

This document has been produced in collaboration with the Lancashire Commissioning Support Unit

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Definition of categories within the Formulary

LCFT formulary status

General Prescribing

The medication can be initiated by any medical prescriber within the Trust. Non-medical prescribers may prescribe where this is within an individual's competence and it is permitted by local protocol and a clinical management plan or personal formulary

Consultant Only

The medication can only be initiated with the approval of the consultant. The consultant does not have to write the prescription there must be evidence in the notes that the request has come from the consultant or they have been consulted and there is an acceptance that treatment with the medication is appropriate

If a patient is admitted on the medication then supply will be maintained, however a review as to the appropriateness of the medication should occur. The consultant should be in agreement that medication should continue and this should be documented in the notes.

Non-Formulary

Medication should not be initiated by any prescriber. If a patient is admitted on the medication, or it is already prescribed then supply will be maintained pending a review by the consultant. If it is felt that treatment should continue this should be documented in the notes and reasons for the decision given. In the case of anxiolytics and hypnotics prescribed long term, treatment will be automatically maintained long term to prevent withdrawal symptoms.

For some medication deemed non-formulary there are special arrangements to request the medication where particular extenuating circumstances exist. Details of how these requests should be made are contained within the comments section

Medication is categorised according to formulary status rather than alphabetically

All medicines available for prescribing in the BNF are referenced within the formulary document for completeness, but non-formulary drugs in LCFT have been assigned a black traffic light

Any consultant who feels that the status of a drug should be reviewed should make a request in writing to the Chair of the Drugs and Therapeutics committee giving their reasons for the request

Date: December 2014. Reviewed August 2016.

Next review Date April 2019

Primary Care RAG status

Green

The medication can be initiated by any general practitioner according to formulary decisions

Amber

Medication must be initiated by a hospital or GP specialist. GPs can prescribe thereafter

Amber shared care

Medication must be initiated by a hospital or GP specialist. GP's can prescribe thereafter but a shared care document exists to support transfer of prescribing back to primary care after an agreed period and when the patient is deemed to be stable. The shared care document outlines responsibilities of both primary and secondary care

Red

Medication is initiated by secondary care. Prescribing must remain in secondary care

Black

Not suitable for prescribing

Grey

Currently under review

Information about the Primary Care RAG Status is found on the Lancashire Medicines Management Group website which is accessed via the following link:

http://www.lancsmmg.nhs.uk/

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Next review Date April 2019

Date: December 2014. Reviewed August 2016.

1. Formulary status of hypnotic drugs

General Principles.

- Manage the underlying cause where one has been identified. Non-drug interventions i.e. sleep hygiene measures should be considered prior to prescribing pharmacological therapy
- Benzodiazepines should be used to treat insomnia only when it is severe, disabling, or subjecting the individual to extreme distress
- Hypnotics should only be used short term (two to four weeks)
- If patients are admitted on non-formulary hypnotics known to have a potential for dependence then the non-formulary medication will be supplied to prevent withdrawal effects. A clinical review will then consider the appropriateness or otherwise of maintaining the medication.
- NICE guidance advises that if patients do not respond to one z-hypnotic there is no indication for prescribing an alternative z-drug

Further prescribing information can be accessed from <u>Electronic Medicines Compendium</u> or <u>electronic BNF</u>

Associated NICE guidance is available on their website NICE

Date: December 2014. Reviewed August 2016.

Next review Date April 2019

Drug	Formulation	Licensed	L	.CFT Formular	y Status	Comments	
		Indications	General Prescribing LCFT	Consultant Initiation only	Non- Formulary		
Promethazine	Tablets Injection	Insomnia and sedation in adults Allergic conditions	Injection for Rapid Tranquillisation		↓ Tablets for insomnia	Joint Formulary Committee of the BNF considers it less suitable for prescribing than alternatives for insomnia. Recommended as an option for Rapid Tranquillisation by NICE	
Temazepam	Tablets Oral solution	Insomnia (short term use), perioperative use	•			Schedule 3 controlled drug. Subject to safe storage requirements	
Zopiclone	Tablets	Insomnia (short term use)	•			Schedule 4 part 1 controlled drug	

Drug	Formulation	Licensed Indications	LCFT Formulary Status			Comments		
			General Prescribing LCFT	Consultant Initiation only	Non- Formulary			
Melatonin	MR Tablets	Insomnia in those over 55 (short term use only)	CAMHS services		♦ Adults	Used on an unlicensed basis for sleep onset insomnia and delayed sleep phase syndrome in children and adolescents, as per the BNF for children. Circadin should be prescribed in children as this is licensed in another patient population. Should an unlicensed formulation be required e.g. capsules for initial insomnia following a trial of crushed circadin a request must be submitted to the Chief Pharmacist RAG rating currently under review for neurodevelopmental disorders		
Clonazepam	Tablets			•		Used in Insomnia/Rapid Eye Movement sleep behavior; Unlicensed indication, however clonazepam is the treatment of choice.		

Drug	Formulation	Licensed Indications	LCFT Formulary Status			Comments
			General Prescribing LCFT	Consultant Initiation only	Non- Formulary	
Nitrazepam	Tablets Oral suspension	Insomnia (short term use)		•		Long half life with problems associated with hangover effect the following morning / risk of falls in the elderly.
Chloral hydrate	Tablets Elixir Mixture	Insomnia (short term use)			•	Joint Formulary Committee of the BNF considers it less suitable for prescribing than alternatives
Flurazepam	Capsules	Insomnia (short term use)			*	NHS blacklisted so only available on a private prescription
Loprazolam	Tablets	Insomnia (short term use)			*	
Lormetazepam	Tablets	Insomnia (short term use)			*	
Sodium Oxybate	Solution	Narcolepsy with catalepsy			*	
Zaleplon	Capsules	Insomnia (short term use)			*	
Zolpidem	Tablets	Insomnia (short term use)			*	

2. Formulary status of anxiolytic drugs

General Principles.

- Benzodiazepines are indicated for the short term relief (two to four weeks only) of anxiety that is severe, disabling, or subjecting the individual to unacceptable distress, occurring alone or in association with insomnia or short term psychosomatic, organic or psychotic illness
- The use of benzodiazepines to treat short-term 'mild' anxiety is inappropriate and unsuitable
- Benzodiazepines should not be used to treat panic disorder
- If patients are admitted on non-formulary benzodiazepines or barbiturates then the non-formulary medication will be supplied to prevent withdrawal effects. A clinical review will then consider the appropriateness or otherwise of maintaining the medication.

Further prescribing information can be accessed from <u>Electronic Medicines Compendium</u> or <u>electronic BNF</u>

Associated NICE guidance is available on their website NICE

The British Association for Psychopharmacology have produced guidelines on the management of anxiety, which can be accessed from BAP

Drug	Formulation	Licensed Indications	LCFT Formulary Status			Comments
		(mental health disorders)	General Prescribing LCFT	Consultant Initiation only	Non- Formulary	
Chlordiazepoxide	Capsules Tablets	Anxiety (short term use) Adjunct in acute alcohol withdrawal	♦ For alcohol withdrawal		♦ For anxiety	
Clonazepam	Tablets Liquid	Not licensed	*			
Diazepam	Tablets Solution Injection Rectal tubes Suppositories	Short term use in anxiety or insomnia, adjunct in alcohol withdrawal	*			
Lorazepam	Tablets Injection	Short term use in anxiety and insomnia	*			Lorazepam injection is included in the trust rapid tranquillisation policy (CL008).
Propranolol	Tablets Liquid	Anxiety with symptoms such as palpitation, sweating, tremor	*			
Alprazolam	Tablets	Anxiety (short term use)			•	NHS blacklisted
Barbiturates Amobarbital Butobarbital Secobarbital	Tablets Capsules	Severe intractable insomnia only in patients already taking barbiturates			*	Joint Formulary Committee of the BNF considers it less suitable for prescribing than alternatives. Named patient
Buspirone	Tablets	Anxiety (short term use)			•	

Drug	Formulation	Licensed	LCF	Γ Formulary Sta	tus	Comments
		Indications (mental health disorders)	General Prescribing LCFT	Consultant Initiation only	Non- Formulary	
Meprobamate	Tablets	Short term use in anxiety			•	Joint Formulary Committee of the BNF considers it less suitable for prescribing than alternatives
Oxazepam	Tablets	Anxiety (short term use)			*	
Pregabalin	Capsules	Generalised anxiety disorder.			•	Non-formulary for generalised anxiety disorder. Medication will be supplied in LCFT for those initiated or maintained on this for other licensed indications, or those patients where the specialist affective disorders clinic has recommended its use

3. Formulary status of First Generation (typical) antipsychotic drugs.

Further prescribing information can be accessed from <u>Electronic Medicines Compendium</u> or <u>electronic BNF</u>

Associated NICE guidance is available on their website NICE

Drug	Formulation	Licensed	LCF	T Formulary St	Comments	
_		Indications (mental health disorders)	General Prescribing LCFT	Consultant Initiation only	Non- Formulary	
Chlorpromazine	Tablets Liquid Suspension	Schizophrenia and other psychoses, mania, anxiety, agitation, violent or dangerously impulsive behaviour, childhood schizophrenia	•			
Flupentixol	Tablets	Schizophrenia and other psychoses	•			
Flupentixol Decanoate	Depot injection	Maintenance in schizophrenia and other psychoses	•			
Fluphenazine Decanoate	Depot injection	Maintenance in schizophrenia and other psychoses	*			
Haloperidol	Tablets Liquid	Schizophrenia and other psychoses, mania, severe anxiety, psychomotor agitation, violent or	*			Link to Rapid Tranquillisation Procedure
Haloperidol	Injection	Rapid tranquillisation,	•			Link to Rapid Tranquillisation Procedure. Haloperidol injection should be used in combination with promethazine injection for rapid tranquillisation
Haloperidol Decanoate	Injection	Maintenance in schizophrenia and other psychoses	•			

Drug	Formulation	Licensed	LCF	T formulary sta	itus	Comments	
		Indications (mental health disorders)	General Prescribing LCFT	Consultant Initiation only	Non- Formulary		
Sulpiride	Tablets Liquid	Schizophrenia	+				
Trifluoperazine	Tablets Liquid	Schizophrenia and other psychoses, short term management of severe anxiety, psychomotor agitation, violent or dangerously impulsive behaviour, severe anxiety	*				
Zuclopenthixol Dihydrochloride	Tablets	Schizophrenia and other psychoses	+				
Zuclopenthixol Decanoate	Injection	Maintenance in schizophrenia and other psychoses	*				
Benperidol	Tablets	Control of deviant antisocial sexual behaviour		*		Has no license for schizophrenia	
Levomepromazine	Tablets Injection	Schizophrenia			•	Risk of postural hypotension. Not recommended for ambulant patients over the age of 50. May be prescribed for nausea and vertigo	
Promazine	Tablets Solution	Short-term management of psychomotor agitation, agitation and restlessness in the elderly		•		Joint Formulary Committee of the BNF considers it less suitable for prescribing than alternatives	

Drug	Formulation		LCF	T formulary sta	ntus	Comments
		Indications (mental health disorders)	General Prescribing LCFT	Consultant Initiation only	Non- Formulary	
Zuclopenthixol acetate (Clopixol Acuphase)	Injection	Short term management of acute psychosis, mania or exacerbations of chronic psychosis		•		DOES NOT CONSTITUTE RAPID TRANQUILISATION AND MUST NOT BE ROUTINELY USED. Link to LCFT procedure on use of Zuclopenthixol acetate
Chlorpromazine	Injection	Schizophrenia and other psychoses, mania, anxiety, agitation, violent or dangerously impulsive behaviour, childhood schizophrenia			•	DOES NOT CONSTITUTE RAPID TRANQUILLISATION AND MUST NOT BE USED
Pericyazine	Tablets Syrup	Schizophrenia and other psychoses, short term management of severe anxiety, psychomotor agitation, violent or dangerously impulsive behaviour			•	

Drug	Formulation	Licensed	LCF	T formulary sta	tus	Comments
		Indications (mental health disorders)	General Prescribing LCFT	Consultant Initiation only	Non- Formulary	
Perphenazine	Tablets	Schizophrenia and other psychoses, mania, short term management of severe anxiety, psychomotor agitation, violent or dangerously impulsive behaviour			•	
Pimozide	Tablets	Schizophrenia, monosymptomatic hypochondriacal psychosis, paranoid psychosis			•	ECG monitoring mandatory
Prochlorperazine	Tablets Injection Suppositories	Schizophrenia and other psychoses, mania, short term management of severe anxiety			•	May be prescribed for antiemetic purposes

4. Formulary status of Second Generation (atypical) antipsychotic drugs.

Further prescribing information can be accessed from <u>Electronic Medicines Compendium</u> or <u>electronic BNF</u>

Associated NICE guidance is available on their website NICE

Monitoring must be conducted in line with <u>LCFT monitoring guidelines</u>

Clozapine and risperidone long acting injection are 'hospital only' and GP's must not be asked to prescribe

LCFT must prescribe amisulpride, aripiprazole, olanzapine, quetiapine and oral risperidone for a minimum of three months in line with the Shared Care Guideline

Drug	Formulation	Licensed Indications	LCFT	Formulary Stat	tus	Comments
			General Prescribing LCFT	Consultant Initiation only	Non- Formulary	
Amisulpride	Tablets Liquid	Schizophrenia	•			
Aripiprazole	Tablets Orodispersible tablets Oral solution	Schizophrenia in adults and adolescents 15 years and older, moderate to severe manic episodes in Bipolar I Disorder, prevention of a new manic episode in patients who experienced predominantly manic episodes and whose manic episodes respond to aripiprazole treatment	•			
Aripiprazole	Long acting Injection	Schizophrenia			Restricted use only	Application from RMO to be sent to Chief Pharmacist and Medical Director requesting its use. <u>Link</u> to application form
Olanzapine	Tablets Velotabs Injection	Schizophrenia and moderate to severe manic episodes Injection: Rapid Tranquillisation	◆ Tablets, velotabs		♦ Injection	A licensed product of olanzapine injection is no longer available in the UK. Olanzapine injection is no longer recommended as a treatment option in the NICE guidance on Violence
Quetiapine See separate entry below for Quetiapine XL	Tablets.	Schizophrenia, manic episodes associated with bipolar disorder, major depressive episodes in bipolar disorder, preventing recurrence in bipolar disorder	•			

Drug	Formulation	Licensed Indications	LCFT Form	ulary Status		Comments
				Consultant	Non-	
			Prescribing LCFT	Initiation only	Formulary	
Risperidone	Tablets Liquid Quicklet	Schizophrenia, moderate to severe manic episodes associated with bipolar disorders, short-term treatment (up to 6 weeks) of persistent aggression in patients with moderate to severe Alzheimer's dementia unresponsive to non-pharmacological approaches and when there is a risk of harm to self or others, short-term symptomatic treatment (up to 6 weeks) of persistent aggression in conduct disorder in children from the age of 5 years and adolescents with subaverage intellectual functioning or mental retardation diagnosed according to DSM-IV criteria, in whom the severity of aggressive or other disruptive behaviours require pharmacologic treatment	•			May be used for longer periods (off-label) in conduct disorder with autistic spectrum condition or severe learning disability

Drug	Formulation	Licensed Indications	LCF	Γ formulary statu	IS	Comments
			General Prescribing LCFT	Consultant initiation only	Non- formulary	
Clozapine	Tablets	Treatment resistant/intolerant schizophrenia Psychosis in Parkinson's disease		•		Link to CSM advice re constipation Link to CSM advice re cardiomyopathy and myocarditis Link to clozapine plasma level guidelines
	Depot Injection	Schizophrenia			•	
Paliperidone Palmitate	Long Acting Injection	Schizophrenia			Restricted use only	Application from RMO to be sent to Chief Pharmacist and Medical Director requesting its use. Link to application form
Quetiapine XL	Tablets	As quetiapine plus adjunct in major depressive disorder			◆ Restricted use only	Link to Trust prescribing guidelines
Risperidone	Long-acting injection	Schizophrenia			*	
Sertindole	Tablets	Schizophrenia (not first line)			*	

5. Formulary status of mood stabilisers

General Principles.

- Antipsychotic medication with mood stabilising properties will be considered in the formulary section for second generation antipsychotics.
- Clonazepam is very occasionally used (unlicensed) in cases of treatment resistant mania. Ensure regular review, gradual reduction where the benzodiazepine has been used longer term
- Patients prescribed mood stabilisers need to be monitored as described in the associated NICE guideline and LCFT monitoring guidelines.
- Lithium is subject to shared care arrangements and must be prescribed by LCFT for at least three months and until the patient is stable

Further prescribing information can be accessed from <u>Electronic Medicines Compendium</u> or <u>electronic BNF</u>

Associated NICE guidance is available on their website NICE

Drug	Formulation	Licensed Indications	LCF1	formulary stat	us	Comments
			General Prescribing LCFT	Consultant initiation only	Non- formulary	
Carbamazepine	Tablets Liquids Suppositories	Prophylaxis of bipolar disorder unresponsive to lithium.	•			
Lamotrigine	Tablets Dispersible tablets	Unlicensed as a mood stabiliser	*			Note: interaction with sodium valproate Requires careful titration . Refer to SPC for further information
Lithium preparations	Tablets (generally priadel brand) Liquid	Treatment and prophylaxis of mania, bipolar disorder and recurrent depression. Aggressive or self-mutilating behaviour	•			Due to differences in bioavailability prescribing should be by brand name. For new patients Priadel is recommended. Lithium carbonate 200mg is equivalent to Lithium citrate 509mg Note: interactions with NSAID's, diuretics, ACE inhibitors. See SPC for full list

Drug	Formulation	Licensed Indications	LCF1	formulary status	3	Primary Care	Comments	
			General Prescribing LCFT	Consultant initiation only	Non- formulary	RAG status		
Semisodium Valproate (Depakote)		Manic episodes associated with bipolar disorder	•			Amber	Prescribing caution in women of child bearing potential	
Sodium Valproate	Tablets Liquid		•			Amber	Unlicensed as a mood stabilizer Prescribing caution in women of child bearing potential condition or severe learning disability	
Clonazepam	Tablets Liquid		•			Amber	Unlicensed for mood disorders	
Asenapine	Sublingual tablets	Acute Mania			*	Black		

Date: December 2014. Review Date December 2017

6. Formulary status of antidepressant drugs

General Principles.

- Care should be taken when switching between antidepressants. Washout periods are always required with MAOI's. Contact pharmacy for further advice if required.
- Advise patients of the delayed response, need for ongoing treatment once symptoms resolve and risk of discontinuation reactions if medication is not taken regularly or stopped suddenly.

Further prescribing information can be accessed from <u>Electronic Medicines Compendium</u> or <u>electronic BNF</u>

Associated NICE guidance is available on their website NICE

Drug	Formulation	Licensed Indications (mental health	LCF	T Formulary Sta	atus	Comments
		disorders)	General Prescribing LCFT	Consultant Initiation only	Non- Formulary	
Amitriptyline	Tablets Oral solution	Depressive illness	•			Consider overdose risk
Citalopram	Tablets Oral drops	Depressive illness, panic disorder	•			8mg oral drops is equivalent to 10mg tablet Lower incidence of drug interactions than some other SSRI's
Clomipramine	Capsules Modified release tablets	Depressive illness, phobic and obsessional states,	•			Consider overdose risk MR tablets are considered by the Joint Formulary Committee for the BNF to be less suitable for prescribing.

Drug	Formulation	Licensed Indications	LCF"	T formulary stat	us	Comments
		(mental health disorders)	General Prescribing LCFT	Consultant Initiation only	Non- Formulary	
Fluoxetine	Capsules Liquid	Depressive illness, bulimia nervosa, obsessive compulsive disorder	•			First line for children and adolescents Higher propensity for drug interactions
Imipramine	Tablets	Depressive illness,	•			Consider overdose risk
Lofepramine	Tablets	Depressive illness	•			Less cardiotoxicity and lower risk in overdose compared with other tricyclic antidepressants
Mirtazapine	Tablets Soltabs	Depressive illness	*			

Drug	Formulation	Licensed Indications	LCF"	Γ formulary stat	us	Comments
		(mental health disorders)	General Prescribing LCFT	Consultant Initiation only	Non- Formulary	
Paroxetine	Tablets Liquid	Depressive illness, post-traumatic stress disorder, obsessive compulsive disorder, panic disorder, social phobia, generalised anxiety disorder	•			Higher risk of discontinuation reactions Higher propensity for drug interactions
Sertraline	Tablets	Depressive illness, obsessive compulsive disorder (under specialist supervision in children), post traumatic stress disorder, panic disorder, social anxiety disorder	•			NICE recommend first line for generalised anxiety disorder (unlicensed) Lower incidence of drug interactions than some other SSRI's

Drug	Formulation	Licensed Indications	LCFT f	formulary status		Comments
		(mental health disorders)	General Prescribing LCFT	Consultant Initiation only	Non- Formulary	
Trazodone	Capsules Liquid	Depressive illness	*			Consider overdose risk
Venlafaxine	Tablets XL capsules	Depressive illness, generalised anxiety disorder (XL formulation only)	◆ THIRD LINE			THIRD LINE USE ONLY Consider cardiovascular history e.g. uncontrolled hypertension, and risk of overdose. Higher propensity for discontinuation reactions
Vortioxetine	Tablets	Major depressive episodes in adults.	◆ THIRD LINE			THIRD LINE USE ONLY IN LINE WITH THE NICE TECHNOLOGY APPRAISAL (TA367)
Duloxetine (Cymbalta)	Capsules	Depressive illness, generalised anxiety disorder		♦ Not first line		Link to LCT prescribing guidelines Third line use within LCFT. CAUTION: available as another brand Yentreve for stress urinary incontinence. Recommended that prescriptions state the brand name Cymbalta
Escitalopram	Tablets Oral drops	Depressive illness, panic disorder, generalised anxiety disorder, obsessive compulsive disorder, social anxiety disorder		•		Available for consultant initiation in generalised anxiety disorder but only after sertraline has been tried

Drug	Formulation		LC	FT formulary st	tatus	Comments
		(mental health disorders)	General Prescribing LCFT	Consultant Initiation only	Non- Formulary	
Mianserin	Tablets	Depressive illness		*		Due to risks of neutropenia and agranulocytosis a full blood count is recommended every 4
Moclobemide	Capsules	Depressive illness, social phobia		•		
Nortriptyline	Tablets	Depressive illness, neuropathic pain		•		Consider overdose risk
Phenelzine	Tablets	Depressive illness		•		CAUTION: Many interactions with other medication, food and drink. Refer to SPC. Washouts required when changing to and from Phenelzine
Reboxetine	Tablets	Depressive illness		*		Not licensed in the elderly
Tryptophan	Tablets	Hospital specialist initiation only for patients with severe and disabling depressive illness of more than 2 years continuous duration, after an adequate trial of standard antidepressant treatment and only as an adjunct to other antidepressant medication		•		Rare side effect of eosinophilia-myalgia syndrome. No longer a requirement for patients to be registered with the OPTICS unit and have routine full blood counts. Must be initiated by a hospital specialist although general practitioners can subsequently prescribe. Subject to shared care so LCFT must prescribe for a minimum of three months and until stable

Drug	Formulation	Licensed Indications (mental	LCF	T formulary sta	itus	Comments	
		health disorders)	General Prescribing LCFT	Consultant Initiation only	Non- Formulary		
Agomelatine	Tablets	Major depression			Restricted use	Link to prescribing guidelines. Requirement for close monitoring of liver function tests. Prior approval required from LCFT medical director/chief pharmacist before prescribing within LCFT. Prescribing to remain in secondary care	
Dosulepin	Capsules Tablets	Depressive illness			•	Risks felt to outweigh benefits due to high toxicity in overdose. Not recommended by NICE	
Doxepin	Capsules	Depressive illness,			•	Consider overdose risk	
Flupenthixol	Tablets	Depressive illness, psychoses			•		
Fluvoxamine	Tablets	Depressive illness, obsessive compulsive disorder			•	Higher propensity for drug interactions	
Isocarboxazid	Tablets	Depressive illness			•		
Tranylcypromine	Tablets	Depressive illness			*		
Trimipramine	Capsules	Depressive illness			•		

7. Formulary status of drugs for dementia

General Principles.

Prescribing is initiated in line with recommendations in the National Institute for Clinical Excellence (NICE) Technology appraisal 111, Donepezil, Galantamine, Rivastigmine and Memantine for the treatment of Alzheimer's disease

LCFT must maintain prescribing responsibilities for a minimum period of three months and until response and tolerability have been assessed, as per shared care arrangements

Further prescribing information can be accessed from <u>Electronic Medicines Compendium</u> or <u>electronic BNF</u>

Associated NICE guidance is available on their website NICE

Drug	Formulation	Licensed	LCF	Γ Formulary Sta	tus	
		Indications	General Prescribing LCFT	Consultant Initiation only	Non- Formulary	Comments
Donepezil	Tablets Orodispersible tablets	Mild to moderate dementia in Alzheimer's disease	•			
Galantamine	Tablets XL capsules Oral solution	Mild to moderate dementia in Alzheimer's disease	•			
Memantine	Tablets Oral drops	Severe dementia in Alzheimer's disease Moderate Alzheimer's disease with intolerance or contraindication to acetylcholinerase inhibitors	•			
Rivastigmine	Capsules Oral solution Transdermal patches	Mild to moderate dementia in Alzheimer's and Parkinson's disease	•			

8. Formulary status of drugs for Attention Deficit Hyperactivity Disorder (ADHD)

General Principles.

Prescribing is initiated in line with recommendations in the National Institute for Clinical Excellence (NICE) Clinical Guideline 72 Attention deficit hyperactivity disorder: Diagnosis and management of ADHD in children, young people and adults

LCFT must maintain prescribing responsibilities for a minimum period of three months and until response and tolerability have been assessed, as per shared care arrangements

Further prescribing information can be accessed from <u>Electronic Medicines Compendium</u> or <u>electronic BNF</u>

Associated NICE guidance is available on their website NICE

Drug	Formulation	Licensed	LCFT Formular	ry Status			
		Indications	General Prescribing LCFT	Consultant Initiation only	Non- Formulary	Comments	
Atomoxetine	Capsules	Attention deficit disorder in children and adults with pre-existing symptoms of ADHD in childhood	•				
Clonidine		prevention of recurrent migraine, vascular headache; Tourette syndrome [unlicensed]; hypertension; menopausal flushing; sedation [unlicensed]		•		Third line for ADHD e.g. tourettes with ADHD, non-response to licensed alternatives, other medications unsuitable e.g. weight concerns or other risk factors	
Dexamfetamine	Tablets	narcolepsy; refractory attention deficit hyperactivity disorder (under specialist supervision)	*				
Lisdexamfetamine	Capsules	attention deficit hyperactivity disorder refractory to methylphenidate (under specialist supervision)	ADULTS in line with treatment algorithm		Restricted Use in CAMHS	Approval must be obtained from the chief pharmacist prior to prescribing in CAMHS	

Drug	Formulation	Licensed	LCFT Formulary Status			
		Indications	General Prescribing LCFT	Consultant Initiation only	Non- Formulary	Comments
Methylphenidate	Immediate or modified release tablets or capsules	Attention deficit hyperactivity disorder (under specialist supervision); narcolepsy [unlicensed indication]	•			Different versions of modified-release preparations may not have the same clinical effect. To avoid confusion between these different formulations of methylphenidate, prescribers should specify the brand to be dispensed.

Formulary status of anticholinergic drugs for management of side effects with antipsychotic medication

Further prescribing information can be accessed from <u>Electronic Medicines Compendium</u> or <u>electronic BNF</u>

Associated NICE guidance is available on their website **NICE**

Drug	Formulation	Licensed Indications	LCFT Formulary Status			
			General Prescribing LCFT	Consultant Initiation only	Non- Formulary	Comments
Hyoscine Hydrobromide	Tablets		•			Used off label in the management of clozapine-induced hypersalivation
Procyclidine	Tablets Injection	control of extrapyramidal symptoms induced by neuroleptic drugs	•			
Trihexyyphenidyl	Tablets	control of extrapyramidal symptoms induced by neuroleptic drugs		•		
Orphenadrine	Tablets	control of extrapyramidal symptoms induced by neuroleptic drugs.		*		
Pirenzepine	Tablets			•		Unlicensed medicine used for clozapine-Induced hypersalivation