NHS Borders
Joint Prescribing Formulary for Adults

Abbreviated Drug List

First and second choice drugs from the Borders Joint Formulary for hospitals and general practice.

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Borders Joint Formulary – Table of Contents

Introduction

- This abbreviated drug list only includes the names of those drugs suggested as first and second choice in the Borders Joint Formulary.
- The doses included are the doses which are most commonly used. Where no doses are noted refer to NHS Borders Clinical Guidelines or BNF.
- Drugs recommended as first choice are shown in **bold**.
- Users should refer to the full document and the BNF for further detail and more specific information.
- The most up-to-date version of the Borders Joint Formulary is maintained in electronic form at http://intranet/BordersFormulary/index.html
- For enquiries contact liz.leitch@borders.scot.nhs.uk

Key

- Drug name **bold** : recommended first choice drug

Dyspepsia & Gastro-Oesophageal Reflux Disease

Peptac : 10mls as required

Ulcer Healing Drugs

H2 Antagonist
Ranitidine: 150mg twice daily

Proton pump inhibitors
Omeprazole: 20mg daily
IV omeprazole is the parenteral PPI of choice for 72 hour regime for "bleeding ulcers"
or
Lansoprazole: 30mg daily
Lansoprazole orodispersible tablets are appropriate for patients with swallowing difficulties, PEG or NG tubes

Helicobacter Eradication
Omeprazole, Amoxicillin,
+ Clarithromycin
If patient has had a recent course of antibiotic, that antibiotic should not be used in the eradication regime (amoxicillin, clarithromycin, metronidazole, or oxytetracycline are options)

Antimotility Drugs

Avoid in acute diarrhoea; Rehydration salts may be appropriate to replace fluid & salt loss in diarrhoea.

Loperamide: 4mg immediately, then 2mg after each loose stool; max of 16mg daily
For chronic diarrhoea the required total daily dose can be given in 2 divided doses

Laxatives

Bulk forming laxatives
Ispaghula Husk: one sachet twice daily

Stimulant laxatives
Senna:15mg at night or
Bisacodyl 5-10mg at night

Osmotic laxatives
Not appropriate for as required use; May take 48 hours to take effect; Require an adequate intake of fluid; Cautious use in patients who have restricted fluid intake.
Lactulose: 15mls twice daily
Macrogol (Laxido): 1 sachet twice daily
Consider potassium and sodium content; Review treatment after 1- 2 weeks.

Local Preparations for Anal and Rectal Disorders

Anusol HC:one as required
Symptomatic relief of haemorrhoids.

Drugs in Liver disease

Drugs which are metabolised by the liver are used with caution in liver disease – toxicity and sensitivity to their side effects is enhanced. Advice is given on choice of preparations which are least likely to cause problems.

- Monitor carefully when introducing new drugs into regime or increasing dose
- Although there is no evidence to suggest that pre-existing liver disease increases the susceptibility of the liver to adverse effects, the diseased liver will have less reserve to respond to an adverse event
- Refer to current BNF for further information.

Indication	Preferred drug(s)	Alternative	Comment
Antiemetic	Metoclopramide (reduce dose)	Consider Ondansetron in severe/ persistent nausea/vomiting	Avoid sedating antiemetics i.e. cyclizine, prochlorperazine
Antidepressant	Low dose citalopram (10mg)	Other SSRIs in low doses	Avoid tricyclics and MAOIs
Anxiolytic/ hypnotic	Temazepam (small dose)	Oxazepam (small dose)	All drugs in this class can induce coma
Antibiotic	Amoxicillin, Cefalexin, Cefuroxime IV	Co-amoxiclav (monitor liver function)	Macrolides have been associated with idiosyncratic hepatotoxicity. See BNF for information on other antibiotics.
PPI	Omeprazole (maximum of 20mg)	Lansoprazole (maximum of 30mg)	
Analgesia	Paracetamol (avoid large doses)		Avoid/reduce dose of opioids. (Dihydrocodeine is preferred if opioid necessary) NSAIDs should be avoided – increased risk of GI bleeding.
Antihistamine	Cetirizine	Loratadine	Avoid sedative antihistamines
Anti-psychotic	Risperidone (Initially 500micrograms twice daily)	Other atypical antipsychotics	Phenothiazines have been associated with hepatotoxicity (particularly chlorpromazine) & may precipitate coma

Cardiovascular

Cardiac glycosides
Digoxin:62.5 – 250 micrograms daily

Thiazide Diuretics
Bendroflumethiazide: 2.5mg daily

Loop Diuretics
Furosemide : 40mg morning

Aldosterone antagonists
Spironolactone: 25mg morning
Eplerenone:25mg morning

Beta-adrenoceptor Blocking Drugs

Post MI
Metoprolol: 25mg twice daily
Or
Bisoprolol: 1.25mg daily

Heart Failure
Bisoprolol: 1.25mg daily
or
Carvedilol: 3.125mg twice daily

Angina
Bisoprolol:5mg daily
or
Atenolol: 100mg daily

Hypertension
Atenolol: 25mg daily
or
Bisoprolol: 5mg daily

Hypertension and Heart Failure

Alpha-adrenoceptor blocking drugs
Doxazosin: 1mg daily

Angiotensin-converting enzyme inhibitors
Hypertension
Lisinopril: 2.5 – 10mg daily

Heart Failure
Ramipril: 1.25mg daily (2.5mg twice daily, post MI)

Angiotensin-II receptor antagonists
Hypertension
Irbesartan: 150mg daily

Heart failure
Candesartan: 4mg daily

Nitrates, Calcium-channel Blockers, and other Antianginal Drugs

Nitrates - Sublingual
Glyceryl Trinitrate: 1-2 puffs as required

Oral
Isosorbide mononitrate MR: 30-40mg daily

Calcium Channel Blockers
Hypertension
Amlodipine: 5mg daily
Lercanidipine: 10mg daily

Angina (patients not receiving beta-blocker)
Diltiazem (Tildiem LA):200mg daily

Angina (patients receiving beta-blocker)
Amlodipine: 5mg daily

Other antianginal drugs
Ivabradine:5mg twice daily
Nicorandil:10mg twice daily

Anticoagulants and Protamine

Oral Anticoagulants
All patients with non-valvular AF should be assessed using the CHADS2VASC score – women with a score > 1 and men with a score >/=1 should be offered anti-coagulation with the risks and benefits discussed.
The choice of agent for oral anticoagulation is discussed between the patient and their medical practitioner, taking in to account the risks and benefits of each individual treatment.
In NHS Borders warfarin is the anticoagulant of choice for patients with atrial fibrillation who have additional risk factors for stroke - the New Oral Anticoagulants (NOAC) apixaban and rivaroxaban are also approved for use. (Patients with mechanical valves or rheumatic

mitral stenosis should always be anticoagulated with warfarin, not NOAC).

- *Anticoagulation with a newer oral anticoagulant (NOAC) should be considered in patients in whom INR control is poor (eg time in therapeutic range <66%) since this increases the risk of an adverse event due to under or over treatment*
- *The use of a NOAC could also be considered if there are other significant patient issues that make the use of warfarin difficult*

Oral Anticoagulants

Atrial fibrillation: Prophylaxis of stroke and prevention of systemic embolism in non-valvular atrial fibrillation

Warfarin

First Choice (NOAC)
Apixaban

Second Choice (NOAC)
Rivaroxaban

Oral anticoagulation of PE/DVT
Treatment of acute DVT and prevention of recurrent DVT and pulmonary embolism following acute DVT.
Apixaban
Rivaroxaban

Long term anticoagulation for prevention of recurrent VTE
Apixaban: 2.5mg twice daily
Warfarin

Antiplatelet Drugs

Secondary prevention in cardiovascular disease
Aspirin Dispersible: 75mg daily

Secondary prevention of cerebrovascular disease
Clopidogrel: 75mg daily

Acute coronary syndrome (Non ST elevation and ST elevation): for 12 months
Aspirin + clopidogrel

Lipid-regulating Drugs

Atorvastatin: 40mg daily (secondary prevention)
: 20mg daily (primary prevention)

The choice of inhaler is made from NHS Borders joint formulary on the basis of the most effective delivery device, which can be used by each individual respiratory patient.

Selective beta^2 Agonists - Short-acting bronchodilators
Salbutamol MDI: 2 puffs as required

Beta ^{2} agonists – long-acting bronchodilators
Formoterol Easyhaler 12micrograms/dose (DPI) : one puff twice daily
Metered Dose Inhaler (**CFC-free)**Atimos Modulite : one puff twice daily

Antimuscarinic bronchodilators
Mild symptoms of COPD
Ipratropium Bromide:2 puffs 4 times daily
Moderate-severe symptoms of COPD
Umeclidinium (Incruse Ellipta): one puff daily
Glycopyrronium (Seebri Breezhaler): one puff daily

Combination LABA + LAMA
Anoro Ellipta: one puff daily
Ultibro Breezhaler: one puff daily

Corticosteroids
Inhaled corticosteroids
Beclometasone (Clenil Modulite)
Budesonide Easyhaler
or
Beclometasone Easyhaler

Combination Inhalers (Corticosteroid + Long-acting B_2 agonist)
Asthma
Fostair 100/6 MDI :1 puff twice daily
Fostair Nexthaler DPI: 1 puff twice daily
COPD
Relvar Ellipta 92/22 DPI: 1 puff daily
Fostair 100/6 MDI
1puff twice daily

Antihistamines

Non-sedating
Cetirizine: 10mg daily
Loratadine: 10mg daily
Sedating
Chlorphenamine: 4mg three times daily

Mucolytics
Carbocisteine: 750mg 3 times daily for 8 weeks, then reduce to 750mg twice daily

Hypnotics and Anxiolytics

Hypnotics
Zopiclone : 3.75mg at night
Temazepam: 10mg at night

Drugs used in Psychoses and Related Disorders

Antipsychotics (Second generation)
Risperidone
Olanzapine

Antipsychotics (first-generation)
Haloperidol
Haloperidol is preferred to chlorpromazine in the elderly; Avoid in patients with Parkinson's disease or Lewy body dementia.

Antimanic drugs
a) Treatment of the acute phase of mania
Refer to algorithm for rapid tranquillisation of the acutely disturbed patient by drugs
Risperidone
Olanzapine
b) Maintenance treatment of bipolar disorder with mood stabilisers
Lithium (Priadel)
Refer to Lithium monitoring guidance

Antidepressant Drugs

Fluoxetine: 20mg daily
or
Sertraline: 50mg daily
Mirtazapine: 15mg at night

Social anxiety disorder, Post-traumatic stress disorder
Sertraline
First line treatment for post traumatic stress disorder is trauma focused psychological therapy, and/or EMDR (Eye Movement Desensitisation and Reprocessing)
Panic disorder
Citalopram:10mg daily
or
Sertraline:25mg daily

Obsessive Compulsive Disorder
Fluoxetine:20mg daily
or
Sertraline:50mg daily

Generalised Anxiety Disorder
Paroxetine:20mg daily
or
Venlafaxine MR: 75mg daily

Drugs Used in Nausea and Vertigo

Consider cause of nausea and the mechanism of action of appropriate anti-emetic; Review the response to anti-emetics already prescribed and use anti-emetics with different actions (i.e. cyclizine and prochlorperazine) when more than one anti-emetic is necessary; Avoid using combinations of anti-emetics with antagonistic actions (i.e. cyclizine and metoclopramide);
Nausea and vomiting which has not responded to treatment with first line antiemetics may resolve with a short course of ondansetron (use outwith the perioperative period / chemotherapy or radiotherapy is unlicensed); Review requirement for ongoing treatment when symptoms resolve.
Opioid-induced (not palliative care)
Cyclizine: 50mg three times daily
Prochlorperazine: 5mg three times daily
Metoclopramide (Maximum of 5 days): 10mg three times daily
Gastric stasis
Domperidone (Maximum of 7 days): 10mg three times daily

$5HT_3$ antagonists
Ondansetron (Review requirement daily): 8mg twice daily

Analgesics

Refer to Analgesia Guidelines for Acute Pain Management (Adults) in BGH

Paracetamol: 1g four times daily
Co-codamol (Paracetamol + *Codeine)*
Paracetamol must not be co-prescribed with co-codamol; Co-codamol 30/500 is for use only in palliative care
Co-dydramol (Paracetamol + Dihydrocodeine): 2 tablets four times daily
*Paracetamol must **not** be co-prescribed with co-dydramol; Co-dydramol 30/500 is for use only in palliative care*

Opioid analgesics
Initiate anti-emetic treatment (metoclopramide, preferred) and laxative treatment, when prescribing regular opioid therapy; laxatives should be continued, and anti-emetics reviewed after 1-2 weeks.

Strong Opioid
Morphine sulphate
(Modified release and immediate release)

Oxycodone
(Modified release and immediate release)

Alternative strong opioids
Clinicans should use opioids with which they are familiar, or contact the palliative care team for specialist advice.
Diamorphine
Alfentanil
Fentanyl

Mild – Moderate Opioid Analgesic
Codeine is no longer included for analgesia in acute pain – too constipating

Dihydrocodeine: 30mg four times daily
or
Tramadol: 50mg four times daily

Non-Steroidal Anti-inflammatory Drugs
Ibuprofen: 400mg three times daily
Naproxen: 250mg twice daily

Neuropathic Pain
Refer to Borders Neuropathic Pain Pathway on RefHelp – tingling, burning sensations accompanied by shooting pain characterise neuropathic pain; neuropathic pain may be responsive to opioid treatment.
Amitriptyline: 10mg at night
Gabapentin
Pregabalin

Antimigraine Drugs
Soluble analgesics are preferred as they act more quickly.

Treatment of acute attack
Aspirin: 300mg every 4-6 hours as necessary
Or
Ibuprofen:400mg three times daily
Or
Paracetamol: 1g every 4-6 hours as required

Treatment of moderate to severe migraine
Sumatriptan: 50mg
Rizatriptan:10mg *(alternative preparation for patients unable to swallow tablet formulations due to nausea)*
Or
Frovatriptan:2.5mg *(long-acting preparation for prolonged attacks)*

Alcohol Dependence

Withdrawal/dependence
Chlordiazepoxide
Benzodiazepine of choice for use in alcohol detoxification in NHS Borders

All patients undergoing alcohol detoxification should receive vitamin supplementation
Pabrinex: 2pairs ampoules three times daily(review at 48hours)
Thiamine: 300mg daily

Nicotine Replacement Therapy

Nicotine Gum 2mg, 4mg
Nicotine Patches Patches (24 hour) 7mg, 14mg, 21 mg. (Nicotinell)
Nicotine Lozenge 1mg, 2mg

Campylobacter enteritis
Avoid antibiotic treatment
Clarithromycin:500mg every 12 hours for 5 days

Clostridium Difficile Toxin (CDT) Associated Colitis
(often associated with prior / current antibiotic therapy)
Metronidazole
Vancomycin

Helicobacter Eradication
Omeprazole, Clarithromycin & Amoxicillin

Oral candidiasis
Fluconazole : 50mg daily for 7 days
Nystatin: 1ml four times daily

Acute Exacerbation of COPD
No antibiotics – viral causes common
Amoxicillin: 500mg every 8 hours for 5 days
Doxycycline: 200mg on day 1, then 100mg daily for total of 5 days

Acute Bronchitis
Consider no prescription or delayed antibiotic prescription
Amoxicillin: 500mg every 8 hours for 5 days
Doxycycline: 200mg on day 1, then 100mg daily for total of 5 days

Uncomplicated Urinary Tract Infection/Cystitis
If appropriate, delay therapy until culture results are available

Females (non-pregnant, any age)(3 days) and males (7 days):
Trimethoprim: 200mg every 12 hours
Nitrofurantoin MR: 100mg every 12 hours

Pregnant Females:-
Cefalexin:250mg every 6 hours for 7 days
Nitrofurantoin *can be used for patients with anaphylaxis to penicillins, however should be avoided in the 3rd trimester.*
Acute pyelonephritis - (Males and females)
Community treatment - if no response within 24 hours consider admission
Ciprofloxacin: 500mg every 12 hours for 7 days
Co-amoxiclav:625mg every 8 hours for 14 days

Prostatitis
Ciprofloxacin: 500mg every 12 hours for 4 weeks
Trimethoprim: 200mg every 12 hours for 4 weeks

Changing of long term urinary catheter
Gentamicin 3mg/kg (lean body weight). Max dose 320mg IV
Trimethoprim 200mg as a single oral dose

Genital Tract

Vaginal Candidiasis
Clotrimazole 500mg pessary
Fluconazole 150mg as a single oral dose

Pelvic Inflammatory Disease
Out-patient or non-severe
Ofloxacin: 400mg every 12 hours +
Metronidazole: 400mg every 12 hours
for 7 days

Eye

Conjunctivitis
No treatment
Chloramphenicol
1% Opthalmic ointment / 0.5% Eye drops

Ear, Nose and Throat
All preparations are also available in liquid presentation
Dental abscess
Phenoxymethylpenicillin:500mg every 6 hours
Metronidazole (Penicillin allergy): 400mg every 8 hours

Pharyngitis / sore throat / tonsillitis
The majority of sore throats are viral; most patients do not benefit from antibiotics; consider delayed prescription pending culture results or progress over 48-72 hours
Phenoxymethylpenicillin:500mg every 6 hours for 10 days
Clarithromycin (Penicillin allergic): 500mg every 12 hours

Sinusitis
Amoxicillin: 500mg every 8 hours for 7 days
Doxycycline:200mg immediately, then 100mg daily. Total 7 days

Otitis media
80% of cases resolve without antibiotics; many cases are viral; use Paracetamol+/-Ibuprofen
Avoid antibiotic treatment
Amoxicillin: 500mg every 8 hours for 5 days
or
Clarithromycin (penicillin allergy): 500mg every 12 hours for 5 days

Otitis Externa
Betamethasone drops 0.1%: initially 2-3 drops every 3-4 hours
Otomize Spray (Dexamethasone 0.1% acetic acid 2%, neomycin 0.5%): 1 spray three times daily

Skin

Impetigo
(for persistent cases and where lesion is localised)
Fusidic Acid topical 2%: 4 times daily for 7 days
- Flucloxacillin *is appropriate for extensive impetigo (when persistent satellite lesions present and systemic symptoms*
- Clarithromycin *is an appropriate alternative for patients with penicillin allergy*

Fungal nail infections
Refer to local guidance
Terbinafine:250mg daily (refer BNF for treatment duration)
Itraconazole: 200mg every 12 hours for 7 days; repeated after 21 days

Cellulitis
Flucloxacillin: 500mg-1000mg every 6 hours for 7 days
Clarithromycin (penicillin allergy): 500mg every 12 hours

Facial cellulitis
Co-amoxiclav: 625mg every 8 hours for 7 days

Human, Dog or Cat Bites
Co-amoxiclav: **625mg every 8 hours for 5 days**

Doxycycline: 100mg every 24 hours +
Metronidazole: 400mg every 8 hours for 7 days (penicillin allergy)

Herpes

Herpes Simplex
- *Consider a 10 day course if symptoms are severe; double dose in immunocompromised; cold sores may respond to aciclovir (topical) 5 times daily for 5-10 days. Start at first sign of attack*

Aciclovir: 200mg 5 times daily for 5 days
Valaciclovir: 500mg every 12 hours for 5 days
Herpes Zoster
Aciclovir : 800mg 5 times daily for 7 days

Post-Operative Wound Infection
Flucloxacillin: 500mg every 6 hours
Clarithromycin (Penicillin allergy): 500mg every 12 hours

Traumatic "Dirty" Wound
Co-Amoxiclav: 625mg every 8 hours
In penicillin allergy contact Consultant Microbiologist

Drugs Used in Diabetes

Insulin is commenced by or under direction of a consultant diabetologist

Oral Antidiabetic Drugs
Biguanides
Metformin

Sulphonylureas
Gliclazide
Glipizide

Other oral antidiabetics

Pioglitazone
Saxagliptin

Sex Hormones

Hormone Replacement Therapy (HRT)
a) Women with intact uterus
i) Sequential Combined HRT (oral)
Elleste Duet

ii) Sequential Combined HRT (Transdermal)
Evorel Sequi

iii) Continuous Combined HRT (oral)
Kliovance
or
Kliofem
or
Premique Low Dose
Tibolone

iv) Continuous combined HRT (transdermal)
Evorel Conti

b) Women without uterus - oestrogen only preparations
Oral preparations
Elleste Solo
Premarin

Transdermal preparations
Evorel
or
Estradot

Progestogens
Medroxy-progesterone
Norethisterone

Male sex hormones and antagonists
Sustanon 250 Testosterone injection (oily)
Nebido Testosterone undecanoate 250mg/ml
Testosterone Gel 50mg / 5g.

Drugs Affecting Bone Metabolism

Bisphosphonates and other drugs affecting bone metabolism (osteoporosis)
Alendronate: 70mg weekly
Risedronate: 35mg weekly

Treatment of Vaginal and Vulval Conditions

Preparations for vaginal atrophy
Oestrogens, topical
Estriol (Gynest Cream)
(Ortho-Gynest Pessary)
Estradiol (Vagifem)
(Estring) Vaginal Ring

Contraceptives

Combined hormonal contraceptives (COC)
Standard Strength (oral)
Rigevidon 30/150 micrograms
Cilest Tablets (250/ 35micrograms)
Gedarel 30/150 micrograms
Millinette 30/75 micrograms
Co-cyprindiol Tablets (2mg/ 30micrograms)

Standard strength Transdermal
Evra

Low Strength (oral)
Loestrin 20 Tablets
Gedarel 20/150 micrograms Tablets

Progestogen-only contraceptives (oral) (POP)
Micronor Tablets 350micrograms norethisterone
Norgeston
Noriday
Cerelle

Parenteral
Medroxyprogesterone
Depo-Provera
Sayana Press
Etonogestrel
Nexplanon Subdermal Implant.
Levonorgestrel
Mirena Intrauterine system.
Jaydess Intrauterine system

Intra-uterine contraceptive devices (IUD)
TT380 Slimline Intra-uterine device
Nova-T 380 Intra-uterine device
Multiload Cu375 Intra-uterine device
Mirena Intra-uterine device

Emergency Contraception

Ulipristal
Levonorgestrel

Drugs for Genito-urinary Disorders

Drugs for urinary retention
Tamsulosin MR: 400micrograms daily
Alfuzosin MR:10mg daily

5 alpha-reductase inhibitors
Finasteride: 5mg daily
Dutasteride: 500 micrograms daily

Drugs for Urinary Frequency, Enuresis and Incontinence

Urinary frequency due to unstable bladder
Tolterodine (Primary Care): 2mg twice daily
Solifenacin (Primary Care): 5mg daily

Drugs for Erectile Dysfunction

Sildenafil
Tadalafil
or
Vardenafil

Alternative preparations
Alprostadil Dual chamber, cream

8. Malignant Disease & Immunosuppression

Refer to Borders Joint Formulary online.

9. Nutrition and blood

Oral iron
Ferrous fumarate :305mg twice daily
Ferrous sulphate: 200mg three times daily

Oral potassium
Sando-K: 2- 4 tablets daily
Kay-Cee-L Syrup:25-50ml daily

Minerals

Calcium salts
Calcichew

Magnesium
Refer to BNF and NHS Borders Electrolyte deficiency guidance.
Magnaspartate 1 sachet twice daily

Vitamins

Vitamin B group
Thiamine: 300mg daily
Pabrinex

Vitamin D
Alfacalcidol (patients with severe renal impairment)
or
Colecalciferol
(Fultium-D3)
Prevention of Vitamin D deficiency in those aged 65 years and over; in pregnancy; and in breast feeding women and people not exposed to much sun - longterm maintenance treatment required to ensure adequate levels of Vitamin D.Adjunct to specific therapy for osteoporosis, where Calcium and Vitamin D preparations are not tolerated or are contraindicated

Calcium and vitamin D preparations
Adcal D3 caplets: 2 twice daily

Vitamin K
Menadiol sodium phosphate (water soluble preparation in malabsorption syndromes)
Phytomenadione (Fat soluble preparation)

10. Musculoskeletal and joint diseases

Drugs Used in Rheumatic Diseases and Gout

Ibuprofen: 400mg 3 or 4 times daily
Naproxen: 250mg twice daily

Gout and cytotoxic-induced hyperuricaemia

Acute Gout

Naproxen
Colchicine : 500 micrograms 2-4 times daily for 48 hours; then reduce dose to 500 micrograms twice daily, reducing to once daily if tolerability is a problem, until attack resolves (or adverse reactions, nausea and vomiting develop) and urate lowering treatment is introduced. Continue until serum urate has been normalised and no acute attacks have occurred for at least 2 months.

Note that this advice differs from information in the BNF and is supported by the British Society for Rheumatology Guidelines

Long term control of gout

Allopurinol: 100mg daily
Febuxostat: 80mg daily

11. Eye

Miscellaneous Ophthalmic Preparations

Tear deficiency, ocular lubricants and astringents
Hypromellose: 1 drop 4 times daily

Alternative preparations
Ilube Drops: 1 drop 4 times daily
Carbomer (Viscotears) Gel: 1 drop 4 times daily
Liquid Paraffin (Xailin Night): Apply at night

12. Ear, nose, and oral cavity

Drugs Acting on the Ear

Otitis externa
Betamethasone : initially 2 or 3 drops every 3-4 hours
Otomize Ear spray (Dexamethasone 0.1%, neomycin sulphate 3250 units/ml, glacial acetic acid 2%):1 spray 3 times daily

Removal of ear wax
Almond or Olive Oil Ear drops: apply twice daily

Drugs Acting on the Nose

Drugs used in nasal allergy
Beclometasone Nasal Spray: 2 sprays twice daily
Mometasone Furoate Nasal Spray : 2 sprays once daily
or
Fluticasone (Avamys) Furoate nasal spray: 2 sprays once daily

Drugs Acting on the Oral Cavity

Drugs for oral ulceration and inflammation
Benzydamine Oral rinse: 15mls every 3 hours as required
Hydrocortisone Sodium succinate Oromucosal tablets: one 4 times daily

Mouthwashes, gargles and dentifrices
Chlorhexidine Gluconate Mouthwash: 10ml twice daily
Chlorhexidine Dental gel 1%.: once or twice daily

Treatment of dry mouth
Saliveze Spray: 2-3 sprays as required
or
Biotene Oralbalance: apply as required

13. Skin

Emollient and Barrier Preparations
Apply as required
Emollients (moisturisers)
Ointment Base
White soft paraffin 50%/liquid paraffin 50% Ointment
Hydromol
Or
Diprobase

Emollients (moisturisers)
Cream Base
Aquamax cream
QV
or
Cetraben
Or
Aveeno

Emollients (moisturisers)
Lotion
QV

Emollients (moisturisers)
Gel
Doublebase

Preparations containing Urea
Balneum Plus *(5% urea)*
Hydromol intensive *(10% urea)*

Soap Substitutes
Emulsifying ointment
Soap substitute with antimicrobials
Dermol 500 (with antiseptic) Lotion

Emollient bath/shower products without antiseptic
Hydromol emollient
QV wash
or
Doublebase emollient shower gel

Emollient bath/shower products with antimicrobials
Dermol 600

Barrier preparations
Zinc and Castor Oil Ointment BP
or
Conotrane Cream

<u>Antipruritics and Topical Local Anaesthetics</u>

Topical antipruritics
Crotamiton cream, lotion: apply 2-3 times daily
Menthol 1% in Aqueous cream: Use once or twice daily

Antihistamines – treatment of urticaria

Non-sedative
Cetirizine: 10mg daily
Loratadine: 10mg daily

Sedative antihistamines
Chlorphenamine: 4mg every 4-6 hours
Hydroxyzine: 10mg at night

<u>Topical Corticosteroids</u>

Apply (thinly) once or twice daily
Mild corticosteroid
Hydrocortisone 1%
Fluocinolone acetonide 0.0025%

Moderately potent corticosteroid
Clobetasone butyrate 0.05%
Betamethasone valerate 0.025%

Potent corticosteroid
Betamethasone valerate 0.1%
Mometasone furoate 0.1%
Or
Fluocinolone 0.015%
Very potent corticosteroid
Clobetasol propionate 0.05% (Dermovate) ***(Etrivex)***
Diflucortolone Valerate 0.3% (Nerisone forte)

<u>Acne and Rosacea</u>
Apply thinly
Topical treatment
Benzoyl peroxide *Gel 2.5%,5% , 10%. Cream 5%.:* **Apply once or twice daily**

Retinoids (Topical)
Isotretinoin: Apply once or twice daily
Adapalene: Apply once daily

Antibiotics (Topical)
Clindamycin (Dalacin T): apply once daily

Systemic Treatment
Lymecycline:408mg daily for at least 8 weeks
Doxycycline:
Or Co-cyprindiol
Erythromycin (in pregnancy): 500mg twice daily

Rosacea (Oral)
Lymecycline: **408mg daily for at least 8 weeks**

Rosacea (Topical)
Azelaic acid (Finacea): Apply twice daily
Metronidazole 0.75%: Apply twice daily for 3-4 months

Facial erythema in rosacea
Brimonidone Tartrate (Mirvaso):Apply thinly once daily

Actinic keratosis
Ingenol mebutate (Picato)

<u>Shampoos and Some Other Scalp Preparations</u>

Scalp disorders, including psoriasis, seborrhea, eczema, pruitus and dandruff

Polytar Liquid
Or Ketoconazole Shampoo 2%
Capasal *(and for cradle cap)*
Or T/Gel Shampoo
Or Dermax

Antifungal preparations
Clotrimazole: apply 2 or 3 times daily
Terbinafine: apply thinly once or twice a week