischemic area. This may cause significant deterioration in the area.

- Necrosis should not be routinely removed and at the end of life in the absence of any systemic or local signs of infection unless required for symptomatic relief.
 - For example: debridement may be necessary e.g. wound is beginning to break down, a collection of fluid is evident below the necrosis and when malodour or infection is an issue, this must be discussed with the relevant clinicians before you attempt any form of necrotic tissue removal.
 - Specialist advice should be sought, when considering sharp debridement of a wound. Mechanical or surgical removal such as sharps debridement of tissue should only be performed by specialist practitioners
-
- Comprehensive Wound Assessment -Recognised good practice is to assess a wound using a validated wound assessment chart (e.g. leg ulcers to be assessed using Leg Ulcer Assessment charts)
 - Compromised wound healing is usually a result of the patients underlying disease processes, their ability to initiate an inflammatory response and fight infection. Intrinsic factors must therefore be taken into account whilst planning wound care.
 - Extrinsic factors at the wound bed (slough, necrotic tissue, biochemical and bacterial burden or damage to underlying structures, e.g. tendon) may inhibit the healing process and wound bed preparation must be carried out to promote proliferation and epithelialisation.
 - The condition of the surrounding skin must be considered when recognising if there are signs of infection, tracking or undermining of the wound. Consideration must be made as to whether adhesive or non-adhesive dressings should be used dependent on the vulnerability of the surrounding skin.
 - Address patient issues to establish if the patient/carer can be empowered to assist in their own wound care. It is important to determine if they have the ability to cope psychologically with the presence of a wound. It is important to recognise the need for adequate pain control / analgesia and this must be reviewed regularly.
 - It is not always possible to heal wounds due to the patients underlying aetiology (e.g. in fungating tumours or advanced disease). In this instance, palliative care may be the aim, with management of symptoms in a way that is acceptable to the patient.
 - There should be an awareness in the non-healing compromised wound that further referral to the appropriate specialty may be required, e.g. vascular, dermatology, podiatry, plastic surgery or tissue viability.

Factors to consider when Planning Holistic Wound Care				
Patient Issues (Relating to wound and personal)				
Pain Odour	Exudate Anxiety	Low Self Esteem Poor mobility	Social Isolation Loss of employment/income	Feeling vulnerable Need to be included with their management
Compromised blood flow Oedema	Diabetes Poor nutrition	Connective tissue disorders Smoking	Malignancy Alcohol misuse	Drug treatment /radiotherapy Systemic infection
Redness Maceration	Dry / Flaky Oedematous	Nodular Fragile	Undermining Tracking	Condition of margins Suppleness
Healthy granulation Exposed tendon or bone	Epithelialisation Bacterial Burden	Wet / Dry Slough Biochemical imbalance	Type & Colour of exudate Depth, presence of sinus or fistulae	Necrosis Precise anatomical position
Inability to access food Poor economic status Reduced mobility Inability to communicate preference Socially isolated	Poor appetite Underlying disease process Medication Depression	Difficulty in swallowing Stroke Neuromuscular disorders Underlying malignancy	Inability to absorb adequate nutrients Gastro-intestinal disorders Malabsorption syndrome Paralytic ileus Vomiting and diarrhoea Small or large bowel resection	Increase metabolic demand Trauma Sepsis Recent surgery








Characteristics of Ideal Dressings

1. Provide the optimum environment for wound healing - a moist environment - at the wound/dressing interface.
2. Allow gaseous exchange of oxygen, carbon dioxide and water vapour.
3. Provide thermal insulation - wound healing is temperature dependent.
4. Impermeable to microorganisms (in both directions).
5. Free from particulate contaminants.
6. Non-adherent (many products are described as non-adherent but are low adherent).
7. Safe to use (non-toxic, non-sensitising, non-allergenic).
8. Acceptable to the patient.
9. High absorption characteristics (for exuding wounds).
10. Price effective.
11. Carrier for medicaments, e.g. antiseptics.
12. Capable of standardisation and evaluation.

13. Provide mechanical protection.

14. Conformable and mouldable (especially over sacrum, heels and elbows).

It is generally recognised that modern wound dressings are capable of being left on the wound bed for up to seven days, however this is dependent on exudate levels and whether there is infection present within the wound, therefore check with the instructions given within the box of dressings for further information.

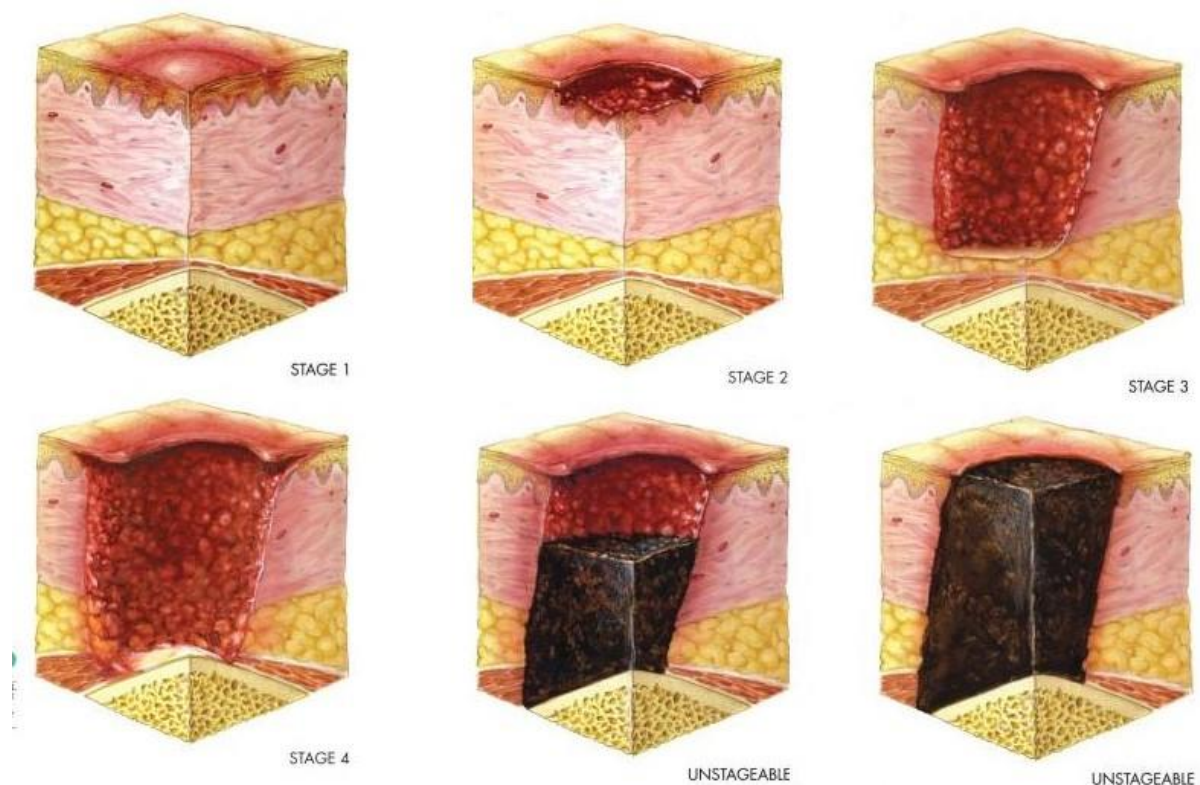
		NECROTIC	SLOUGHY	GRANULATING	EPITHIALISING	INFECTED	FUNGATING/ MALODOUROUS
							
	AIM	DEBRIDE- REHYDRATE ESCHAR REMOVE ESCHAR (IF APPROPRIATE)	DEBRIDE SLOUGH- MANAGE EXUDATE, PROVIDE CLEAN BASE FOR GRANULATION	PROMOTE GRANULATION TISSUE- PROVIDE HEALTHY BASE FOR EPITHIALISATION	PROMOTE NEW TISSUE GROWTH – PROTECT AND PROMOTE TISSUE MATURATION	REDUCE BACTERIAL LOAD IN WOUNDS – IF SYSTEMATIC INFECTION (CELLULITIS) ABX WILL BE REQUIRED	MANAGE COMPLEX WOUND – BLEEDING, EXUDATE, MALODOUR
TREATMENT PLAN WITH A CAVITY - EXUDATE	LOW	HYDROGEL	HYDROGEL HYDROCOLLOID FOAM	HYDROGEL HYDROCOLLOID FOAM	N/A HYDROCOLLOID	ANTIMICROBIAL HYDROCOLLOID FOAM	TOPICAL ABX TREATMENT CAVITY PACKING
	MEDIUM	HYDROCOLLOID	HYDROCOLLOID FOAM	FOAM	N/A	ANTIMICROBIAL HYDROCOLLOID FOAM	ACTIVATED CHARCOAL
	HIGH	FOAM	FOAM	FOAM	N/A	ANTIMICROBIAL	ACTIVATED CHARCOAL FOAM ABSORBANT(PADDING) NON-ADHERANT(PADDING)
TREATMENT PLAN WITHOUT CAVITY- EXUDATE	LOW	HYDROGEL	HYDROCOLLOID	HYDROCOLLOID FOAM	HYDROCOLLOID NON-ADHERENT	ANTIMICROBIAL	ACTIVATED CHARCOAL
	MEDIUM	HYDROCOLLOID	HYDROCOLLOID FOAM	HYDROCOLLOID FOAM	FOAM NON-ADHERENT	ANTIMICROBIAL FOAM	ACTIVATED CHARCOAL FOAM
	HIGH	HYDROCOLLOID	FOAM	NON-ADHERENT/PAD	NON-ADHERENT/PAD	ANTIMICROBIAL/SILVER ABSORBANT NON-ADHERENT	ACTIVATED CHARCOAL FOAM ABSORBANT(PADDING) NON-ADHERANT(PADDING)
GHA WOUND FORMUL- ARLY		HYDROCOLLOID – DUODERM, GRANUFLEX HYDROFIBRE- AQUACEL, AQUACEL Ag HYDROGEL- INTRASITE, ACTIFORM COOL ACTIVATED CHARCOAL – ACTISORB SILVER ANTIMICROBIAL – AQUACEL Ag, MEPILEX Ag, ALLEVYN Ag, ACTIVON (MANUKA HONEY) ABSORBANT – MESORB, SORBSAN PLUS, SORBIAN, SORBSAN PACKING NON-ADHERENT – MEPITEL(SILICONE), MEPILEX, JELONET, BACTIGRAS, INADINE, NA ULTRA FOAM – ALLEVYN SILICONE FOAM- MEPILEX, EPILEX BORDER					

Determine Wound Stage

Wounds should be evaluated for certain characteristics including the extent of tissue damage.

Stages of superficial, partial-thickness, and full-thickness wounds include the following:

- Stage I: Superficial; involving only the epidermis.
- Stage II: Partial-thickness; affects the epidermis, and may extend into the dermis, but not through it.
- Stage III: Full-thickness; extends through the dermis and in to tissues below; adipose tissue.
- Stage IV: Full-thickness; may be exposing muscle or bone



Bacterial Burden and Management of Infection

Bacterial burden and virulence are important factors in assessing the wound for infection. Host resistance

is a major determinant in the body's ability to fight infection and initiate an inflammatory response.

This may be illustrated in the following equation:

$$\text{Infection} = \frac{\text{dose} \times \text{virulence}}{\text{host resistance}}$$

Bacterial Burden Continuum

Bacterial Load	Definition	Wound Dressing
Contaminated	Presence of non-replicating bacteria in the wound	Topical antimicrobial and antibiotics not recommended.
Colonised	Replicating bacteria adhering to the wound, with no detrimental effect to wound healing	As above.
Critically colonised	Presence of bacteria at the wound bed, which compromises healing but does not result in infection	Topical antimicrobial dressings can be used. In general, a two-week treatment is advised. If no improvement in wound after this time, seek advice from wound care specialist
Infection	Invasion and multiplication of micro-organisms in body tissues with overt host response	If there is clinical evidence of invasive infection, systemic antibiotics are required. Prescribe systemic antibiotic therapy in conjunction with appropriate dressing

Wound Swabs for Microbiology

- Wound infection is recognised by the presence of clinical signs of infection rather than the isolation of bacteria from a wound swab. A wound swab should only be taken when there is concern regarding infection. They should not be taken as part of "routine practice". Taking a wound swab will give a qualitative picture of bacteria

present on the wound surface. These are most commonly colonising bacteria and not responsible for infection. **N.B. Do not confuse signs of inflammation with infection**

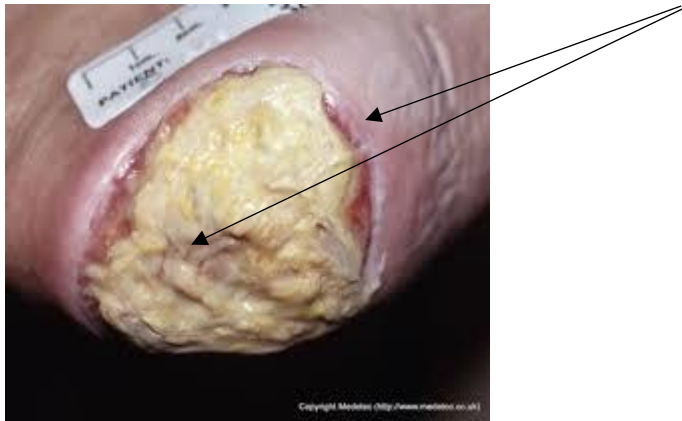
- Organisms most commonly associated with soft tissue infections are Staph. Aureus, and Group A, B, C, and G Streptococcus. The clinical presentation should be reviewed alongside the swab result to ensure the most appropriate treatment is prescribed.
- Swabbing for culture and sensitivity is only recommended before antibiotics are commenced or to confirm that the antibiotics commenced are appropriate. If a patient fails to respond to antibiotics within 72 hours, then consider re-swabbing or seek Medical advice.
- The wound bed must be cleansed prior to swabbing to avoid sampling slough or necrotic tissue that may only reveal surface organisms, which are not causing underlying infection. Critically colonised or infected wounds can be treated with antimicrobial dressings but when significant infection is present, systemic antibiotics should be commenced.
-

Procedure for taking a Wound Swab

- Irrigate the wound with Sodium Chloride 0.9% solution.
- Swab the edge of the wound adjacent to the good tissue, which is inflamed. It is the organism infecting the good tissue, which will be the major pathogen. This would normally tend to be nearer the edge of the wound as the tissue in the centre is more often necrotic.
- The swab should be rotated between the fingers to ensure that all sides of the swab make contact with the wound.

Infected wound below, swab area as directed by arrows

Examples of most suitable areas to swab.



Principle	Rationale
Wound swabs should be taken from areas of suspected infection. Do not swab eschar, or yellow slough without debriding first.	Bacteria causing infection is more likely to be found in viable tissue, not dead tissue.
Do not obtain swab from wound dressings, or old stagnant exudates	More likely to have a high risk non-wound contamination in culture
Antiseptic solutions i.e. betadine, chlorhexidine, etc., should not be used prior to wound swabbing	Can obtain a false negative from culture, as organisms will be killed
Swabs should be taken prior to commencing antibiotics	Antibiotics can affect the swab result
Do not use local anaesthetic prior to swabbing	Local anaesthetic can kill off surface micro-organisms giving a false negative culture
Swab only the wound and not the surrounding skin	By swabbing the surrounding skin, normal flora may be cultured
Collect fresh pus or exudate from wound	More accurate assessment of micro-organisms present
Cleanse with normal saline swabbing to remove excess debris or dressing materials. A gentle stream by syringing normal saline will not damage wound surface	To remove skin cells and harmless surface organisms, thus preventing contamination by normal skin flora
If swabbing dry wounds, moisten swab with sterile normal saline prior to swab. Use dry swab if wounds are moist	To maximise the uptake of organisms on the swab
Swab in a zig zag motion over wound area, rotating swab. The whole wound surface should be covered. If wound surface area large swabbing a number of areas is acceptable ensuring it is labelled correctly	To enable the most complete sampling for wound organisms

Transport of swabs to lab should not take more than 4 hours	To assist in the preservation of potential bacteria on the swab and to culture live micro-organisms
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Wound Swabbing Principles

Wound Cleansing Guidelines

To Clean or Not To Clean?

- There is no single correct way to clean a wound or the surrounding skin, although there are a number of important considerations
- Does the wound really need cleansing?
- What is the safest method that causes no ill effect and maintains the wound temperature?
- What is acceptable to the patient?

Simple wound cleansing procedure (e.g. suture lines, superficial breaks)

- Gentle skin washing with warm tap water (e.g. showering).
- A minimalist approach is recommended to reduce interference at the wound bed.
- Dry surrounding skin with non-woven gauze to allow adherence of wound dressing.
-

Compromised / complex wound cleansing procedure

Aims:

- Remove excess exudate, debris or old dressing materials.
- Minimize pain and trauma.
- Prevent infection.

Procedure

- 1 Explain procedure and rationale to patient.
- 2 Wash hands thoroughly as per hand hygiene policy prior to and following procedure.
- 3 Dressing packs are not always necessary.
- 4 Requirements: Non-woven swabs, clean surface, non-sterile gloves.
- 5 Remove dressing as per manufacturer's instructions.
- 6 Assess wound type and carry out appropriate irrigation procedure (see page 4 & 9).
- 7 Dry surrounding area with non-woven swabs.
- 8 Do not touch surface of wound with swabs.
- 9 Apply new dressing.

Wound Cleansing Guidelines

Preparation	Procedure	Rationale
Gentle showering of wound area during routine social hygiene	Run shower for 3 minutes	Ensures free flowing warm clean water
	In healthcare setting shower should be cleaned with	Maintains clean working environment

	general purpose neutral detergent/cream cleanser before and after use	
Bucket lined with polythene bag for lower limbs	Gently wash limb. Dry skin surrounding wound prior to application of new dressing. Avoid direct contact with wound bed.	Ensures safe removal of exudate, loose slough and wound dressing residue.
	In healthcare premises, bucket should be cleaned with general-purpose neutral detergent and warm water, rinsed and dried. Buckets should be stored dry and inverted.	Maintains clean working environment

Sodium Chloride 0.9% Solution Hospital and PCC - Irripod 20mls		
Warm Sodium Chloride 0.9% solution pods by running under hot water Does not require alcohol swab to wipe pod prior to use	Irrigate wound area with Sodium Chloride 0.9% solution to remove surface exudate and loose slough or dressing residue.	To maintain optimum temperature for healing.
	If slough is not easily removed by irrigation, further hydration with wound dressing products will be necessary.	

	Dressing size (Pack Size)	Price
Irripod (Pack of 24 boxes, 25 pods per box)	20 mls	£163.20

Barrier Film

Cavilon No Sting Barrier Film

Description: Versatile solution that guards skin from the outside in. Solution for many skin problems. Forms protective barrier between skin and adhesive of the securement dressing.

Indications: To be used in peri- wound skin damage, peristomal skin damage, incontinence-associated dermatitis and other moisture and friction skin damage prevention.

Method of Use: Make sure skin is clean and dry. Apply barrier spray or barrier wipes evenly to the skin you want to protect, being careful not to get it into wound/stoma.

	Dressing size (Pack Size)	Price
Cavilon No Sting Barrier film Spray	28 ml	£6.45
Cavilon No Sting Barrier film wand	1 ml	£7.50

Non-adherent Dressings

N-A® Ultra / Inadine/ Jelonet/Bactigras

N-A® Ultra

Description: A primary wound contact layer consisting of a knitted viscose rayon sheet with a silicone coating.

Indications: Provides moisture retention or rehydration, thermal insulation and low-adherence. A secondary dressing is required to dress more heavily exuding wounds.

Method of Use: Frequency of changing the dressings depends on exudate/ strike through

Inadine

Description: Inadine® A sterile low-adherent fabric dressing impregnated with 10% povidone iodine in a water soluble slow release base. Povidone iodine is a potent antibacterial agent with a broad spectrum of activity

Indications: It is used as a primary wound dressing providing prophylactic treatment against infections in superficial wounds and minor skin injuries.

CAUTION: Care must be taken when these dressings are used for patients with Thyroid or Renal Patients

Method of Use: Apply directly to the wound surface. Secondary dressings are required to retain dressing in position. The dressing should be changed daily or when the orange/ brown colour turns to white

Jelonet

Description: Jelonet is a soft paraffin dressing that is non medicated, making it ideal for use with topical antibiotics or antiseptics. It is soothing and low adherent, and allows the wound to drain freely into an absorbent secondary dressing.

Indications: It is a primary wound dressing, which soothes and protects the wound and surrounding skin and allows free passage of viscous exudate into an absorbent secondary dressing.

Method of Use: Change dressing daily or more often according to the condition of the wound, may be left in place between three to five days.

Bactigras

Description: Bactigras is a gauze of leno weave impregnated with white soft paraffin containing Chlorhexidine Acetate

Indications: Primary dressing, used as topical treatment, for a wide range of wounds where there is a risk of infection. It acts as a barrier between the wound and the secondary dressing, allowing exudate to pass into an absorbent secondary dressing. The chlorhexidine acetate antiseptic is slow release from the dressing giving long lasting action against bacteria. Indicated for wounds with a risk of infection or already infected in conjunction with systemic antibacterial agents.

Method of use: Lay over wound in single layer. Apply secondary absorbent dressing. Bactigras may be left in place when the secondary is changed. Frequency of changing will depend on clinical indication. Dressings may be left in place for up to 7 days.

	Dressing Size (Pack Size)	Price
N-A® Ultra	9.5cm x 9.5cm (40)	£15.00
Inadine	5 x 5 9.5 x 9.5	£9.65 £5.73
Jelonet	10 x 10 10 x 40	£4.65 £15.61
Bactigras	10 x 10	£7.49

Hydrocolloid Dressings

Duoderm® Extra thin
Granuflex

Description

A hydrocolloid dressing is a micro granular suspension of various natural or synthetic polymers, e.g. gelatine or pectin, in an adhesive matrix. The dressings are interactive with wound exudate - by slowly absorbing fluid. They physically change to form a gel, which may be cohesive, and/or hydrophilic.

Indications

Aids debridement in wounds covered with black necrotic tissue, suitable for softening eschar and promoting granulation. Suitable for low to moderately exuding wounds. May also be used prophylactically on areas prone to breakdown and as a secondary dressing.

Method of Use

Apply dressing of sufficient size to provide at least 2cm overlap onto intact skin. Smooth dressing into place - warmth of the hand improves initial adhesion. For best results aim to leave dressing in place for at least 3 days. Dressings may be left in place for up to 7 days in low exuding wounds.

N.B. Owing to the occlusive nature of their backing hydrocolloids are not considered suitable for the treatment of clinically infected or very heavily exuding wounds.

	Dressing Size (Pack Size)	Price
Duoderm Extra Thin	15 x 15	£15.00
Granuflex	10 x 10	£32.00

Foam Dressings

Allevyn

Description

A highly absorbent hydrocellular foam dressing for moderately exuding wounds.

Indications

Allevyn is suitable for use in moderate exuding wounds. Can be used on clean granulating wounds or as a secondary dressing in sloughy or necrotic wounds, can be used under compression. Dressing should be renewed when exudate has reached within 1cm of the

edges of the dressing. The dressing may be left in place for 3 - 7 days depending on the level of exudate.

Method of use

Foam dressings in general provide thermal insulation, do not shed fibres or particles and can be cut or shaped to fit the wound (both adhesive and non-adhesive), with an appropriate film dressing used to cover any exposed foam areas.

	Dressing Size (Pack Size) cm	Price
Allevyn Adhesive	10 x 10 17.5 x 17.5 22.5 x 22.5	£31.00 £ 5.61 ea £83.33
Allevyn Non-adhesive	10 x 10 10.5 x 13.5 (Heel)	£25.25 £5.44 ea

Silicone Foam Dressing

Mepilex/ Mepilex XT/ Mepilex Heel/ Mepilex Sacrum /Mepilex Border

Description

An absorbent, self-adherent dressing that maintains a moist wound environment. The wound contact layer consists of a soft silicone adhesive and a film carrier. The outer layer is permeable yet waterproof.

Indications

Designed for a wide range of moderate to highly exuding wounds e.g. leg, foot and pressure ulcers, traumatic wounds and secondary healing wounds.
Reduces post-op blistering and helps prevent skin damage

Method of Use

During the early stages of wound management, Mepilex dressings should be inspected frequently. Where the product is used on infected wounds, the infection should be inspected and treated as per clinical indication.

Dressings can be left in place for up to 7 days depending on the condition of the wound and the surrounding skin or until exudate is visible and approaches to within 1.5cm of the edge of the dressing pad, whichever is sooner. If required, Mepilex can be cut.

	Dressing Size (Pack Size) cm	Price
Mepilex XT	10 x 11	£19.99

Mepilex Ag (Antimicrobial)	10 x 10	£44.23
Mepilex Border Heel	18.5 x 24	£37.00
Mepilex Border Sacrum	15 x 15	£18.70
Mepilex Border	7 x 7.5	£20.69
Mepilex Border	10 x 12.5	£32.93
Mepilex Border	10 x 20	£22.51
Mepilex Border	15 x 17.5	£70.62
Mepilex Border Lite	4 x 5	£11.15

Hydrogel Dressings

Intrasite gel / Actiform Cool

Intrasite gel

Description: An amorphous gel with high water content

Indications: Hydrogels facilitate autolysis by rehydrating necrotic tissue and effecting debridement. They provide a moist environment, which promotes healing.

Method of Use: Apply the gel directly into the wound, approximately 5mm. A secondary moisture - retentive dressing is required e.g. Allevyn. Hydrogel should be changed when the cover dressing leaks. Intervals should not exceed 3 days when used on sloughy or necrotic wounds. Discard any unused gel.

N.B. When using in cavity wounds only half fill the cavity. Due to the effective debridement of necrotic tissue, a wound being treated with gel may appear larger at first dressing change, however, this is a natural step in the healing process.

Actiform cool

Description: An ionic dressing which donates or absorbs fluid to maintain an optimal level of moisture in the wound bed.

Indications: Manages wound pain and assists in autolytic debridement by hydration of necrotic and sloughy tissue and for absorption of exudate. Suitable for painful wounds. Can be used as secondary dressing when appropriate and for highly exuding wounds

Method of Use: Peel off one side of white plastic liner and position dressing over wound. Smooth in place and remove remaining liner. Cut to size previously if required. Depending on wound, can be left in place for up to seven days, though dressing should be changed at first sight of fluid strikethrough

	Dressing size (Pack Size) cm	Price
Intrasite gel	8 grams	£20.00
Actiform Cool	10x10	£15.10

Alginate Dressings

Kaltostat® /Sorbsan

Kaltostat

Description: The basic elements of alginates are extracted from brown seaweed (Phaeophyceae). Their clinical composition means that they are highly absorbent and biodegradable. Alginates vary in composition (calcium/sodium salts of alginic acid) and in the arrangement of fibres.

Indications: Alginate dressings are suitable for moderate to heavily exuding wounds. They form a gel on contact with the wound exudate, and are effective at absorbing exudate, debriding slough and encouraging granulation tissue. Where bleeding is involved, Kaltostat® may be considered as a haemostatic agent.

Method of Use: Apply to the wound surface/cavity, secondary dressing required to secure. Frequency of change will depend on level of exudate.

Sorbsan Plus

Description: Sterile, non- woven, calcium alginate dressing. Secondary layer absorbs its excess exudate and this combination makes it a highly absorbent. Provides a moist wound healing environment, conforms to contours of the wound, promotes haemostasis, minimises disruption to newly formed tissue on dressing removal.

Indications: Suitable for flat or shallow wounds. Wounds with high or moderate exudate and infected wounds, monitored.

Method of Use: Apply dressing centrally ensuring calcium alginate layer is in contact with the wound bed. Cover with appropriate secondary dressing. Frequency of change will depend on level of exudate.

Sorbsan packing/ribbon

Description: Sterile, non- woven, calcium alginate cavity wound dressing. Supplied with a plastic probe to aid in wound assessment and packing of cavity wound. Fibres in Sorsban swell and form a sodium-calcium alginate gel in contact with wound exudate

Indications: Can be used in cavity wounds, where wounds can heal by secondary intention. Suitable for smaller/larger cavity wounds (packing), shallow wounds, wounds with moderate to high exudate, infected wounds (monitored).

Method of use: Insert packing directly into cavity. **Do Not** pack wound tightly. Ensure small length of dressing is left out protruding from wound cavity. Cover with appropriate secondary dressing.

	Dressing size (Pack Size) cm	Price
Kaltostat	5 x 5 2 grams	£10.89 £18.96
Sorbsan Plus	15 x 20	£31.00
Sorbsan Packing	30 cm	£19.00
Sorbsan Ribbon	40cm	£10.00

Deodourising Dressings

Actisorb Silver 220

Description: Actisorb Silver 220® is an activated charcoal dressing with silver (antimicrobial). It is composed of pure activated carbon impregnated with silver. The dressing creates a favourable environment for effective wound healing by binding and immobilising microorganisms, which contaminate and infect the wound. The silver impregnation combats wound microorganisms in the dressing, which reduces bacterial colonisation of the wound and inhibits infection. It eliminates offensive odours, by attracting and permanently trapping bacteria and improves quality of life for the patient and nursing staff. It is non-adhesive and contained in a sterile peel pack.

Indications: Actisorb® can be used to manage malodorous wounds such as fungating breast lesions, pressure ulcers, leg ulcers and diabetic foot ulcers.

Method of Use: Actisorb® can be used as a primary or secondary dressing and its soft, flexible construction can be fitted practically too any wound. Even unusually shaped fungating wounds on curved body sites can be easily dressed. Actisorb® is highly effective wet or dry, can be used either side down, or can be left in place for up to 7 days.

	Dressing size (Pack Size) cm	Price
Actisorb silver 220	10.5 x 10.5	£29.00

	10.5 x 19	£52.00
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Silicone Dressing

Mepitel

Description: A sterile transparent soft silicone wound contact layer, which is non-adherent to a moist wound bed.

Indications: For use in a wide range of painful, chronic and traumatic wounds and wounds with compromised or fragile surrounding skin. The soft silicone adheres gently to the surrounding skin and ensures removal with minimal trauma and pain. The porous structure of Mepitel® allows exudate to pass to an outer absorbent dressing.

Method of Use: Apply directly to the wound or wound bed. It can be cut to size or shape of wound if desired. Requires a secondary dressing, which can be changed independently as the Mepitel®, can remain in place for up to 10 days.

	Dressing size (Pack Size) cm	Price
Mepitel	8 x 10 12 x 15	£16.20 £49.41

Hydrofibre Dressings

Aquacel®Ag Extra/ Aquacel®

Aquacel®

Description: A soft, non-woven pad composed of hydrocolloid fibres. This interacts with wound exudate and forms a soft gel, which is easy to remove with little or no damage to healing tissue.

Indications: Used in the management of moderate to heavily exuding wounds. Can be used in acute and chronic wounds, e.g. abrasions, lacerations, leg ulcers, pressure sores. Infection is not a contraindication to use.

Method of Use: Apply directly to the wound surface. Irrigation facilitates removal. Secondary dressing is required. May be left in place for up to seven days – depending on the level of exudate.

NB If “packing” a wound with Aquacel®, always leave a small piece outside of the wound to facilitate removal. Also, record the number of pieces of used. (See wound chart).

Aquacel® Ag Extra

Description: Aquacel® Ag+ Extra Description Aquacel® Ag+ is a versatile primary dressing. The combination of Hydrofiber® Technology with ionic silver (Ag+), enhanced with anti – biofilm technology, produces a dressing that is highly absorbent and has favourable gelling characteristics with the aid of broad-spectrum antimicrobial activity

Indications: For use in moderate to highly exuding, chronic and acute wounds where there is infection or an increased risk of infection. Also suitable for cavity wounds

Method of Use: Apply directly to the wound surface. Irrigation facilitates removal. Secondary dressing is required. May be left in place for up to seven days – depending on the level of exudate.

Contraindications: Should not be used on patients who are sensitive to, or have had an allergic reaction to silver or sodium carboxymethylcellulos

	Dressing size (Pack Size) cm	Price
Aquacel®	10 x 10	£29.00
Aquacel® Ag Extra	15 x 15	£59.75
Aquacel® Ag	10 x 10	£49.99
Aquacel® Ribbon	2 x 45	£13.90

Honey Preparations

Honey provides a moist healing environment with antibacterial and deodorizing properties as well as autolytic and osmotic debriding actions. It can be used on a variety of acute and chronic wounds.

Activon®Tulle

Description: Activon is a knitted viscose mesh impregnated with 100% Manuka honey. It creates a moist healing environment and effectively eliminates wound odour whilst providing anti-bacterial action. Hydrogen peroxide gives most honey its antibiotic quality.

Indications: Activon® is ideal for debriding necrotic tissue. May be used on partial or full thickness wounds and malodorous wounds. Ideal for topping up dressings where the

honey is washed away or for using directly into cavities. Can be washed out using normal saline solution.

Method of Use: Apply directly onto wound bed. Can be cut to size and unfolded. Cover with secondary dressing. Frequency of change depends on wound exudate, surrounding tissue condition (and irritation caused by dressing) and oedema. Can be left up to seven days. To maintain effective honey levels, must be changed when dressing colour changes significantly.

Contraindications: Contains glucose, monitor blood sugar levels in diabetic patients. Patients who experience pain (due to its osmotic effect and hydrogen peroxide content), can have the amount of honey released into the wound reduced by unfolding the dressing. The Algivon will be released at a lower rate. If pain persistent, discontinue use.

	Dressing size (Pack Size) cm	Price
Activon Tulle	10 x10	£3.76 ea
Surgihoney RO	20g	£9.12

Highly Absorbent Dressings

Mesorb

Description: Highly absorbent dressing that can retain large amounts of exudate. Fluid repellent backing prevents external contamination of the wound and protects clothes and bedlinen from exudate strike. It also prevents side leakage.

Indications: Highly absorbent to manage large volumes of exudate. Good protective cushion.

Method of Use: Can be used as primary dressing, with at least 1 cm overlap of surrounding skin. If very high absorbency is required, it can be used as a secondary dressing alongside Mepitel.

	Dressing size (Pack Size) cm	Price
Mesorb	10 x 13	£11.00

Absorbent Self Adhesive Dressings

Mepore /Mepore Ultra

Mepore

Description: Breathable, absorbent, self-adhesive dressing for low to moderate exudate levels. Fixes gently and securely to skin. Skin friendly, water-based adhesive. Wound contact layer is low adherent.

Indications: Large variety of moderately exuding wounds, e.g. surgical wounds, abrasions and lacerations.

Method of Use: Position dressing on skin without stretching. Firmly smooth adhesive in order to obtain proper adhesion.

Mepore Ultra

Description: Absorbent, self-adherent, showerproof dressing for low exuding wounds. Outer film layer protects both water and contamination so it can be worn while showering. Absorbent pad has low adherent wound contact layer.

Indications: Absorbent for low exuding wounds. Viral and bacterial film. Breathable to prevent maceration and promote moist wound environment. Can be used on surgical wounds, abrasions and lacerations

Method of Use: Position dressing on skin without stretching. Firmly smooth adhesive in order to obtain proper adhesion.

	Dressing size (Pack Size) cm	Price
Mepore	10 x 11	£8.67
	9 x 25	£38.76
Mepore Ultra	7 x 8	£23.86

Antimicrobial Dressings

Antimicrobials are agents, which kill or inhibit the growth and division of microorganisms. Commonly used in wound management are honey, iodine and silver.

There is no robust clinical evidence that dressings containing antimicrobials (e.g. silver, iodine or honey) are more effective than undedicated dressings for the prevention of wound infections.

Indiscriminate use of topical antimicrobial dressings should also be discouraged because of concerns over bacterial resistance and toxicity.

Top Tips when using Antimicrobial dressings

<p>GENERAL POINTS</p> <ul style="list-style-type: none"> ➤ Is the wound clinically infected - Check for signs of infection (Don't confuse normal signs of inflammation with infection) ➤ Systemic antibiotics are indicated in cases of overt wound infection where classical signs are evident ➤ Check the correct antimicrobial is chosen according to the wound exudate levels ➤ If no improvement in wound after two weeks, review wound and antimicrobial choice ➤ Check cautions as stated in manufacturer instructions, and BNF when using antimicrobial preparation 	<p>Silver Dressings</p> <ul style="list-style-type: none"> ➤ Some silver products oxidise in contact with air and this may be displayed as a brown/black discolouration on the wound bed and/or surrounding skin
	<p>Honey Products</p> <ul style="list-style-type: none"> ➤ Patients may experience pain due to osmotic effects of dressing on wound (e.g. "drawing sensation"). Monitor pain levels, consider simple analgesia and only remove if the dressing is not tolerated. ➤ Wound exudate may increase when using honey ointments and therefore use an appropriate absorbent secondary dressing.
	<p>Iodine Preparations</p> <ul style="list-style-type: none"> ➤ These products are rapidly deactivated by wound exudate therefore consider other antimicrobials for moderate – highly exuding wounds ➤ All iodine products change from orange/brown to white when iodine is inactive/"used up".

Guidelines for identifying infected wounds and when to start using topical Antimicrobial dressings (adapted Ropper Lothian Ladder)

Each stage builds on the previous signs noted	
<p>Stage 4: Overt signs of local infection and signs of systemic infection: may lead to sepsis if not treated</p> <ul style="list-style-type: none"> ➤ Spreading cellulitis ➤ Pus/abscess ➤ Patient systemically unwell, e.g. confusion ➤ Pyrexia ➤ Raised white cell count/CRP 	<p>Stage 4 – Treatment</p> <ul style="list-style-type: none"> ➤ If systemic signs only, consider other source of infection ➤ Swab wound using standardised method ➤ Consider taking blood cultures prior to starting antibiotics ➤ Start broad spectrum systemic antibiotics* while awaiting culture results ➤ Consider combination therapy with topical antimicrobials** e.g. in PVD, diabetes ➤ Monitor wound progress, review wound at 2 weeks and stop topical antimicrobials when signs of infection cease ➤ ☐ Once topical antimicrobial stopped continue with correct dressing regime for wound/tissue type
<p>Stage 3: Overt signs of local infection: evidence of surrounding tissue involvement, wound deteriorating</p> <ul style="list-style-type: none"> ➤ Localised cellulitis ➤ Discoloured or bleeding granulation tissue ➤ Pain in or around wound ➤ Exudate: thick, haemopurulent or purulent and/or high volumes ➤ Localised oedema ➤ Malodour 	<p>Stage 3 – Treatment</p> <ul style="list-style-type: none"> ➤ Swab wound using standardized method ➤ Drain any local collections of pus/fluid ➤ Consider combination therapy with broad spectrum systemic antibiotics* and topical antimicrobials** ➤ Monitor wound progress, review wound at 2 weeks and stop topical antimicrobials when signs of infection cease ➤ Once topical antimicrobial stopped continue with correct dressing regime for wound/tissue type

	<ul style="list-style-type: none"> ➤ If no progress after two weeks and/or signs of systemic infection move to Stage 4
<p>Stage 2: Increasing signs of infection (Critical colonisation): healing not progressing normally</p> <ul style="list-style-type: none"> ➤ Exudate – high volumes ➤ Malodour ➤ Pain in or around wound ➤ Discolouration of granulation tissue ➤ Slough/Necrosis 	<p>Stage 2 – Treatment</p> <ul style="list-style-type: none"> ➤ Select topical antimicrobial** ➤ Monitor wound progress, review wound 1-2 weeks ➤ If no improvement: <ul style="list-style-type: none"> i. Consider swabbing wound using standardised method ii. Consider alternative topical antimicrobial** ➤ If improved stop topical antimicrobials when signs of infection cease ➤ Once topical antimicrobial stopped continue with correct dressing regime for wound/tissue type ➤ If no progress after two weeks and/or increasing signs of systemic infection move to Stage 3
<p>Stage 1: Few subtle signs: healing progressing normally</p> <ul style="list-style-type: none"> ➤ Exudate – low to moderate volume ➤ Pain – minimal ➤ Odour – minimal ➤ Slough/necrosis – minimal 	<p>Stage 1 – Treatment</p> <p>Promote moist wound healing using correct dressing regime for wound/tissue type & exudate level</p> <ul style="list-style-type: none"> ➤ Monitor wound progress, if no improvement in 1-2 weeks reassess wound and dressing choice ➤ Check underlying aetiology of wound, if required refer to appropriate specialist e.g. vascular, diabetic podiatry, tissue viability, lymphoedema etc. ➤ If no progress after a further 1-2 weeks and/or increasing signs of infection/critical colonisation move to Stage 2
Start	

GHA Dressing Formulary			
Product Type	GHA Formulary Product	Dressing size (Pack Size) cm	Price
Barrier Film	Cavilon No Sting Barrier film Spray	28 ml	£6.45
	Cavilon No Sting Barrier film wand	1 ml	£7.50
Non-adhesive	N-A® Ultra	9.5cm x 9.5cm (40)	£15.00
	Inadine	5 x 5	£9.65
		9.5 x 9.5	£5.73
	Jelonet	10 x 10 10 x 40	£4.65 £15.61
Bactigras	10 x 10	£7.49	
Hydrocolloid	Duoderm Extra Thin	15 x 15	£15.00
	Granuflex	10 x 10	£32.00
Foam Dressings	Allevyn Adhesive	10 x 10	£31.00
		17.5 x 17.5	£5.61 ea
22.5 x 22.5		£83.33	
	Allevyn Non-adhesive	10 x 10	£25.25
		10.5 x 13.5 (heel)	£5.44 ea
	Sorbion Extra Sachets	10 x 10	£2.40 ea
	Sorbion Extra Sachets	20 x 30	£10.65 ea
Physical Debridment Pads	Debrisoft	10 x 10	£6.78 ea
Silicone Foam Dressings	Mepilex XT	10 x 11	£19.99
	Mepilex Ag (Antimicrobial)	10 x 10	£44.23
	Mepilex Border Heel	18.5 x 24	£37.00
	Mepilex Border Sacrum	15 x 15	£18.70
	Mepilex Border	7 x 7.5	£20.69
	Mepilex Border	10 x 12.5	£32.93
	Mepilex Border	10 x 20	£22.51
	Mepilex Border	15 x 17.5	£70.62
	Mepilex Border Lite	4 x 5	£11.15
Hydrogel Dressings	Intrasite gel	8 grams	£20.00
	Actiform Cool	10x10	£15.10

Alginate Dressings	Kaltostat	5 x 5 2 grams	£10.89 £18.96
	Sorbsan Plus	15 x 20	£31.00
	Sorbsan Packing	30 cm	£19.00
	Sorbsan Ribbon	40cm	£10.00
Deodorising Dressings	Actisorb silver 220	10.5 x 10.5	£29.00
		10.5 x 19	£52.00
Silicone Dressings	Mepitel	8 x 10	£16.20
		12 x 15	£49.41
Hydrofibre Dressings	Aquacel®	10 x 10	£29.00
	Aquacel® Ag Extra	15 x 15	£59.75
	Aquacel® Ribbon	2 x 45	£13.90
Honey Preparations	Activon Tulle	10 x 10	£3.76 ea
Highly Absorbent Dressing	Mesorb	10 x 13	£11.00
Iodine Dressings	Iodoflex	10g	£25.98
	Iodoflex	5g	£21.70
Other Antimicrobials	Prontosan Irrigation Soltn	40ml	£15.11 ea

Glossary of Terms

Angiogenesis	Generation of new blood vessels initially seen at the base of a wound.
Autolysis	Breakdown of devitalised tissue by leucocytes.
Biofilm	A thin but robust layer of micro – organisms that cannot be seen by the naked eye, adhering to a solid surface and containing a community of bacteria and other organisms.
Cellulitis	A spreading non-suppurative infection of the soft tissue.
Colonisation	Multiplication of microorganisms without a corresponding host reaction.
Contraction	Function of the healing process in granulating wounds whereby the edges of the wound are drawn towards each other.
Debridement	Removal of devitalised tissue and foreign matter from a wound.
Epithelialisation	Final stage of the proliferative phase.
Eschar	Scab consisting of dried serum and devitalised dermal cells.
Granulation	Formulation of new tissue filling the defect, which takes place during the proliferative phase of healing. The name is derived from the fact that the buds of new tissue take on the appearance of small granules.
Healing by first intention	Also called Primary Intention. Wounds are closed with sutures, staples or skin glue, leaving a minimal defect.
Healing by secondary intention	Wound left open and allowed to heal by granulation.
Healing by third intention	Also called Tertiary intention, or delayed closure. Wound left open often to assist drainage and closed surgically at a later date.
Infection	Microorganisms present and multiplying, producing an associated host reaction. Reaction may take various forms.
Maceration	Softening or sogginess of the tissue owing to retention of excessive moisture.
Necrosis	Local death of tissue. Tissue is often black/brown in colour and leathery/waxy in texture.
Over granulation	Granulation tissue is raised above the peri-wound area.
Slough	Devitalised tissue, which has yellow/white/grey hue.

Appendix 1

GHA - Drugs, Therapeutics & Medicines Risk Committee

NON-FORMULARY/EXCEPTIONAL/COMPASSIONATE USE DRUG APPLICATION FORM 2022

To be used to request a non-formulary drug or an existing formulary drug outside its approved indications. Requesting Doctor to complete parts A-E and submit to clinical director for consideration.

Clinical Director to complete Part G and forward to the GHA Drugs, Therapeutics & Medicines Risk Committee via Roy Piri or Maite DeTorres, Medical Director's Office.

Part A. Patient Details	
Patients Initials: Address: Lane Date of Birth: Sex: Weight (if applicable):	GHA Number:
	Clinic/Ward:
	GP:
Part B. Drug Details	
Drug name and formulation:	
Dose:	
Duration of treatment/No. treatment cycles:	
Estimated cost of treatment (per course/year)	
Is this a licensed medicine?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the drug licensed for this indication?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a compassionate usage application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Part C. Reason for Request	
Diagnosis/Indication:	
Reason for this request:	

(include details of urgency)	
Supporting Evidence :	<i>Copies of relevant papers should also be provided</i>
Current/previous treatment(s): (Include response and duration if possible)	
Part D. Monitoring of Efficacy and Safety of Proposed Drug Treatment	
Treatment parameters to be assessed: (Clinical response, biochemical markers etc.)	
Side effects to be monitored:	
Exit strategy summary: (e.g. when and how will it be determined that treatment needs to be discontinued)	

Part E. Requesting Doctor Details			
Name:		Department:	
Signature:		Date:	

Part G. Clinical Director (or delegated deputy) authorisation for non-formulary drug			
Outcome of request: (please circle)			
APPROVED		NOT APPROVED	
Reason for non-approval:			
Name:		Position:	

Signature:		Date:	
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Part H. Drugs and Therapeutics Committee Chair (or delegated deputy) approval for non-formulary drug

Drug request authorised: ☐ Yes ☐ No

Comments:

Name:

Position:

Signature:

Date: