**Formulary Review of Chapter 1**

**KEY**

|  |  |
| --- | --- |
| **Status** | **Description** |
| http://tmpnlg.formulary.co.uk/images/TrafficLight.gifGreen | Green -Medicines suitable for routine use within primary care and Secondary care Can be initiated within primary care within their licensed indication, in accordance with nationally recognised formularies |
| http://tmpnlg.formulary.co.uk/images/TrafficLight.gifAmber | Amber- Medicines suitable to be prescribed in primary care after specialist /Consultant recommendation or initiation. A supporting prescribing guideline may be requested which must have been agreed by the relevant secondary care trust Medicines and Therapeutic Committee and approved by the Area Prescribing Committee. |
| http://tmpnlg.formulary.co.uk/images/TrafficLight.gifRed | Red-Hospital initiation and continuation only |
| http://tmpnlg.formulary.co.uk/images/TrafficLight.gifAmber Shared Care Protocol | AMBER SHARE CARE PROTOCOL- Medicines that should be initiated by a specialist and prescribed by primary care prescribers only under a shared care protocol, once the patient has been stabilised |
| http://tmpnlg.formulary.co.uk/images/TrafficLight.gifGreen 2 | GREEN 2- to be prescribed by primary care only |
| http://tmpnlg.formulary.co.uk/images/TrafficLight.gifGrey | GREY- NON FORMULARY |

* 1. **Dyspepsia and gastro-oesophageal reflux disease**

**1.1.1 Antacids and Simeticone**

|  |  |  |  |
| --- | --- | --- | --- |
| Current Formulary item | Remain on formulary | Exclude from formulary | Supporting information |
| i) Co-magaldrox Suspension | **Yes** |  | **1st Line** |
| ii) Aluminium, magnesium & activated simeticone |  | **Yes** | **Non formulary /limited or no use** |
| iii) Co-Simalcite (Simeticone/Hydrotalcite) |  | **Yes** | **Non formulary** |
| iv) Aluminium Hydroxide | **Yes** |  |  |
| v) Simeticone |  | **Yes** | due to limited clinical value/evidence of benefit is uncertain |
| vi) Magnesium trisilicate BP Mixture. Hospital, Paediatrics Only | **Yes** |  | Hospital/maternity only-look at uptake |
| vii) Asilone Liquid. Palliative Care Only | Restricted For palliative care only | **?** | – no uptake or usage across the trust according to ascribe database from October 2016 |
| viii) Sodium citrate 0.3 Molar Solution. Hospital, Maternity Only | **Yes** |  | Look at uptake  Hospital/maternity only |

**1.1.2 Compound Alginates and proprietary ingestion preparations**

|  |  |  |  |
| --- | --- | --- | --- |
| **Current Formulary item** | **Remain on formulary** | **Exclude from formulary** | **Supporting information** |
| i) Compound sodium alginate liquid (e.g. Peptac). Prescribe Generically | **Yes** |  |  |
| ii) Gaviscon Tablets |  | **Yes** | **Use is not justified in term of cost as same effect can be achieved via the liquid** |
| iii) Gaviscon Infant Sachets | **yes** |  |  |
| iv) Gastrocote Tablets | **Yes** |  |  |
| v) Sodium alginate 1000mg/Potassium bicarbonate 200mg per 10ml. Primary Care Initiated | **Yes** |  |  |

* 1. **Antispasmodics and other drugs altering gut motility**

|  |  |  |  |
| --- | --- | --- | --- |
| **Current Formulary item** | **Remain on formulary** | **Exclude from formulary** | **Supporting information** |
| 1.2 Antispasmodics and other drugs altering gut motility | **yes** |  |  |
|  | yes |  |  |
| i) Mebeverine Tablets | yes |  |  |
| ii) Hyoscine-N-butylbromide Tablets, Injection | yes |  | **Include newt guidelines and mhra safety alert** |
| iii) Peppermint oil Capsules | yes |  |  |
| iv) Alverine citrate Capsules |  | yes | **Lack of use in CCG** |
| v) Dicycloverine (dicyclomine) Elixir, Tablets |  | yes | **Lack of use in ccg** |
| vi) Domperidone Suspension, Tablets | yes |  | Remove from chapter and keep in antiemetics  Mhra only to use if with apomorpine |
| vii) Metoclopramide Injection, Elixir, Tablets | yes |  | Remove from chapter and keep in antiemetics |
| Metoclopramide elixir | yes |  | Remove from chapter and keep in antiemetics |
| viii) Peppermint Water |  | yes | **Lack of use in ccg** |
| ix) Propantheline bromide Tablets |  | yes | **Lack of use in ccg** |

* 1. **Antisecretory drugs and mucosal protectants**
     1. **H2 Receptor Antagonist**

|  |  |  |  |
| --- | --- | --- | --- |
| **Current Formulary item** | **Remain on formulary** | **Exclude from formulary** | **Supporting Information** |
| i) Ranitidine Tablets | yes |  |  |
| Ranitidine Syrup and injection | yes |  | **Jim to clarify use in paeds** |
| ii) Cimetidine Tablets. For Indication of painful bladder only | yes |  | **Wide interaction profile plus high costs** |

* + 1. **Chelates and Complexes**

|  |  |  |  |
| --- | --- | --- | --- |
| **Current Formulary item** | **Remain on formulary** | **Exclude from formulary** | **Supporting Information** |
| i) Sucralfate Tablets, Suspension | **yes** |  | **Check useage** |
|  |  |  |  |

* + 1. **Prostaglandin Analogues**

|  |  |  |  |
| --- | --- | --- | --- |
| **Current Formulary item** | **Remain on formulary** | **Exclude from formulary** | **Supporting Information** |
| i) Misoprostol Tablets | **yes** |  | **Use for abortion as per abortion guideline** |
|  |  |  |  |

* + 1. **Proton Pump Inhibitors**

|  |  |  |  |
| --- | --- | --- | --- |
| **Current Formulary item** | **Remain on formulary** | **Exclude from formulary** | **Supporting Information** |
| i) Omeprazole Capsules | yes |  |  |
| ii) Lansoprazole Capsules | yes |  |  |
| iii) Omeprazole Tablets |  | **yes** | **Based on cost – if orodispersible tablets are required tend to switch to lansoprazole** |
| iv) Lansoprazole Orodispersible Tablets | yes |  |  |
| v) Rabeprazole Tablets | yes |  |  |
| vi) Esomeprazole Tablets. Severe Ulcerative Esophagitis Only | yes |  | **Restricted** |
| vii) Pantoprazole Injection | yes |  |  |
| viii) Omeprazole Injection/Infusion. Hospital Only | yes |  |  |

* 1. **Acute Diarrhoea**

**1.4.1 Adsorbents and Bulk Forming laxatives**

|  |  |  |  |
| --- | --- | --- | --- |
| **Current Formulary item** | **Remain on formulary** | **Exclude from formulary** | **Supporting Information** |
| i) Methylcellulose Tablets |  | **?** | **Clarify useage – used as bulk forming laxative?** |
| ii) Kaolin |  |  |  |

**1.4.2 Antimotility Drugs**

|  |  |  |  |
| --- | --- | --- | --- |
| **Current Formulary item** | **Remain on formulary** | **Exclude from formulary** | **Supporting Information** |
| i) Loperamide Capsules | yes |  | **First line** |
| Loperamide Syrup | yes |  |  |
| ii) Co-phenotrope Tablets |  | **yes** | supply problem- Available for patients in whom loperamide and codeine have failed, but causes anticholinergic side effects. |
| iii) Codeine phosphate Tablets | yes |  |  |
| iv) Imodium Instant Melts. For Stoma Patients Only | yes |  | **For stoma patients only** |

**Chronic Bowel Disorders**

**1.5.1 Aminosalicylates ( prescribed brand specific)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Current Formulary item** | **Remain on formulary** | **Exclude from formulary** | **Supporting Information** |
| i) Mesalazine Tablets 400mg, 800mg (Octasa and Asacol – See Current BNF Guidance) | yes |  | **Primary care preference is octasa** |
| ii) Asacol (Mesalazine) Suppositories 250mg, 500mg | yes |  | **2nd care prefer asacol ( if patients pre stable on asacol – to continue )** |
| iii) Asacol (Mesalazine) Foam Enema 1g/metered application | yes |  |  |
| iv) Mezavant XL (Mesalazine) Tablets 1.2G | yes |  |  |
| v) Pentasa (Mesalazine) Tablets 500mg | yes |  |  |
| vi) Pentasa (Mesalazine) Sachets 1G, 2G | yes |  |  |
| vii) Pentasa (Mesalazine) Suppositories 1G | yes |  |  |
| viii) Pentasa (Mesalazine) Retention Enema 1G in 100ml | yes |  |  |
| ix) Salofalk (Mesalazine) Liquid Enema 2G in 59ml | yes |  |  |
| x) Salofalk (Mesalazine) Foam Enema 1G/metered application | yes |  |  |
| xi) Salazopyrin (Sulfasalazine) Tablets, Suspension | yes |  |  |
| xii) Colazide (Balsalazide) Capsules |  |  |  |
| xiii) Dipentum (Olsalazine) Capsules 250mg |  |  | **Query is this discontinued?** |

**1.5.2 Corticosteriods**

|  |  |  |  |
| --- | --- | --- | --- |
| **Current Formulary item** | **Remain on formulary** | **Exclude from formulary** | **Supporting Information** |
| i) Prednisolone 2.5mg, 5mg Tablets | yes |  |  |
| ii) Prednisolone 1mg Tablets | yes |  |  |
| iii) Budesonide (Entocort) MR Capsules | yes |  |  |
| iv) Hydrocortisone foam (Colifoam) Enema | yes |  |  |
| v) Prednisolone Suppositories |  | yes | **Not much use in ccg and according to ascribe data** |
| vi) Prednisolone rectal foam Enema (Predfoam) |  | yes | **Limited use according to ascribe data** |
| yes | yes |  |  |

* + 1. **Immunomodulators**

|  |  |  |  |
| --- | --- | --- | --- |
| **Current Formulary item** | **Remain on formulary** | **Exclude from formulary** | **Supporting Information** |
| i) Methotrexate Tablets 2.5mg | yes |  | **Shared care guidelines comfrimed awaiting ratification** |
| ii) Azathioprine Tablets | yes |  | **Shared care guidelines comfrimed awaiting ratification** |
| iii) Ciclosporin Capsules 25mg, 50mg, 100mg (Patient maintained on same brand) | yes |  | **Shared care guidelines comfrimed awaiting ratification** |
| iv) Mycophenolate Mofetil Capsules 250mg (Patient maintained on same brand) | yes |  |  |
| v) Mycophenolate Mofetil Tablets 500mg (Patient maintained on same brand) | yes |  |  |
| vi) 6-Mercaptopurine Tablets 50mg | yes |  |  |
| vii) Adalimumab Injection | yes |  |  |
| viii) Infliximab Injection | yes |  |  |
| iX) Vedolizumab 300mg Vial. As per NICE TA342 and TA352 Only | yes |  |  |
| x) Golimumab Injection 50mg and 100mg As per NICE TA329 Only | yes |  |  |

**1.5.4 Food allergy**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Remain on formulary** | **Exclude from formulary** | **Supporting information** |
| **i) Sodium Cromoglicate 100mg Capsules (Nalcrom** | **yes** |  |  |

**1.6 Laxatives**

**1.6.1 Bulk-forming Laxatives**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Remain on formulary** | **Exclude from formulary** | **Supporting Information** |
| i) Ispaghula husk Granules | yes |  |  |
| ii) Methylcellulose Tablets | yes |  |  |

**1.6.2 Stimulant Laxatives**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| i) Senna Tablets, Syrup | yes |  |  |
| ii) Bisacodyl Tablets, Suppositories | yes |  |  |
| iii) Glycerol Suppositories | yes |  |  |
| iv) Docusate sodium Capsules, Paediatric & Adult oral solutions | yes |  |  |
| v) Sodium picosulphate Liquid | yes |  |  |
| vi) Sodium picosulphate Sachets (Picolax) | yes |  |  |
| vii) Co-danthramer Capsules, Suspension. Terminally Ill Only |  |  | **Capsules discontinued**  Available for patients in whom loperamide and codeine have failed, but causes anticholinergic side effects |
| ix) Co-danthrusate Capsules. Terminally Ill Only | yes |  |  |
| x) Naloxegol Tablets. As per NICE TA345 | yes |  |  |

**1.6.3 Faecal Softeners**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Remain on formulary** | **Exclude from formulary** | **Supporting Information** |
| i) Arachis oil Enema | yes |  |  |
| ii) Liquid paraffin & magnesium hydroxide Emulsion. Hospital, Paediatrics Only | yes |  |  |

**1.6.4 Osmotic Laxatives**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Remain on formulary** | **Exclude from formulary** | **Supporting information** |
| i) Lactulose Liquid | yes |  |  |
| ii) Macrogol 3350 sachets, adult & paediatric | yes |  |  |
| iii) Micro-enema | yes |  |  |
| iv) Phosphate Enema | yes |  |  |

**1.6.5 Bowel Cleansing Preparations**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Remain on formulary** | **Exclude from formulary** | **Supporting information** |
| i) Moviprep Sachets | yes |  | **Used as part of surgical procedure bowel cleansing** |
| ii) KleanPrep Vanilla For Patients Sensitive to Citrus Flavourings & Paediatrics | yes |  |  |
| iii) Citramag Powder | yes |  |  |

**1.6.6 Bowel Cleansing Preparations**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Remain on formulary** | **Exclude from formulary** | **Supporting information** |
| i) Methylnaltrexone bromide injection. Cancer Specialist Only |  |  |  |

**1.6.7 5HT4 Receptor Agonists – See**[**Constipation Pathway**](http://www.northernlincolnshireapc.nhs.uk/wp-content/uploads/Pathways/Constipation/APC_Constipation_Pathway.pdf)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Remain on formulary** | **Exclude from formulary** | **Supporting information** |
| i) Prucalopride Tablets. Consultant Initiated Only | yes |  |  |
| ii) Linaclotide Capsules. Consultant Initiated for IBS-C Only | yes |  |  |
| iii) Lubiprostone Capsules. As Per NICE TA318 | yes |  |  |

**1.7 Local Preparations for Anal and Rectal Disorders**

**1.7.1 Soothing Haemorrhoidal Preparations**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Remain on formulary** | **Exclude from formulary** | **Supporting Information** |
| i) Anusol Ointment, Cream, Suppositories | **yes** |  |  |

**1.7.2 Compound Haemorrhoidal Preperations**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Remain on formulary** | **Exclude from formulary** | **Supporting information** |
| Scheriproct Ointment | yes |  | **Double check if on formulary/ascribe** |
| Scheriproct Suppositories | yes |  |  |
| i) Anusol HC Ointment |  | yes | **Not used in ccg** |
| ii) Proctosedyl Ointment, Suppositories |  | yes | **Not used in ccg** |
| iii) Xyloproct Ointment |  | yes | **Not used in ccg** |
| iv) Hydrocortisone foam Enema (Proctofoam HC) |  | yes | **Not used ccg** |

**1.7.3 Rectal Sclerosants**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Remain on formulary** | **Exclude from formulary** | **Supporting Information** |
| i) Oily phenol Injection 5% | **yes** |  |  |

**1.7.4 Management of Anal Fissures**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Remain on formulary** | **Exclude from formulary** | **Supporting information** |
| i) Glyceryl Trinitrate (GTN) 0.4% Ointment | yes |  |  |
| ii) Diltiazem Cream 2% (U,S) | yes |  |  |

**1.8 Stoma care**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Remain on formulary** | **Exclude from formulary** |  |
| i) Orabase Paste |  | yes | **Not used in ccg /or ascribe data shows limited use** |
| ii) Atmocol Spray |  | yes | Not used in ccg /or ascribe data shows limited use |
| iii) Day-Drop Solution |  | yes | Not used in ccg /or ascribe data shows limited use |

**1.9 Drugs Affecting Intestinal Secretions**

**1.9.1 Drugs Affecting Biliary Composition and Flow**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Remain on formulary** | **Exclude from formulary** |  |
| i) Ursodeoxycholic acid Capsules, Suspension | yes |  |  |
| ii) Obeticholic acid in accordance with NICE TA443 | yes |  |  |

**1.9.2 Bile Acid secretions**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Remain on formulary** | **Exclude from formulary** |  |
| i) Colestyramine Sachets | yes |  |  |
| ii) Colesevelam 625mg Tablets. Consultant Initiated for Bile Acid Maladsorption Only | yes |  | **Double check cost and useage** |

**1.9.4 Pancreatin**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Remain on formulary** | **Exclude from formulary** |  |
| i) Creon Capsules | yes |  |  |
| ii) Pancrex V Tablets, Tablets forte, Capsules | yes |  |  |
| iii) Creon Micro Granules. Paediatric Consultant Initiated | yes |  |  |

**1.9 Other**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Remain on formulary** | **Exclude from formulary** |  |
| i) Formalin 4% Solution (U) | **yes** |  |  |