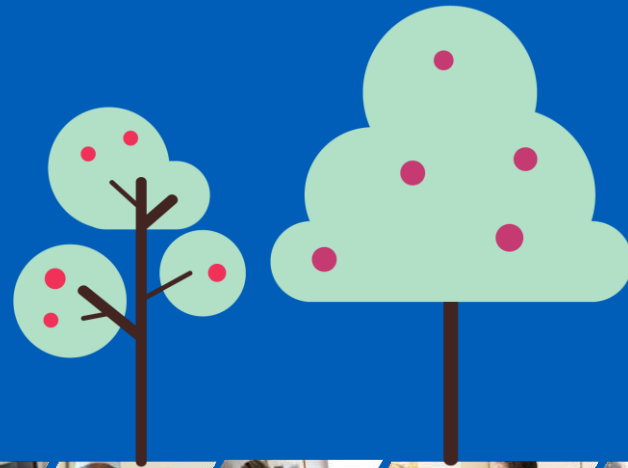


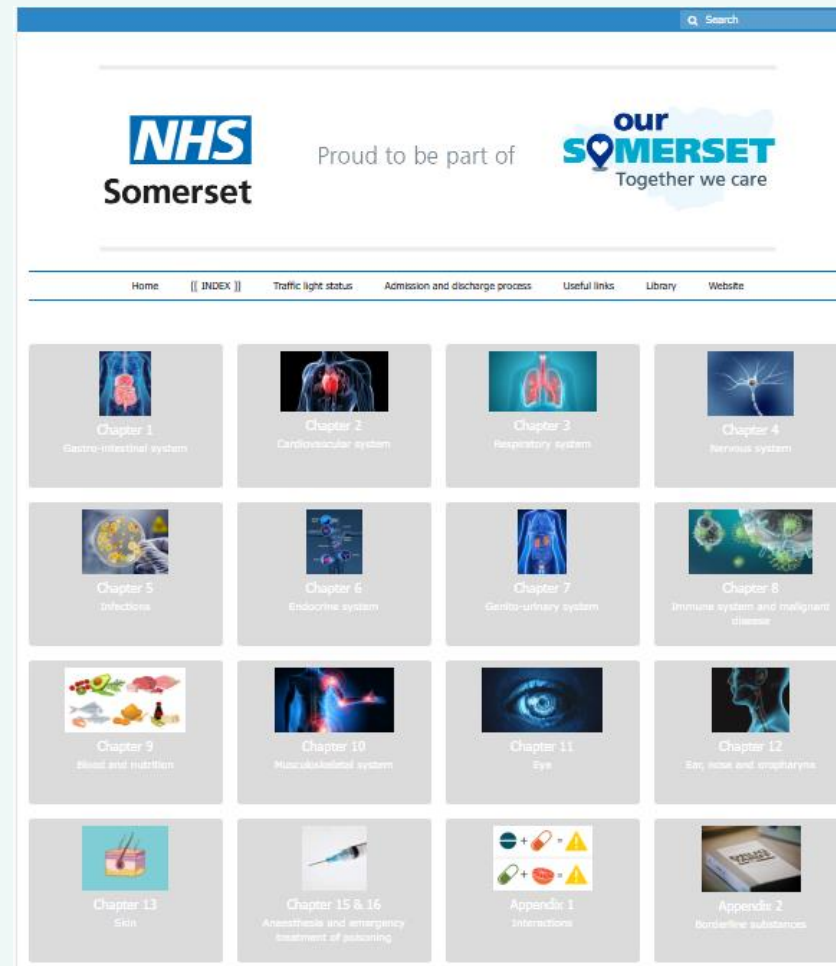
NHS Somerset Formulary

Esther Kubiak

Somerset ICB Medicines Manager and Medicines Safety Officer



Current NHS Somerset ICB Formulary – Primary care





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Showing drugs - A

[A2A Spacer®](#)

[Abacavir](#)

[Abacavir and Lamivudine](#)

[Abacavir and Lamivudine and Zidovudine](#)

[Abacavir with Lamivudine and Dolutegravir](#)

[Abaloparatide](#)

[Abatacept](#)

[Abciximab](#)

[Abemaciclib](#)

[Abidec®](#)

[Abiraterone acetate](#)

[Able Spacer®](#)

[Abrocitinib](#)

[Acalabrutinib](#)

[Acamprosate 333mg gastro-resistant tablets](#)

[Accu-chek ® Performa Test Strips](#)

[Accu-chek® Mobile Cassette](#)

[Accu-chek® Instant](#)

[Acelofenac](#)

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Useful Links

General and shared resources

British National Formulary	NICE Guidance	Electronic Medicines Compendium	Care Quality Commission	NHS England	PrescQIPP	Palliative Care Handbook - Wessex	Central Alerting System	
Drug Interaction Checker - Drugs.com	Southwest Community Pharmacy Information	Evidence Based Interventions - NHS Somerset	Stoma Formulary - NHS Somerset	Wound Management Formulary - NHS Somerset	Sip Feed Formulary - NHS Somerset	Hepatitis Drug Interactions - UOL	Medicines & Healthcare products Regulatory Agency	
Medicines Supply Tool - SPS	Medicines monitoring - SPS	Refrigerated medicines stability tool - SPS	Safety in pregnancy - SPS	Safety in Breastfeeding - SPS	Continence Formulary - NHS Somerset	HIV Drug Interactions - UOL	Yellow Card Reporting	Rectal Transanal Irrigation - NHS Somerset

Primary care resources

Prescribing and Medicines Management - NHS Somerset ICB	Antimicrobial guidelines - NHS Somerset ICB	Shared Care and PGDs - NHS Somerset ICB	Specials Guidance - NHS Somerset ICB	Self Care Policy - NHS Somerset ICB	Community Pharmacy Somerset
Estimated Glomerular Filtration Rate -MD+CALC MDRD GFR Equation	NHS Somerset Medicines Programme Board & Formulary Application Form			Datix Incident Report Form - NHS Somerset ICB	Somerset Local Medical Committee

Secondary care resources

Hospital and Antimicrobial guidelines, Medusa - NHS Somerset SFT	Creatinine Clearance MD+CALC Cockcroft-Gault Equation	NHS England IFR requests		
DY add link to D&TC intranet pages once merged intranet live	NHS England High Cost Drugs List	Cancer Drug Fund (CDF) List		

Links to national and local guidance, resources and safety alerts

- Antimicrobial guidelines
- Medicines supply tool
- Pregnancy/breastfeeding
- Incident and yellow card reporting
- Formulary sections published separately
- Interactions
- Community pharmacy
- Local Medical Committee
- [Care Quality Commission](#)












Feedback

Please report any

- **primary care related formulary issues to NHS Somerset ICB Medicines Management Team** somicb.medicinesmanagementteam@nhs.net
- **secondary care formulary issues to NHS Somerset Foundation Trust Pharmacy Team** pharmacy.enquiries@somersetft.nhs.uk

The NHS Somerset formulary aims to provide information on medicines prescribable in Somerset. Approval to include in formulary is via the NHS Somerset ICB Medicines Programme Board and NHS Somerset Foundation Trust Drugs and Therapeutics Committee. Decisions to include are based on evidence, safety and cost-effectiveness. Whilst the formulary contains links to relevant guidance, the prescriber retains the responsibility to exercise clinical judgement and medicolegal duty of care.



Status	Description
 GREEN	May be initiated, stabilised and maintained in primary, secondary or tertiary care
 RED	For secondary or tertiary care initiation and long-term maintenance of prescribing
 AMB 1	Appropriate for primary care prescribing without formal shared care protocol, may be initiated by GP on the advice of a specialist
 AMB 2	Appropriate for primary care prescribing when trust initiated, without formal shared care protocol
 AMB 3	Appropriate for primary care prescribing when trust initiated, with formal contractual shared care protocol
 BLUE	Not for general use. Appropriate for prescribing on case-by-case basis for individual exceptional cases
 NR	Not Recommended
 MIXED	Has multiple statuses
 SELF	To be purchased for self care, for minor ailments and short term use as per NHSE guidance.



Introduction

Welcome to the NHS Somerset formulary

Use the search tool to find medicine or browse using chapters tab by clinical area or medicine A-Z.

Open monograph to display formulary status

BNF Category

Formulary Items

[propranolol](#)

Cardiovascular system - Beta-adrenoceptor blocking drugs - 02.04

[propranolol](#)

Central nervous system - Prophylaxis of migraine - 04.07.04.02



02.04 + Beta-adrenoceptor blocking drugs	
Bisoprolol BNF SPC BNF C (98)	Formulary Tablet. GREEN
Metoprolol BNF SPC BNF C (98)	Formulary GREEN Tablet. MIXED RED Intravenous injection.
Atenolol BNF SPC BNF C (100)	Formulary GREEN Tablet, liquid. MIXED RED Intravenous injection.
Esmolol BNF SPC BNF C (100)	Formulary Intravenous infusion. RED
Propranolol BNF SPC BNF C (100)	Formulary Tablet. GREEN Propranolol is high risk in overdose, risk assess your patient accordingly.

- Link to BNF and SPC
- Traffic light status
- Formulation
- Safety comments



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Members of the Public

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The BNF link takes you to medicines complete, access for NHS staff is free but requires registration.

For NHS staff, the link to the NHS registration page is <https://www.pharmaceuticalpress.com/nhs-user-registration/>

Organisations can register their IP so that users sharing this IP can access by emailing opsteam@rpharms.com

If you work remotely from home you will need your own log in.

Virus Protection







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Acute coronary syndromes NICE guideline NG185

Non Formulary Items

Sotalol **Non Formulary** Tablet.

      *Sotalol is no longer recommended for atrial fibrillation.*

 x2  (99)  



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Search

Formulary Chapter 2: Cardiovascular system - Full Section

Notes:

Paediatric cardiology drugs are classified as RED in Somerset.

Numbers in brackets indicate counts of (Formulary items, Non Formulary items)

02.01	<u>Positive inotropic drugs</u> (0,0)
02.01.01	<u>Cardiac glycosides</u> (1,0) <u>Digoxin-specific antibody</u> (1,0)
02.01.02	<u>Phosphodiesterase type-3 inhibitors</u> (1,1)
02.02	<u>Diuretics</u> (0,0)
02.02.01	<u>Thiazides and related diuretics</u> (7,2)
02.02.02	<u>Loop diuretics</u> (1,1)
02.02.03	<u>Potassium-sparing diuretics and aldosterone antagonists</u> (0,1) <u>Aldosterone antagonists</u> (3,0)
02.02.04	<u>Potassium-sparing diuretics with other diuretics</u> (0,2)
02.02.05	<u>Osmotic diuretics</u> (1,0)
02.02.06	<u>Mercurial diuretics</u> (0,0)
02.02.07	<u>Carbonic anhydrase inhibitors</u> (1,0)
02.02.08	<u>Diuretics with potassium</u> (0,0)
02.03	<u>Anti-arrhythmic drugs</u> (0,0)
02.03.01	<u>Management of arrhythmias</u> (0,0)
02.03.02	<u>Drugs for arrhythmias</u> (0,1) <u>Supraventricular arrhythmias</u> (2,0) <u>Supraventricular and ventricular arrhythmias</u> (2,0) <u>Ventricular arrhythmias</u> (2,0)
02.04	<u>Beta-adrenoceptor blocking drugs</u> (5,1)
02.05	<u>Drugs affecting the renin-angiotensin system and some other antihypertensive drugs</u> (1,0)



Digoxin

BNF SPC BNF C

x2 (100)

Formulary

MIXED

GREEN Tablet, oral solution.

RED Intravenous infusion.

Bioavailabilities are approximately: IV 100%, oral solution 80%, tablet 70%.

Monotherapy for initial rate control for people with non-paroxysmal atrial fibrillation if:

- the person does no or very little physical exercise or
- other rate-limiting drug options are ruled out because of comorbidities or the person's preferences.

For worsening or severe heart failure with reduced ejection fraction despite first-line treatment for heart failure. Seek specialist advice before initiating.

Routine monitoring of serum digoxin concentrations is not recommended. A digoxin concentration measured within 8 to 12 hours of the last dose may be useful to confirm a clinical impression of toxicity or non-adherence.

The serum digoxin concentration should be interpreted in the clinical context as toxicity may occur even when the concentration is within the 'therapeutic range'.

If the person's eGFR is 45 ml/min/1.73 m² or below, consider lower doses and/or slower titration of dose of Angiotensin-Converting Enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB), aldosterone receptor antagonists (MRA) and digoxin. Monitoring serum potassium is particularly important if a person is taking digoxin or an MRA.



[NICE NG106: Chronic heart failure in adults: diagnosis and management \(September 2018\)](#)




[SPS Digoxin monitoring](#)



Useful Links

- [!\[\]\(88bda4416f45877855d8a3a9af4f9c4a_img.jpg\) BASHH guidelines](#)
- [!\[\]\(05c93fd25b8ff8a5f209e1395dadfa66_img.jpg\) BHIVA Guidelines](#)
- [!\[\]\(9dfa4ea782e913eae8846d17367b5178_img.jpg\) Managing COVID-19 and breastfeeding](#)
- [!\[\]\(914dba9d6a106e3b8bdedeb66a4b877b_img.jpg\) NICE guideline \[NG165\] COVID-19 rapid guideline: managing suspected or confirmed pneumonia in adults in the community - April 2020](#)
- [!\[\]\(fae2715fbe6105fd7be1478480b003ed_img.jpg\) NICE NG109: Urinary tract infection \(lower\): antimicrobial prescribing \(October 2018\)](#)
- [!\[\]\(b9e6fb70d5a5a40db3ad4d4c424bd397_img.jpg\) NICE NG110: Prostatitis \(acute\): antimicrobial prescribing \(October 2018\)](#)
- [!\[\]\(d988402f174bff0562fe1d300c697df6_img.jpg\) NICE NG111: Pyelonephritis \(acute\): antimicrobial prescribing \(October 2018\)](#)
- [!\[\]\(4043a64badaf80174fb0dfde32e9cdca_img.jpg\) NICE NG112: Urinary tract infection \(recurrent\): antimicrobial prescribing \(October 2018\)](#)
- [!\[\]\(8f0afe5dc2ac7f4bb8969cfbd1b14c67_img.jpg\) NICE NG114: Chronic obstructive pulmonary disease \(acute exacerbation\): antimicrobial prescribing \(December 2018\)](#)
- [!\[\]\(e5fce27718c790e3be76b94a11eb5705_img.jpg\) NICE NG117: Bronchiectasis \(acute exacerbation\): antimicrobial prescribing \(December 2018\)](#)
- [!\[\]\(f797fa535f6776b08790aaf02e9b6f20_img.jpg\) NICE NG120: Cough \(acute\): antimicrobial prescribing \(February 2019\)](#)
- [!\[\]\(946db0cc16ccd0de34881b33a062ae02_img.jpg\) NICE NG138: Pneumonia \(community-acquired\): antimicrobial prescribing \(September 2019\)](#)
- [!\[\]\(11710b05a6d0ce3f7fdbd7f7d9550bfb_img.jpg\) NICE NG139: Pneumonia \(hospital-acquired\): antimicrobial prescribing \(September 2019\)](#)
- [!\[\]\(c7a98a547021380e1649acc01fcff0f7_img.jpg\) NICE NG141: Cellulitis and erysipelas: antimicrobial prescribing \(September 2019\)](#)
- [!\[\]\(94c6ba6224714c323185397ef71cb044_img.jpg\) NICE NG152: Leg ulcer infection: antimicrobial prescribing \(January 2020\)](#)
- [!\[\]\(b6516a537e9419da7ac4f9694ec93973_img.jpg\) NICE NG153: Impetigo: antimicrobial prescribing \(February 2020\)](#)
- [!\[\]\(d656b6c422a8a46cd4cfc5a9d43e0c4c_img.jpg\) NICE NG182: Insect bites and stings: antimicrobial prescribing \(September 2020\)](#)
- [!\[\]\(f5cbf62c8bae6113768521cc3a752fa7_img.jpg\) NICE NG19: Diabetic foot problems: prevention and management \(October 2019\)](#)
- [!\[\]\(da66270afb88c7ced54c74244c2b1054_img.jpg\) NICE NG79 Sinusitis \(acute\): antimicrobial prescribing \(October 2017\)](#)
- [!\[\]\(83dd3c0ec2f15e2bb34b9ccd8646d1d5_img.jpg\) NICE NG84 Sore throat \(acute\): antimicrobial prescribing \(January 2018\)](#)
- [!\[\]\(edb5fdb17fafe056ed49931b804e7bf4_img.jpg\) NICE NG91 Otitis media \(acute\): antimicrobial prescribing \(March 2018\)](#)
- [!\[\]\(4e0a980133c6b0881b0d9acd28a7f658_img.jpg\) NICE NG95: Lyme Disease \(April 2018\)](#)
- [!\[\]\(5f9e475a1b24493ecf94fe6e13f950ca_img.jpg\) SDCEP Antibiotic Prophylaxis Against Infective Endocarditis](#)
- [!\[\]\(ab6f68cfa9f904d5bc8f6e2ed83c8bfa_img.jpg\) SPS: Resource to support Use of solid oral dosage form antibiotics in children](#)
- [!\[\]\(a485e2753fdb3e213d94712b9b5fa354_img.jpg\) Using solid oral dosage form antibiotics in children](#)



05.01.08  Sulphonamides and trimethoprim

Trimethoprim

BNF **SPC** **BNF C** 

  x2  (99) 


Formulary

 **GREEN**

Tablet and oral suspension.

Avoid with methotrexate - increase the risk of haematologic toxicity when given with trimethoprim.



 [Primary Care Antimicrobial guidelines - NHS Somerset ICB](#)

Co-trimoxazole

(Sulfamethoxazole and trimethoprim)

BNF **SPC** **BNF C** 

  x2  (100) 

Formulary

 **MIXED**

GREEN


Tablet, oral suspension.

RED

Intravenous infusion.

Avoid with methotrexate - increase the risk of haematologic toxicity when given with trimethoprim.



 [Primary Care Antimicrobial guidelines - NHS Somerset ICB](#)



05.01.12 Quinolones	
Ciprofloxacin <div>BNF SPC BNF C</div> <div>MIXED</div> <div>x2 (100)</div>	Formulary <div>GREEN</div> Tablet, oral suspension. <div>RED</div> Intravenous infusion. Primary Care Antimicrobial guidelines - NHS Somerset ICB Fluoroquinolone antibiotics: must now only be prescribed when other commonly recommended antibiotics are inappropriate (MHRA) Fluoroquinolone antibiotics: reminder of the risk of disabling and potentially long-lasting or irreversible side effects (MHRA) Fluoroquinolone antibiotics: suicidal thoughts and behaviour (MHRA)
Levofloxacin <div>BNF SPC BNF C</div> <div>MIXED</div> <div>x2 (100)</div>	Formulary <div>GREEN</div> Tablet. <div>RED</div> Intravenous infusion. Primary Care Antimicrobial guidelines - NHS Somerset ICB Fluoroquinolone antibiotics: must now only be prescribed when other commonly recommended antibiotics are inappropriate (MHRA) Fluoroquinolone antibiotics: reminder of the risk of disabling and potentially long-lasting or irreversible side effects (MHRA) Fluoroquinolone antibiotics: suicidal thoughts and behaviour (MHRA)



Formulary Chapter 11: Eye - Full Chapter

11.08.01

Tear deficiency, ocular lubricants, and astringents

Hypromellose 0.3% eye drops

BNF

SPC

BNF C

x2

(99)

First Choice

GREEN

SELF

To be purchased for self care, for minor ailments and short term use as per NHSE guidance

Prescribe as one of the following cost-effective brands:

Aapromel® (10ml) - 28 day expiry after opening

Aaculose® (10ml) - 28 day expiry after opening

Ocufresh® Hypromellose (10ml) - 3 month expiry after opening

Puroptics® Hypromellose (10ml) - 28 day expiry after opening

Preservative-free as:

Evolve® Hypromellose (10ml) - 3 month expiry after opening

Ocufresh® preservative-free (10ml) - 90 day expiry after opening

Sodium Hyaluronate eye drops

BNF

SPC

BNF C

x2

(99)

Formulary

GREEN

SELF

To be purchased for self care, for minor ailments and short term use as per NHSE guidance

Prescribe as one of the following cost-effective brands:

Blink Intensive Tears® 0.2% drops (10ml) - 28 day expiry after opening

Preservative-free as:





Blink Intensive Tears® 0.4ml unit dose 0.2% drops (20 x 0.4ml)

Eyeaze® 0.1%, 0.2%, 0.4% (10ml) - 3 month expiry after opening

ClinOptic® HA 0.1%, 0.21% (10ml) - 6 month expiry after opening



Alendronic Acid

BNF SPC BNF C  
 x2  (100) 

First Choice

 **GREEN**

Tablet, effervescent tablet, oral solution unit dose sugar free.

For primary and secondary prevention of osteoporotic fragility fractures.

The recommended dose is one 70mg tablet once a week.

People should be advised to swallow tablets whole with at least 200 ml of water on an empty stomach immediately after getting up in the morning. They should stay fully upright for at least 30 minutes or one hour after taking the tablet and before taking any food, drink or other medicine. They should also be advised to stop taking the tablets and to seek medical attention if they develop any symptoms of oesophageal irritation such as difficulty or pain upon swallowing, chest pain, or new or worsening heartburn.



Risedronate

BNF SPC  
 x2  (99) 

Second Choice

 **GREEN**

Tablet.

For primary and for secondary prevention of osteoporotic fragility fractures.

The recommended dose is one 35mg tablet once a week.

People should be advised to swallow tablets whole with at least 200 ml of water on an empty stomach immediately after getting up in the morning. They should stay fully upright for at least 30 minutes or one hour after taking the tablet and before taking any food, drink or other medicine. They should also be advised to stop taking the tablets and to seek medical attention if they develop any symptoms of oesophageal irritation such as difficulty or pain upon swallowing, chest pain, or new or worsening heartburn.





[Vitamin D deficiency in adults \(NICE CKS\)](#)

[Vitamin D: supplement use in specific population groups \(Public health guideline\)](#)

[The British Dietetic Association \(BDA\) Vitamin D Food Fact Sheet](#)

[Clinician guideline for the prevention and treatment of osteoporosis \(NOGG\)](#)

[Vitamin D, Calcium, or Combined Supplementation for the Primary Prevention of Fractures in Community-Dwelling Adults: Evidence Report and Systematic Review for the US Preventive Services Task Force \(JAMA Network\)](#)

[The National Osteoporosis Guideline Group \(NOGG\) Information for patients on the Prevention and Treatment of osteoporosis](#)

[Management of osteoporosis and the prevention of fragility fractures \(SIGN\)](#)



[Choosing a vitamin D preparation for vegetarians and vegans \(SPS\)](#)

[What factors to consider when advising on medicines suitable for a Halal diet? \(SPS\)](#)

[Dosing and monitoring for treatment of Vitamin D deficiency in pregnancy \(SPS\)](#)

[Using vitamin D during breastfeeding \(SPS\)](#)

[Optimising the management of osteoporosis \(Clinical Medicine\)](#)

[Vitamin D Supplementation and Fractures in Adults: A Systematic Umbrella Review of Meta-Analyses of Controlled Trials. \(J Clin Endocrinol Metab\)](#)

[Bioavailability of Vitamin D₂ and D₃ in Healthy Volunteers, a Randomized Placebo-Controlled Trial \(JCEM\)](#)

[Osteoporosis: evidence for vitamin D and calcium in older people \(DTB\)](#)

[Do not routinely test for vitamin D \(BMJ\)](#)



09.06.04

Coilealciferol (Vitamin D3) with calcium ✖

**Coilealciferol
(Vitamin D3) and
calcium carbonate**

Formulary

 **GREEN**

BNF **SPC**

BNF C  

 x2  (98) 

Dose (unit/mg)	Formulation	Pack size	Frequency	Brand	Peanut and soya allergy	Vegetarian	Vegan	Halal	Kosher	Lactose free
200/750	Caplet	112	Two twice daily	Adcal-D ₃	No	Yes	No	Yes	Yes	Yes
400/1500	Chewable tablet	56	One twice daily	Adcal-D ₃	No	Yes	No	Yes	Yes	Yes
800/2500	Chewable tablet	30	One daily	Calcichew D ₃ Once Daily	Yes	Yes	No	Yes	Yes	Yes
400/1250	Chewable tablet	60	One twice daily	Calcichew D ₃ Forte	Yes	Yes	No	Yes	Yes	Yes
400/1500	Chewable tablet	56	One twice daily	Evacal D ₃	Yes	Yes	No	Yes	Yes	Yes
800/1000	Chewable tablet	30	One daily	TheiCal-D ₃	Yes	Yes	No	Yes	Yes	Yes
400/1500	Effervescent tablet	56	One twice daily	Adcal-D ₃	No	No	No	No	No	Yes



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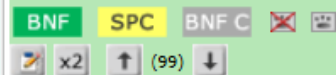
03.01.01.01

Short-acting beta₂ agonists



Asthmatic patients who are reliant on their SABA inhaler >3 times a week are poorly controlled and should be reviewed. Poor inhaler technique and compliance issues with preventer medication are often the cause.

Salbutamol inhaler



First Choice



To reduce the environmental impact of carbon emissions from salbutamol inhalers **where clinically appropriate please prescribe DPI over pMDI**

Please prescribe inhalers by brand

First choice DPI for Somerset

Salbutamol Easyhaler 100mcg (has an integrated dose counter unlike salbutamol pMDIs)
Low carbon footprint

Alternative Choice DPI for Somerset

Salbulin Novolizer 100mcg inhaler Low carbon footprint

Ventolin Accuhaler 200mcg Low carbon footprint

First Choice pMDI for Somerset

Salamol 100mcg CFC-free inhaler Medium carbon footprint

Salamol is the preferred pMDI as it is low volume HFC which is environmentally more beneficial than large volume such as Ventolin or other generic brands. Low volume puffs may be beneficial for many patients as they may have a better user technique.

Airomir has been discontinued

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