







## 4. Central Nervous System

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Key

	<b>Red drug</b> see <a href="#">GMMMG RAG list</a> <i>Click on the symbols to access this list</i>
	<b>Amber drug</b> see <a href="#">GMMMG RAG list</a> <i>Click on the symbols to access this list</i>
	<b>Green drug</b> see <a href="#">GMMMG RAG list</a> <i>Click on the symbols to access this list</i>
<b>U</b>	<b>If a medicine is unlicensed this should be highlighted in the template as follows</b> <b>Drug name U</b>
	<b>Not Recommended</b>
<b>OTC</b>	<b>Over the Counter</b> In line with NHS England guidance, GM do not routinely support prescribing for conditions which are self-limiting or amenable to self-care. For further details see <a href="#">GM commissioning statement</a> .
<b>Order of Drug Choice</b>	Where there is no preferred 1 <sup>st</sup> line agent provided, the drug choice appears in alphabetical order.

<b>BNF chapter</b>	<b>4</b>	<b>Central Nervous System</b>
<b>Section</b>	<b>4.1</b>	<b>Hypnotics and Anxiolytics</b>
<b>Subsection</b>	<b>4.1.1</b>	<b>Hypnotics</b>
	<a href="#">NICE TA77: Insomnia - newer hypnotic drugs</a>	
<b>First choice</b>	<b>Zopiclone</b> tablets: 3.75mg, 7.5mg	For short term use, licensed for max of 28 days.
<b>Alternatives</b>	<b>Zolpidem</b> tablets: 5mg, 10mg	For short term use, licensed for max of 28 days.
	<b>Temazepam</b> tablets: 10mg oral solution 10mg/5ml	<a href="#">MHRA DSU: Drugs and driving: blood concentration limits set for certain drugs, Feb 2015</a>
	<b>Melatonin</b> prolonged-release tablets: 2mg (Circadin®) For REM sleep behaviour disorder in Parkinson's disease	 following specialist advice <a href="#">NICE NG71: Parkinson's disease in adults</a>
<b>Do Not Prescribe</b>	<b>Melatonin</b> For management of jet lag	<a href="#">Criterion 1 (see RAG list)</a>  <a href="#">GMMMG Travel Abroad policy</a>
<b>Subsection</b>	<b>4.1.2</b>	<b>Anxiolytics</b>
Benzodiazepines are indicated for short-term relief of severe or disabling anxiety only		
<a href="#">NICE CG113: Generalised anxiety disorder and panic disorder in adults</a>		
<b>First choice</b>	<b>Diazepam</b> tablets: 2mg, 5mg, 10mg oral solution: 2mg/5ml	<a href="#">MHRA DSU: Drugs and driving: blood concentration limits set for certain drugs, Feb 2015</a> <a href="#">MHRA DSU: Benzodiazepines and opioids: reminder of risk of potentially fatal respiratory depression, March 2020</a>
<b>Do Not Prescribe</b>	<b>Meprobamate</b>  tablets	<a href="#">Criterion 1 (see RAG list)</a>

<b>BNF chapter</b>	<b>4 Central Nervous System</b>
<b>Section</b>	<b>4.2 Drugs used in psychoses and related disorders</b>
	<a href="#">NICE CG178: Psychosis and schizophrenia in adults</a> <a href="#">NG181: Rehabilitation for adults with complex psychosis</a> <a href="#">NICE CG185: Bipolar disorder</a> <a href="#">GM Shared Care Guideline: Oral second generation (atypical) antipsychotics for adults</a>
<b>Subsection</b>	<b>4.2.1 Antipsychotic drugs</b>
<b>First choice</b>	<p><b>Aripiprazole</b> tablets: 5mg, 10mg, 15mg</p> <p><b>A</b> for licensed indications and also unlicensed when recommended by NICE  <b>R</b> Use in dementia <b>U</b> (For new patients only). Check local commissioning arrangements  <a href="#">NICE TA213: Aripiprazole for the treatment of schizophrenia in people aged 15-17</a></p>
	<p><b>Haloperidol</b> tablets: 1.5mg, 5mg, 10mg, 20mg oral solution: 5mg/5ml, 10mg/5ml</p> <p><b>Gn</b> for palliative care use only  <a href="#">MHRA DSU: Haloperidol (Haldol): reminder of risks when used in elderly patients for the acute treatment of delirium, Dec 2021</a></p>
	<p><b>Olanzapine</b> tablets: 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg orodispersible tablets: 5mg, 10mg, 15mg, 20mg</p> <p><b>A</b> for licensed indications and also unlicensed when recommended by NICE  <b>R</b> Use in dementia <b>U</b> (For new patients only). Check local commissioning arrangements</p>
	<p><b>Quetiapine</b> tablets: 25mg, 100mg, 150mg, 200mg, 300mg</p> <p><b>A</b> for licensed indications and also unlicensed when recommended by NICE  <b>R</b> Use in dementia <b>U</b> (For new patients only). Check local commissioning arrangements</p>
	<p><b>Risperidone</b> tablets: 500microgram, 1mg, 2mg, 3mg, 4mg, 6mg orodispersible tablets: 500microgram, 1mg, 2mg, 3mg, 4mg oral solution: 1mg/1ml</p> <p><b>A</b> for licensed indications and also unlicensed when recommended by NICE  <b>R</b> Use in dementia (For new patients only). Check local commissioning arrangements</p>

		<a href="#">MHRA (2013): Risperidone and paliperidone: risk of floppy iris syndrome</a>
<b>Alternatives</b>	<b>Amisulpride</b> tablets: 50mg, 100mg, 200mg, 400mg oral solution: 100mg/ml	<b>A</b> for licensed indications and also unlicensed when recommended by NICE  <b>R</b> Use in dementia <b>U</b> (For new patients only). Check local commissioning arrangements
	<b>Aripiprazole</b> tablets: 30mg orodispersible tablets: 10mg, 15mg	<b>A</b> for licensed indications and also unlicensed when recommended by NICE  <b>R</b> Use in dementia <b>U</b> (For new patients only). Check local commissioning arrangements  <a href="#">NICE TA213: Aripiprazole for the treatment of schizophrenia in people aged 15-17</a>
	<b>Chlorpromazine</b> tablets: 25mg, 50mg, 100mg	<b>Gn</b> for palliative care use only
	<b>Clozapine</b> tablets: 25mg, 50mg, 100mg, 200mg	<b>R</b>  <a href="#">MHRA DSU: Clozapine: reminder of potentially fatal risk of intestinal obstruction, faecal impaction, and paralytic ileus, Oct 2017</a>  <a href="#">MHRA DSU: Clozapine and other antipsychotics: monitoring blood concentrations for toxicity, Aug 2020</a>
	<b>Levomepromazine</b> tablets: 25mg (do not prescribe 6mg tablets)	<b>Gn</b> for palliative care use only
	<b>Quetiapine</b> MR tablets: 50mg, 150mg, 200mg, 300mg, 400mg	MR formulation is restricted for use as adjunct in depression only  <b>A</b> Licensed indications and also unlicensed indications as recommended by NICE  <b>R</b> Use in dementia <b>U</b> (For new patients only). Check local commissioning arrangements





<b>Grey drugs</b> Items which are listed as Grey are deemed not suitable for routine prescribing but may be suitable for a defined patient population	<b>Cariprazine</b> Capsules: 1.5mg, 3mg, 4.5mg, 6mg  For treatment of schizophrenia in adults aged 18 years and older with negative symptoms, where at least 2 generic antipsychotics (such as amisulpride, olanzapine, risperidone, aripiprazole or clozapine) have been trialled and have failed.	 pending production of a shared care protocol  <a href="#">Criterion 2 (see RAG list)</a>
	<b>Lurasidone</b> Tablets: 18.5mg, 37mg, 74mg  Only for the treatment of schizophrenia in adults aged 18 years and older who require antipsychotic treatment, who have previously had a trial of but not responded to aripiprazole, and who fulfil one of the following criteria: <ul style="list-style-type: none"> <li>• Patient gained weight on other antipsychotics and there is a need for the BMI to move towards the normal range</li> <li>• Patients for whom there is a need to avoid weight gain and metabolic adverse effects, e.g. patients with diabetes, cardiovascular disease</li> <li>• Patients with a prolonged QTc interval</li> </ul>	 pending production of a shared care protocol  <a href="#">Criterion 2 (see RAG list)</a>
<b>Do Not Prescribe</b>	<b>Haloperidol</b> 500 microgram tablets	<a href="#">Criterion 2 (see RAG list)</a>
	<b>Loxapine</b> Inhalation powder	<a href="#">Criterion 1 (see RAG list)</a>
<b>Subsection</b>	<b>4.2.2 Antipsychotic depot injections</b>   Only for those patients who are stable and if SCP available; or if under the care of a community psychiatric nurse. In some localities there may be commissioning arrangements in place to permit step down.	
<b>First choice</b>	<b>Flupentixol decanoate</b> injection: 20mg/1ml concentrated injection 100mg/1ml low volume injection 200mg /1ml	 See above
	<b>Zuclopenthixol decanoate</b> injection: 200mg/1ml, 500mg/1ml	 See above  <a href="#">MHRA DSU: Drug name confusion, April 2013</a>
<b>Alternatives</b>	<b>Risperidone</b> injection vial (Risperdal Consta®): 25mg, 37.5mg, 50mg (powder for reconstitution)	 See above  <a href="#">MHRA DSU: Drug name confusion, April 2013</a>



		<a href="#">MHRA DSU: Risperidone and paliperidone: risk of floppy iris syndrome, Nov 2013</a>
	<p><b>Haloperidol decanoate</b> injection: 50mg/1ml, 100mg/1ml</p>	<p><b>A</b> See above</p> <p><a href="#">MHRA DSU: Haloperidol (Haldol): reminder of risks when used in elderly patients for the acute treatment of delirium, Dec 2021</a></p>
	<p><b>Aripiprazole</b> prolonged release injection (Abilify Maintena®) 400mg vial (with solvent)</p>	<p><b>A</b> See above</p>
	<p><b>Paliperidone palmitate</b> Prolonged-release suspension for injection 50mg, 100mg, 150mg (1 month depot) Prolonged-release suspension for injection 175mg, 263mg, 350mg, 525mg (3 month depot)</p>	<p><b>A</b> see above</p> <p><a href="#">MHRA DSU: Risperidone and paliperidone: risk of floppy iris syndrome, Nov 2013</a></p>

<b>Subsection</b>	<b>4.2.3 Drugs for mania and hypomania</b>	
Anti-manic drugs should be initiated by specialist mental health services		
<b>First choice</b>		
<b>Lithium</b>		
Preparations vary widely in bioavailability therefore prescribe by brand		
	<p><b>Lithium carbonate</b> MR tablets: 200mg, 400mg (Priadel®)</p> <p><b>Lithium citrate</b> oral solution: 520mg/5ml (Priadel®)</p>	<p><b>A</b></p> <p><a href="#">NPSA (2009) Safer lithium prescribing</a></p>
<b>Alternatives</b>		
<b>Benzodiazepines</b>		
	May be helpful in initial stages of treatment for behavioural disturbances or agitation	<a href="#">See 4.1.2</a>
<b>Antipsychotic drugs</b>		
	Antipsychotic drugs are useful in acute episodes of mania and hypomania.	<a href="#">See 4.2.1</a>
<b>First choice</b>	<p><b>Olanzapine</b> tablets: 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg orodispersible tablets: 5mg, 10mg, 15mg, 20mg</p>	<b>A</b> Licensed indications and also unlicensed indications as recommended by NICE
	<p><b>Quetiapine</b> tablets: 50mg, 150mg, 200mg, 300mg, 400mg</p>	<b>A</b> Licensed indications and also unlicensed indications as recommended by NICE
	<p><b>Risperidone</b> tablets: 500microgram, 1mg, 2mg, 3mg, 4mg, 6mg orodispersible tablets: 500microgram, 1mg, 2mg, 3mg, 4mg oral solution: 1mg/1ml</p>	<b>A</b> Licensed indications and also unlicensed indications as recommended by NICE
<b>Alternatives</b>	<p><b>Aripiprazole</b> tablets: 5mg, 10mg, 15mg, 30mg orodispersible tablets: 10mg, 15mg oral solution 1mg/1ml</p>	<p><b>A</b> Licensed indications and also unlicensed indications as recommended by NICE</p> <p><a href="#">NICE TA292: Aripiprazole for treating moderate to severe manic episodes in adolescents with bipolar disorder</a></p>

<p><b>Haloperidol</b> tablets: 500microgram, 1.5mg, 5mg, 10mg, 20mg oral solution: 5mg/5ml, 10mg/ 5ml</p>	<p><a href="#">MHRA DSU: Haloperidol (Haldol): reminder of risks when used in elderly patients for the acute treatment of delirium, Dec 2021</a></p>
<p><b>Quetiapine</b> modified release tablets: 50mg, 200mg, 300mg, 400mg</p>	<p><b>A</b> Licensed indications and also unlicensed indications as recommended by NICE</p>
<p><b>Carbamazepine</b></p>	
<p>May be used under specialist supervision for the prophylaxis of bipolar disorder in patients unresponsive to a combination of other prophylactic drugs</p>	<p><b>Gn</b> Following specialist initiation <a href="#">See 4.8.1</a></p>
<p><b>Valproate</b></p>	
<p>Sodium valproate is used for the treatment of manic episodes associated with bipolar disorder.</p>	
	<p><b>Sodium Valproate (Episenta®)</b> capsules 150mg, 300mg</p> <p><b>Gn</b> Following specialist initiation <a href="#">See 4.8.1</a></p> <p>MHRA DSUs: <a href="#">Valproate medicines (Epilim▼, Depakote▼): contraindicated in women and girls of childbearing potential unless conditions of Pregnancy Prevention Programme are met (April 2018)</a> <a href="#">Valproate medicines (Epilim▼, Depakote▼): Pregnancy Prevention Programme materials online (May 2018)</a> <a href="#">Valproate Pregnancy Prevention Programme: actions required now from GPs, specialists, and dispensers (Sept 2018)</a> <a href="#">Valproate medicines: are you in acting in compliance with the pregnancy prevention measures? (Dec 2018)</a></p>



<b>BNF Chapter</b>	<b>4</b>	<b>Central Nervous System</b>	
<b>Section</b>	<b>4.3</b>	<b>Antidepressant drugs</b>	
<p><a href="#">NICE CG90: Depression in Adults</a></p> <p><a href="#">NICE CG91: Depression in adults with a chronic physical health problem</a></p> <p><a href="#">NICE CG192: Antenatal and postnatal mental health</a></p> <p><a href="#">NICE CG26: Post traumatic stress disorder</a></p> <p><a href="#">NICE CG113 Generalised anxiety disorder and panic disorder in adults</a></p>			
<a href="#">MHRA DSU: Antidepressants: risk of fractures, May 2010</a>			
<b>Subsection</b>	<b>4.3.1. Tricyclic and related antidepressants</b>		
<p>Tricyclic antidepressants (TCAs) are not usually recommended as a first-line treatment for depression because they are associated with a greater risk of side effects than SSRIs or SNRIs and are generally more toxic in overdose</p>			
<b>Tricyclic antidepressants</b>			
		<b>Lofepramine</b> tablets: 70mg	
<b>Alternatives</b>		<b>Clomipramine</b> capsules: 10mg, 25mg, 50mg tablets M/R: 75mg	
<b>Do Not Prescribe</b>		<b>Dosulepin</b>  tablets, capsules  <b>Trimipramine</b> tablets, capsules	<p><a href="#">Criterion 1 (see RAG list)</a></p> <p><a href="#">Criterion 2 (see RAG list)</a></p> <p><a href="#">See also NHS England Items which should not be routinely prescribed in primary care: Guidance for CCGs</a></p>
<b>Tricyclic-related antidepressants</b>			
		<b>Trazodone</b> capsules: 50mg, 100mg tablets: 150mg	
<b>Subsection</b>	<b>4.3.2. Monoamine-oxidase inhibitors (MAOIs)</b>		
<b>First Choice (reversible)</b>		<b>Moclobemide</b> tablets: 150mg, 300mg	 following specialist initiation
<b>Alternatives (non-reversible)</b>		<b>Phenelzine</b>  tablets: 15mg	

<b>Subsection</b>	<b>4.3.3. Selective serotonin re-uptake inhibitors</b>	
<b>First Choice</b>	<b>Sertraline</b> tablets: 50mg, 100mg	
<b>Alternatives</b>	<b>Citalopram</b> tablets: 10mg, 20mg, 40mg oral drops: 40mg/ml	<a href="#">MHRA DSU (2016): Citalopram: suspected drug interaction with cocaine; prescribers should consider enquiring about illicit drug use</a>  <a href="#">MHRA DSU: Citalopram and escitalopram: QT interval prolongation, Dec 2011</a>
	<b>Fluoxetine</b> capsules: 20mg oral solution: 20mg/5ml	<a href="#">MHRA DSU: Fluoxetine: possible small risk of congenital cardiac defects, March 2010</a>
<b>Additional Notes</b> <a href="#">NICE NG193: chronic pain in over 16s: assessment of all chronic pain and management of chronic primary pain</a> <a href="#">MHRA DSU: SSRI/SNRI antidepressant medicines: small increased risk of postpartum haemorrhage when used in the month before delivery, January 2021</a>		
<b>Subsection</b>	<b>4.3.4 Other antidepressant drugs</b>	
<b>First choice</b>	<b>Mirtazapine</b> Tablets: 15mg, 30mg, 45mg Orodispersible tablets: 15mg, 30mg, 45mg	
<b>Alternatives</b>	<b>Venlafaxine</b> Tablets: 37.5mg, 75mg MR tablets: 37.5mg, 75mg, 150mg, 225mg	 specialist initiation for total daily doses $\geq$ 300mg
	<b>Duloxetine</b> Capsules: 30mg, 60mg	<a href="#">NICE NG193: chronic pain in over 16s</a> <a href="#">MHRA DSU: Duloxetine: regular assessment for suicidal ideation, Sept 2007</a>
<b>Grey drugs</b> Items which are listed as Grey are deemed not suitable for routine prescribing but may be suitable for a defined patient population	<b>Duloxetine</b> Capsules: 90mg, 120mg  Only for use where the prescriber believes that patient's pill burden is high enough to justify the extra cost associated with the use of these formulations.	 <a href="#">Criterion 2 (see RAG list)</a>

	<b>Agomelatine</b> Tablets: 25mg Only for use when other antidepressants as recommended by NICE have failed.	<b>G<sub>n</sub></b> following specialist initiation <a href="#">Criterion 1 (see RAG list)</a>
	<b>Prazosin</b> Tablets: 0.5mg and 1mg Only to be used for licensed indications and not for PTSD	<b>G<sub>n</sub></b> following specialist initiation <a href="#">Criterion 1 (see RAG list)</a>
	<b>Vortioxetine▼</b> Tablets: 5, 10 and 20mg Only for treatment of major depressive episode in adults whose condition has responded inadequately to 2 antidepressants within the current episode	<b>G<sub>n</sub></b> following specialist advice <a href="#">NICE TA367: Vortioxetine for treating major depressive episodes</a> <a href="#">Criterion 1 (see RAG list)</a>

### Additional Notes

[MHRA DSU: SSRI/SNRI antidepressant medicines: small increased risk of postpartum haemorrhage when used in the month before delivery, January 2021](#)

<b>BNF Chapter</b>	<b>4</b>	<b>Central Nervous System</b>
<b>Section</b>	<b>4.4</b>	<b>CNS stimulants and drugs for attention deficit hyperactivity disorder</b>
<b>Subsection</b>	<b>ADHD adults</b>	

[NICE CG72: Attention deficit hyperactivity disorder](#)

[NICE TA98: Methylphenidate, atomoxetine and dexamfetamine for ADHD in children and adolescents](#)

Drug treatment of ADHD should be part of a comprehensive treatment programme that addresses psychological, behavioural and educational or occupational needs.


<b>First choice</b>	<b>Methylphenidate U</b> tablets: 5mg, 10mg, 20mg Modified release <b>tablets</b> Modified release <b>capsules</b>	<b>U</b> Unlicensed for treatment of adults <b>A</b> once patient stabilised as per SCG <a href="#">GM SCP: Atomoxetine, dexamfetamine, guanfacine, lisdexamfetamine and methylphenidate for ADHD In Adults</a>  <b>Different modified release preparations may not have the same clinical effect therefore prescribers should specify the brand to be supplied.</b>
<b>Alternatives</b>	<b>Atomoxetine</b>	<b>A</b> once patient stabilised as per SCG

	capsules: 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg	<a href="#">GM SCP: Atomoxetine, dexamfetamine, guanfacine, lisdexamfetamine and methylphenidate for ADHD In Adults</a> <a href="#">MHRA DSU: Atomoxetine: increases in blood pressure and heart rate, Jan 2012</a>
	<b>Lisdexamfetamine</b> capsules: 30mg, 50mg, 70mg	<b>A</b> once patient stabilised as per SCG <a href="#">GM SCP: Atomoxetine, dexamfetamine, guanfacine, lisdexamfetamine and methylphenidate for ADHD In Adults</a>
<b>Section</b>	<b>4.4 CNS stimulants and drugs for attention deficit hyperactivity disorder</b>	
<b>Subsection</b>	<b>CNS stimulants</b>	
<b>First choice</b>	<b>Modafinil</b> tablets: 100mg, 200mg	<b>R</b> Pending approval of information for primary care prescribers for sleepiness associated with narcolepsy <a href="#">MHRA DSU: Modafinil now restricted to narcolepsy, March 2011</a> <a href="#">MHRA DSU: Modafinil (Provigil): increased risk of congenital malformations if used during pregnancy, Nov 2020</a>
	<b>Dexamfetamine</b> tablets: 5mg, 10mg, 20mg	<b>R</b> Treatment of narcolepsy, pending development of a shared care protocol.
	<b>Solriamfetol</b> tablets: 75mg, 150mg	<b>R</b> Excessive daytime sleepiness caused by narcolepsy <a href="#">NICE TA758: Solriamfetol for treating excessive daytime sleepiness caused by narcolepsy</a>
<b>Do Not Prescribe</b>	<b>Modafinil</b> For management of chronic shift work sleep disorder	<a href="#">Criterion 1 (see RAG list)</a> <a href="#">MHRA DSU: Modafinil now restricted to narcolepsy, March 2011</a>

<b>BNF Chapter</b>	<b>4</b>	<b>Central Nervous System</b>
<b>Section</b>	<b>4.5</b>	<b>Drugs used in the treatment of obesity</b>
<b>Subsection</b>	<b>4.5.1</b>	<b>Anti-obesity drugs acting on the gastro-intestinal tract</b>
	<a href="#">NICE CG189: Obesity: identification, assessment and management of overweight and obesity in children, young people and adults</a>	
<b>First choice</b>	<b>Orlistat</b> capsules: 120mg	
<b>Alternative</b>	<b>Liraglutide (Saxenda®)</b> solution for injection	<b>R</b> <a href="#">NICE TA664: Liraglutide for managing overweight and obesity</a>
<b>Do Not Prescribe</b>	<b>Naltrexone/bupropion (Mysimba®)</b> prolonged-release tablets	<a href="#">Criterion 2 (see RAG list)</a>

<b>BNF Chapter</b>	<b>4</b>	<b>Central nervous system</b>
<b>Section</b>	<b>4.6</b>	<b>Drugs used in nausea and vertigo</b>
<b>Vomiting in pregnancy</b>		
<a href="#">RCOG: The Management of Nausea and Vomiting of Pregnancy and Hyperemesis Gravidarum (Green-top Guideline No. 69)</a> <a href="#">NICE NG201: Antenatal care</a>		
<b>First choice</b>	<b>Cyclizine U</b> tablets: 50mg	
<b>Alternatives</b>	<b>Prochlorperazine U</b> tablets: 5mg	
	<b>Metoclopramide U</b> tablets: 10mg	<a href="#">MHRA DSU: Metoclopramide: risk of neurological adverse effects, Aug 2013</a>
<b>Grey drugs</b> Items which are listed as Grey are deemed not suitable for routine prescribing but may be suitable for a defined patient population	<b>Doxylamine/pyridoxine</b> tablets: 10mg/10mg (Xonvea®) To be used only when the other preparations currently recommended by RCOG guidance have been tried and have failed. This recommendation will be reviewed once guidance from RCOG, NICE and/or RMOG is available.	<b>G<sub>n</sub></b> <a href="#">Criterion 1 (see RAG list)</a>
<b>Postoperative nausea and vomiting</b>		
	Local centres may have variations within their local postoperative nausea and vomiting guidelines.	
<b>First choice</b>	<b>Cyclizine</b> tablets: 50mg	
	<b>Prochlorperazine</b> tablets: 5mg buccal tablets: 3mg	
<b>Alternatives</b> <b>5HT<sub>3</sub>- receptor antagonists</b>	<b>Granisetron</b> tablets: 1mg	<b>R</b> post-op or following chemotherapy
	<b>Ondansetron</b> tablets: 4mg, 8mg	<b>R</b> post-op or following chemotherapy <b>G<sub>n</sub></b> For exceptional use in non oncology patients with chronic emesis following consultant recommendation and where all other options have failed

<b>Vertigo / Meniere's</b>		
<b>First choice</b>	<b>Betahistine</b> tablets: 8mg, 16mg	Do not offer betahistine to treat tinnitus (see <a href="#">NICE NG155, recommendation 1.5.5</a> )
<b>Alternatives</b>	<b>Cinnarizine</b> tablets: 15mg	
	<b>Prochlorperazine</b> tablets :5mg buccal tablets: 3mg	Acute symptoms only
<b>Hypersalivation / sialorrhoea</b>		
<b>First choice</b>	<b>Hyoscine hydrobromide</b> chewable tablets: 150 microgram, 300 microgram patches : 1mg/72 hours	
<b>Motion sickness</b>		
<b>Do Not Prescribe</b>	<b>Travel sickness</b>	In line with NHS England guidance, GM do not routinely support prescribing for conditions which are self-limiting or amenable to self-care. For further details see <a href="#">GM commissioning statement</a> .
<b>Cannabinoids</b>		
<b>Grey drugs</b> Items which are listed as Grey are deemed not suitable for routine prescribing but may be suitable for a defined patient population	<b>Nabilone</b> capsules: 250 micrograms, 1mg When used within marketing authorisation, i.e. for the control of nausea and vomiting caused by chemotherapeutic agents used in the treatment of cancer, in patients who have failed to respond adequately to conventional antiemetic treatments.	<b>R</b> <a href="#">Criterion 3 (see RAG list)</a>
<b>Do Not Prescribe</b>	<b>Cannabis-derived, cannabis-based and hemp products</b> With the exception of nabilone (see above) and Epidyolex® (see chapter 4.8.1), when used within their marketing authorisations	<a href="#">Criterion 1 (see RAG list)</a>
	<b>Nabilone</b> For all unlicensed indications	<a href="#">Criterion 1 (see RAG list)</a>

<b>BNF Chapter</b>	<b>4</b>	<b>Central nervous system</b>
<b>Section</b>	<b>4.7</b>	<b>Analgesics</b>
<b>Subsection</b>	<b>4.7.1</b>	<b>Non-opioid analgesics and compound analgesic preparations</b>
Compound analgesic preparations that contain a simple analgesic (such as paracetamol) with an opioid component reduce the scope for effective titration of the individual components and are not recommended		
<b>First choice</b>	<b>Paracetamol</b> tablets: 500mg	
<b>Alternatives</b>	<b>Paracetamol</b> capsules: 500mg soluble tablets: 500mg oral suspension: 250mg/5ml suppositories: 500mg, 1g	
	<b>Co-codamol</b>  tablets 30mg/500mg soluble tablets 30mg /500mg	
<b>Grey drugs</b> Items which are listed as Grey are deemed not suitable for routine prescribing but may be suitable for a defined patient population	<b>Nefopam</b> tablets: 30mg Only to be used in those patients with moderate to severe chronic liver disease who require analgesia stronger than paracetamol in whom NSAIDS and moderate strength opiates are contraindicated	
<b>Do Not Prescribe</b>	<b>Co-proxamol</b> tablets  <b>Paracetamol with tramadol</b> tablets, effervescent tablets  <b>Paracetamol mixture / mucilage</b> 500 mg/5 mL for topical use in patients with sore mouth or throat resulting from cancer treatment	
	<b>Criterion 1 (see RAG list)</b> <u>See also NHS England Items which should not be routinely prescribed in primary care: Guidance for CCGs</u>	
	<b>Criterion 2 (see RAG list)</b> <u>See also NHS England Items which should not be routinely prescribed in primary care: Guidance for CCGs</u>	
		<b>Criterion 1 (see RAG list)</b>



<b>Do Not Prescribe</b>	<b>Aspirin with codeine (Co-codaprin)</b> tablets, dispersible tablets	<u>Criterion 2 (see RAG list)</u>
	<b>Electromagnetic pulse therapy (Actipatch®)</b> Medical device	<u>Criterion 1 (see RAG list)</u>
	<b>Minor conditions associated with pain, discomfort and/or fever</b> e.g. aches and sprains, headache, period pain, back pain  <b>Mild toothache/teething</b> Paracetamol, ibuprofen, teething gels  See <u>commissioning statement</u> for exceptions	In line with NHS England guidance, GM do not routinely support prescribing for conditions which are self-limiting or amenable to self-care. For further details see <u>GM commissioning statement</u> .
	<b>Ketamine</b> Oral solution <b>U</b>	<b>R</b> for use in short courses as an opiate-sparing agent. Unlicensed special.
<b>Additional Notes</b> For options on non-steroidal anti-inflammatory drugs (NSAIDs) please refer to Chapter 10: Musculoskeletal and joint diseases. <a href="#">NICE NG59: Low back pain and sciatica in over 16s: assessment and management</a>		

<b>Subsection</b>	<b>4.7.2 Opioid analgesics</b>	
	<a href="#">MHRA DSU: Benzodiazepines and opioids: reminder of risk of potentially fatal respiratory depression, March 2020</a> <a href="#">MHRA DSU: Opioids: risk of dependence and addiction, Sept 2020</a> <a href="#">GMMMG Opioid Prescribing for Chronic Pain: Resource Pack</a>	
<b>Weak opioid</b>		
<b>First choice</b>	<b>Codeine phosphate</b> tablets: 15mg, 30mg, 60mg	
<b>Alternatives</b>	<b>Dihydrocodeine tartrate</b> tablets: 30mg	
<b>Moderate opioid</b>		
<b>First choice</b>	<b>Tramadol hydrochloride</b> capsules: 50mg	
<b>Alternatives</b>	<b>Buprenorphine patch</b> <b>7 days:</b> 5 microgram / hour, 10 microgram / hour, 15 microgram/hour, 20 microgram / hour <b>4 days:</b> 35 microgram/hour, 52.5 microgram/hour, 70 microgram/hour <b>3 days:</b> 35 microgram / hour, 52.5 microgram, 70 microgram / hour	Buprenorphine patch: Different brands are NOT interchangeable  Patches should be prescribed by brand as the frequency to be applied may vary between brands
<b>Strong opioid</b>		
	<a href="#">NICE CG140: Opioids in palliative care: safe and effective prescribing of strong opioids for pain in palliative care of adults</a> <a href="#">NICE NG46: Controlled drugs: safe use and management</a>	
<b>First choice</b>	<b>Morphine sulfate</b> tablets: 10mg, 20mg, 50mg oral solution: 10mg/5ml MR capsules (12-hourly): 10mg, 30mg, 60mg, 100mg, 200mg MR tablets (12-hourly): 5mg, 10mg, 15mg, 30mg, 60mg, 100mg	<a href="#">MHRA DSU: Drugs and driving: blood concentration limits set for certain drugs, Feb 2015</a>
<b>Alternatives</b>	<b>Fentanyl</b> (72 hourly) patches: 12 microgram/hour, 25 microgram/hour, 50 microgram/hour, 37.5 microgram/hour, 75 microgram/hour, 100 microgram/hour	<a href="#">MHRA DSU: Serious and fatal overdose of fentanyl patches, Sept 2008</a> <a href="#">MHRA DSU: Transdermal fentanyl patches: life-threatening and fatal opioid toxicity from accidental exposure, particularly in children (Oct 2018)</a> <a href="#">MHRA DSU: Transdermal fentanyl patches for non-cancer pain: do not use in opioid-naive patients, Sept 2020</a>

	<p><b>Oxycodone hydrochloride</b> capsules: 5mg, 10mg, 20mg oral solution: 5mg/5ml modified-release tablets: 5mg, 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg, 120mg</p>	
<p><b>Grey drugs</b> Items which are listed as Grey are deemed not suitable for routine prescribing but may be suitable for a defined patient population</p>	<p><b>Fentanyl</b> immediate release preparations Only to be used in patients undergoing palliative care treatment where the recommendation to use immediate release fentanyl is in line with <a href="#">NICE CG140</a> and has been made by a multi-disciplinary team and/or other healthcare professional with a recognised specialism in palliative care.</p>	<p><b>G<sub>n</sub></b> following specialist initiation <a href="#">Criterion 2 (see RAG list)</a>  <a href="#">NHS England Items which should not be routinely prescribed in primary care: Guidance for CCGs</a></p>
	<p><b>Tapentadol</b> Immediate-release &amp; modified-release tablets Use of this agent should be restricted to those patients requiring treatment of severe chronic pain which CANNOT be managed with more established opioid therapies. Prescribers are reminded that NTS does not recommend the use of tapentadol over more established opioid therapies</p>	<p><b>G<sub>n</sub></b> following specialist advice <a href="#">Criterion 2 (see RAG list)</a></p>
<p><b>Do Not Prescribe</b></p>	<p><b>Oxycodone with naloxone</b> modified-release tablets</p>	<p><a href="#">Criterion 2 (see RAG list)</a> <a href="#">NHS England Items which should not be routinely prescribed in primary care: Guidance for CCGs</a></p>
	<p><b>Sufentanil</b> sublingual tablets (Zalviso®)</p>	<p><a href="#">Criterion 2 (see RAG list)</a></p>

Subsection	<b>4.7.3 Neuropathic Pain</b>	
<a href="#">GMMMG: Neuropathic Pain in Adults - Guideline for Primary Care</a> <a href="#">NICE CG173: Neuropathic pain - pharmacological management</a>		
<b>First choice</b>	<b>Amitriptyline</b> tablets: 10mg, 25mg, 50mg oral solution: 25mg/5ml, 50mg/5ml	<a href="#">NICE NG193: chronic pain in over 16s</a>
	<b>Nortriptyline U</b> tablets: 10mg, 25mg	Unlicensed treatment. Nortriptyline can only be prescribed if amitriptyline is effective, however too sedative.
<b>Alternatives</b>	<b>Gabapentin</b> capsules: 100mg, 300mg, 400mg tablets: 600mg	Second line option if amitriptyline is ineffective, not tolerated or not suitable.  <a href="#">MHRA DSU: Gabapentin (Neurontin): risk of severe respiratory depression, Oct 2017</a>  <a href="#">MHRA DSU: Pregabalin (Lyrica), gabapentin (Neurontin) and risk of abuse and dependence: new scheduling requirements, Apr 2019</a>
	<b>Pregabalin</b> capsules: 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg	Only appropriate if gabapentin is effective but not tolerated due to side effects, i.e. third line use.  <a href="#">MHRA DSU: Pregabalin (Lyrica), gabapentin (Neurontin) and risk of abuse and dependence: new scheduling requirements, Apr 2019</a>  <a href="#">MHRA DSU: Pregabalin (Lyrica): reports of severe respiratory depression, Feb 2021</a>  <a href="#">MHRA DSU: Pregabalin (Lyrica): findings of safety study on risks during pregnancy, April 2022</a>
	<b>Duloxetine</b> capsules: 30mg, 60mg	Duloxetine can be considered where other treatments have failed or where there is a history of substance misuse.  May also be considered second line where there is a clear diagnosis of diabetic neuropathy
	<b>Tramadol</b> capsules: 50mg	Consider tramadol <b>only</b> if acute rescue therapy is needed for a short treatment duration in people awaiting referral to specialist pain services, after initial treatments have failed

<b>Non-oral alternatives</b>	<b>Capsaicin</b> cream: 0.075% (Axsain®)	"Off-label" treatment recommended by <a href="#">NICE CG173</a> for localised neuropathic pain.
<b>Grey drugs</b> Items which are listed as Grey are deemed not suitable for routine prescribing but may be suitable for a defined patient population	<b>Gabapentin</b> <b>Pregabalin</b> Capsules, tablets For management of chronic cough, only for patients in whom low dose morphine is unsuitable.	<b>G<sub>n</sub></b> following specialist advice <a href="#">Criterion 1 (see RAG list)</a> <a href="#">MHRA DSU: Pregabalin (Lyrica), gabapentin (Neurontin) and risk of abuse and dependence: new scheduling requirements, April 2019</a> <a href="#">MHRA DSU: Gabapentin (Neurontin): risk of severe respiratory depression, Oct 2017</a> <a href="#">MHRA DSU: Pregabalin (Lyrica): reports of severe respiratory depression, Feb 2021</a>
	<b>Lidocaine</b> Medicated plasters: 700 mg Only to be used in patients who have been treated in line with <a href="#">NICE CG173</a> but are still experiencing neuropathic pain associated with previous herpes zoster infection (post-herpetic neuralgia).	<b>G<sub>n</sub></b> <a href="#">Criterion 1 (see RAG list)</a> <a href="#">GMMMG Neuropathic pain guideline</a> <a href="#">NHS England Items which should not be routinely prescribed in primary care: Guidance for CCGs</a>
	<b>Capsaicin</b> Cutaneous patch: 179mg (Qutenza®) Only to be used in adults with post-herpetic neuralgia (PHN) who have not achieved adequate pain relief from, or who have not tolerated, conventional first and second-line treatments.	<b>R</b> <a href="#">Criterion 2 (see RAG list)</a>
<b>Do Not Prescribe</b>	<b>Capsaicin</b> <b>Cutaneous patch: 179mg (Qutenza®)</b> For all unlicensed indications (i.e. for all indications other than PHN).	<a href="#">Criterion 1 (see RAG list)</a>
	<b>Gabapentin</b> topical <b>U</b>	<a href="#">Criterion 1 (see RAG list)</a>
	<b>Lidocaine</b> medicated plasters: 700 mg For all <b>off-label</b> indications	<a href="#">Criterion 1 (see RAG list)</a>
<b>Trigeminal neuralgia</b>		
<b>First choice</b>	<b>Carbamazepine</b> tablets: 100mg, 200mg, 400mg	

<b>Subsection</b>	<b>4.7.4 Antimigraine drugs</b>	
	<a href="#">NICE CG150: Headaches</a> <a href="#">GMMMG headache pathway</a>	
<b>Do Not Prescribe</b>	<b>Infrequent migraine</b> See <a href="#">commissioning statement</a> for exceptions	In line with NHS England guidance, GM do not routinely support prescribing for conditions which are self-limiting or amenable to self-care. For further details see <a href="#">GM commissioning statement</a> .
<b>4.7.4.1 Treatment of acute migraine</b>		
<p><a href="#">NICE CG150</a> (1.2.7) Be alert to the possibility of medication overuse headache in people whose headache developed or worsened while they were taking the following drugs for 3 months or more: – triptans, opioids, ergots or combination analgesic medications on 10 days per month or more or – paracetamol, aspirin or an NSAID, either alone or any combination, on 15 days per month or more.</p>		
<p><a href="#">NICE CG150</a> (1.3.14) Do not offer ergots or opioids for the acute treatment of migraine.</p>		
<b>Analgesics</b>		
<p>A simple analgesic such as aspirin, paracetamol (preferably in a soluble or dispersible form) or an NSAID is often effective; concomitant antiemetic treatment may be required.</p>		
	<b>Aspirin OTC</b> tablets 300mg soluble tablets 300mg	
	<b>Ibuprofen OTC</b> tablets 200mg, 400mg, 600mg	
	<b>Naproxen U</b> tablets 250mg, 500mg	
	<b>Diclofenac sodium U</b> suppositories 100mg	<a href="#">MHRA: Diclofenac: new contraindications and warnings, 2014</a>
	<b>Paracetamol OTC</b> tablets: 500mg soluble tablets: 500mg	
<b>Antiemetics</b>		
	<b>Domperidone</b> tablets: 10mg	<a href="#">MHRA DSU: Domperidone: risks of cardiac side effects, May 2014</a>
	<b>Metoclopramide</b> tablets: 10mg	<a href="#">MHRA DSU: Metoclopramide: risk of neurological adverse effects, Aug 2013</a>

	<b>Prochlorperazine</b> Tablets: 5mg <b>U</b> buccal tablets: 3mg <b>OTC</b>	
<b>Combined preparations</b>		
	<b>Aspirin with metoclopramide</b> (MigraMax®) sachets: 900mg/10mg	<a href="#">MHRA DSU: Metoclopramide: risk of neurological adverse effects, Aug 2013</a>
<b>Do Not Prescribe</b>	<b>Paracetamol with isometheptene</b> 325mg/65mg	<a href="#">Criterion 1 (see RAG list)</a>
	<b>Paracetamol with buclizine and codeine</b> Migralve® (all presentations)	<a href="#">Criterion 1 (see RAG list)</a>
	<b>Ergotamine-containing products</b> (e.g. Migril®)	<a href="#">Criterion 1 (see RAG list)</a>
<b>5HT1-receptor agonists (triptans)</b>		
<p>In patients who do not respond to one 5HT1-receptor agonist, a different 5HT1-receptor agonist should be tried as response can be variable between patients. Subcutaneous sumatriptan or nasal zolmitriptan can be given to patients who present with early vomiting or who have severe migraine attacks.</p>		
<b>First choice oral</b>	<b>Sumatriptan</b> tablets: 50mg <b>OTC</b> , 100mg	
<b>Alternatives oral</b>	<b>Zolmitriptan</b> tablets: 2.5mg orodispersible tablets: 5mg	
	<b>Frovatriptan</b> tablets: 2.5mg	
	<b>Naratriptan</b> tablets: 2.5mg	
	<b>Rizatriptan</b> orodispersible tablets: 5mg, 10mg tablets: 10mg	
<b>First choice nasal</b>	<b>Zolmitriptan</b> nasal spray: 5mg per actuation	Consider if vomiting restricts oral treatment, see <a href="#">CKS prescribing information</a> .
<b>Alternative nasal</b>	<b>Sumatriptan</b> nasal spray: 10mg per actuation, 20mg per actuation	

<b>Subcutaneous injection</b>	<p><b>Sumatriptan</b> subcutaneous injection: 6mg/0.5mL syringe subcutaneous injection: 3mg/0.5mL syringe</p>	
<p><b>4.7.4.2 Prophylaxis of migraine</b></p>		
<p><a href="#">NICE CG150</a> (1.3.19) Do not offer gabapentin for the prophylactic treatment of migraine</p>		
<b>First choice</b>	<p><b>Propranolol</b> MR capsules: 80mg, 160mg</p>	
<b>Alternatives</b>	<p><b>Metoprolol</b> tablets: 50mg, 100mg</p>	If intolerant of propranolol
	<p><b>Topiramate</b> tablets: 25mg, 50mg, 100mg capsules 15mg</p>	<p><b>G<sub>n</sub></b> <a href="#">MHRA DSU: Antiepileptic drugs in pregnancy: updated advice following comprehensive safety review, Jan 2021</a></p>
	<p><b>Zonisamide U</b> capsules: 25mg, 50mg, 100mg</p>	<p><b>G<sub>n</sub></b> following specialist advice If intolerant of topiramate <a href="#">MHRA DSU: Antiepileptic drugs in pregnancy: updated advice following comprehensive safety review, 2021</a></p>
	<p><b>Amitriptyline</b> tablets: 10mg, 25mg, 50mg</p>	
	<p><b>Nortriptyline U</b> tablets: 10mg, 25mg</p>	<p><b>G<sub>n</sub></b> If intolerant of amitriptyline</p>
	<p><b>Candesartan U</b> tablets: 2mg, 4mg, 8mg, 16mg</p>	<b>G<sub>n</sub></b>
	<p><b>Flunarizine U</b></p>	<b>R</b>
	<p><b>Botulinum toxin type A</b> (Botox®) 50-unit vial, 100-unit vial, 200-unit vial</p>	<p><b>R</b> <a href="#">NICE TA260: Botulinum toxin type A for the prevention of headaches in adults with chronic migraine</a></p>
	<p><b>Erenumab ▼</b> 70 mg, 140 mg pre-filled pen or syringe</p>	<p><b>R</b> <a href="#">NICE TA682: Erenumab for preventing migraine</a></p>
	<p><b>Fremanezumab ▼</b> 225 mg pre-filled pen or syringe</p>	<p><b>R</b> <a href="#">NICE TA631: Fremanezumab for preventing migraine</a></p>



	<b>Galcanezumab ▼</b> 120 mg pre-filled pen	<b>R</b> <a href="#">NICE TA659: Galcanezumab for preventing migraine</a>
<b>4.7.4.3 Cluster headache and the trigeminal autonomic cephalalgias</b>		
<a href="#">NICE CG150</a> (1.3.32) Do not offer paracetamol, NSAIDs, opioids, ergots or oral triptans for the acute treatment of cluster headache.		
<b>Acute treatment</b>	<b>Sumatriptan</b> subcutaneous injection: 6mg/0.5mL syringe subcutaneous injection: 3mg/0.5mL syringe <b>U</b>	
	<b>Zolmitriptan</b> nasal spray: 5mg per actuation <b>U</b>	
	<b>Sumatriptan</b> nasal spray: 10mg per actuation, 20mg per actuation <b>U</b>	
	<b>Oxygen</b>	Follow local prescribing rules
<b>Prophylaxis</b>	<b>Verapamil <b>U</b></b> tablets: 40mg, 80mg, 120mg, 160mg modified release tablets/capsules: 120mg, 180mg, 240mg	<b>G<sub>n</sub></b> following specialist advice
<b>Tension headache</b>		
<a href="#">NICE CG150</a> (1.2.7) Do not offer opioids for the acute treatment of tension-type headache		
<b>Acute treatment</b>	<b>Paracetamol</b> <b>Aspirin</b> <b>NSAIDs</b>	As above, see 4.7.4.1
<b>Prophylaxis</b>	<b>Amitriptyline</b> tablets: 10mg, 25mg, 50mg	

<b>BNF Chapter</b>	<b>4 Central nervous system</b>	
<b>Section</b>	<b>4.8 Antiepileptic drugs</b>	
<b>Subsection</b>	<b>4.8.1 Control of the epilepsies</b>	
<p><b>Initiation and withdrawal of therapy must only be managed by a specialist.</b></p> <p>Drugs that are not routinely prescribed are not included in the formulary however if a specialist recommends a drug and it is listed as 'G<sub>n</sub> following specialist advice' within the RAG list then the patient can be prescribed that treatment.</p> <p><a href="#">NICE CG137 The epilepsies: the diagnosis and management of the epilepsies in adults and children in primary and secondary care</a></p> <p><a href="#">MHRA DSU: Antiepileptic drugs: Updated advice on switching between different manufacturers' products, Nov 2017</a></p> <p><b>Category 1</b> – Ensure that the patient is maintained on a specific manufacturer's product.: carbamazepine, phenobarbital, phenytoin, primidone</p> <p><b>Category 2</b> - Base the need for continued supply of a particular manufacturer's product on clinical judgement and consultation with patient and/or carer, taking into account factors such as seizure frequency and treatment history. Take into account patient/carer-related factors such as their negative perceptions about alternative products and/or other issues related to the patient should also be taken into account: clobazam, clonazepam, eslicarbazepine, lamotrigine, oxcarbazepine, perampanel, retigabine, rufinamide, topiramate, valproate, zonisamide</p> <p><b>Category 3</b> – The potential for clinically relevant differences to exist between different manufacturers' products is considered to be extremely low. However, consider other patient/carer-related factors, such as negative perceptions about alternative products and/or other issues related to the patient (e.g. patient anxiety, risk of confusion or dosing errors): brivaracetam, ethosuximide, gabapentin, lacosamide, levetiracetam, pregabalin, tiagabine, vigabatrin</p> <p><a href="#">MHRA DSU: St Johns Wort may interact with antiepileptics, Nov 2007</a></p> <p><a href="#">MHRA DSU: Antiepileptics adverse effects on bone, April 2009</a></p> <p><a href="#">MHRA DSU: Antiepileptic drugs in pregnancy: updated advice following comprehensive safety review, January 2021</a></p>		
<b>Most commonly prescribed</b>		
<b>Alphabetical order</b>	<p><b>Carbamazepine</b></p> <p>MR tablets: 200mg, 400mg tablets: 100mg, 200mg, 400mg</p>	<p>G<sub>n</sub> following specialist advice</p> <p><a href="#">MHRA DSU: Carbamazepine, oxcarbazepine and eslicarbazepine: potential risk of serious skin reactions, Dec 2012</a></p>
	<p><b>Lamotrigine</b></p> <p>tablets: 25mg, 50mg, 100mg, 200mg dispersible tablets: 25mg, 100mg</p>	<p>G<sub>n</sub> following specialist advice</p>
	<p><b>Levetiracetam</b></p> <p>tablets: 250mg, 500mg, 750mg, 1g oral solution: 100mg/ml</p>	<p>G<sub>n</sub> following specialist advice</p>

	<p><b>Sodium valproate</b>            EC tablets 200mg, 500mg            MR tablets: 200mg, 300mg, 500mg            SF liquid: 200mg/5ml</p>	<p><b>G<sub>n</sub></b> following specialist advice</p> <p>MHRA Drug Safety Updates:</p> <ul style="list-style-type: none"> <li>• <a href="#">Valproate medicines (Epilim▼, Depakote▼): contraindicated in women and girls of childbearing potential unless conditions of Pregnancy Prevention Programme are met (April 2018)</a></li> <li>• <a href="#">Valproate medicines (Epilim▼, Depakote▼): Pregnancy Prevention Programme materials online (May 2018)</a></li> <li>• <a href="#">Valproate Pregnancy Prevention Programme: actions required now from GPs, specialists, and dispensers (Sept 2018)</a></li> <li>• <a href="#">Valproate medicines: are you in acting in compliance with the pregnancy prevention measures? (Dec 2018)</a></li> </ul>
<p><b>Other drugs</b></p>		
<p><b>Alphabetical order</b></p>	<p><b>Cenobamate</b>            tablets: 50mg, 100mg, 150mg, 200mg</p>	<p><b>G<sub>n</sub></b> following specialist initiation. To be initiated by a tertiary epilepsy service, as per NICE guidance.</p> <p><a href="#">NICE TA753: Cenobamate for treating focal onset seizures in epilepsy</a></p>
	<p><b>Clobazam</b>            tablets: 10mg</p>	<p><b>G<sub>n</sub></b> following specialist advice</p>
	<p><b>Clonazepam</b>            tablets: 500microgram, 2mg</p>	<p><b>G<sub>n</sub></b> following specialist advice</p> <p><a href="#">MHRA DSU: Drugs and driving: blood concentration limits set for certain drugs, Feb 2015</a></p>
	<p><b>Gabapentin</b>            capsules: 100mg, 300mg, 400mg</p>	<p><b>G<sub>n</sub></b> following specialist advice</p> <p><a href="#">MHRA DSU: Pregabalin (Lyrica), gabapentin (Neurontin) and risk of abuse and dependence: new scheduling requirements, April 2019</a></p> <p><a href="#">MHRA DSU: Gabapentin (Neurontin): risk of severe respiratory depression, Oct 2017</a></p>
	<p><b>Oxcarbazepine</b>            tablets: 150mg, 300mg, 600mg            suspension 300mg/5ml</p>	<p><b>G<sub>n</sub></b> following specialist advice</p> <p><a href="#">MHRA DSU: Carbamazepine, oxcarbazepine and eslicarbazepine: potential risk of serious skin reactions, Dec 2012</a></p>
	<p><b>Phenobarbital</b>            tablets: 15mg, 30mg, 60mg</p>	<p><b>G<sub>n</sub></b> following specialist advice</p>

	<p><b>Phenytoin</b> capsules: 25mg, 50mg, 100mg suspension: 30mg/5ml</p>	<p><b>G<sub>n</sub></b> following specialist advice <a href="#">MHRA DSU: Risk of Stevens-Johnson syndrome, Jan 2010</a></p>
	<p><b>Pregabalin</b> capsules: 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg</p>	<p><b>G<sub>n</sub></b> following specialist advice <a href="#">MHRA DSU: Pregabalin, gabapentin and risk of abuse and dependence: new scheduling requirements, April 2019</a> <a href="#">MHRA DSU: Pregabalin (Lyrica): reports of severe respiratory depression, Feb 2021</a> <a href="#">MHRA DSU: Pregabalin (Lyrica): findings of safety study on risks during pregnancy, April 2022</a></p>
	<p><b>Primidone</b> tablets: 50mg, 250mg</p>	<p><b>G<sub>n</sub></b> following specialist advice</p>
	<p><b>Topiramate</b> tablets: 25mg, 50mg, 100mg, 200mg</p>	<p><b>G<sub>n</sub></b> following specialist advice</p>
	<p><b>Zonisamide</b> capsules: 25mg, 50mg, 100mg</p>	<p><b>G<sub>n</sub></b> following specialist advice</p>
<p><b>Grey drugs</b> Items which are listed as Grey are deemed not suitable for routine prescribing but may be suitable for a defined patient population</p>	<p><b>Cannabidiol (Epidyolex®)</b> For children and adults with rare, severe forms of drug-resistant epilepsy, when used within its marketing authorisation.</p>	<p><b>R</b> <a href="#">Criterion 3 (see RAG list)</a> <a href="#">NICE TA614: Cannabidiol with clobazam for treating seizures associated with Dravet syndrome</a> <a href="#">NICE TA615: Cannabidiol with clobazam for treating seizures associated with Lennox-Gastaut syndrome</a> <a href="#">NICE NG144: Cannabis-based medicinal products</a></p>
	<p><b>Lacosamide</b> tablets: 50mg, 100mg, 150mg, 200mg oral solution: 10mg/ml</p>	<p><b>G<sub>n</sub></b> following specialist advice <a href="#">Criterion 2 (see RAG list)</a></p>
	<p><b>Perampanel</b> tablets: 2mg, 4 mg, 6 mg, 8mg, 10mg, 12mg oral suspension: 0.5mg/ml Only for use as an option for patients with highly refractory epilepsy who are unable to tolerate at least two other more established adjunctive therapies.</p>	<p><b>G<sub>n</sub></b> following specialist advice <a href="#">Criterion 2 (see RAG list)</a></p>





	<p><b>Rufinamide</b></p> <p>tablets: 100mg, 200mg, 400mg</p> <p>Only for use as an adjunct in patients with Lennox-Gastaut syndrome who have failed treatment with, or are intolerant of, alternative traditional antiepileptic drugs.</p>	<p><b>G<sub>n</sub></b> following specialist initiation</p> <p><a href="#">Criterion 2 (see RAG list)</a></p>
<b>Do Not Prescribe</b>	<p><b>Cannabis-derived, cannabis-based and hemp products</b></p> <p>With the exception of Epidyolex (see above) and nabilone (see chapter 8)</p>	<p><a href="#">Criterion 1 (see RAG list)</a></p> <p><a href="#">NICE NG144: Cannabis-based medicinal products</a></p>
<b>Subsection</b>	<b>4.8.2 Drugs used in status epilepticus</b>	
<b>First choice</b>	<p><b>Midazolam hydrochloride</b></p> <p>oromucosal solution 5mg/ml: 2ml syringe (Buccolam▼)</p>	<p><b>G<sub>n</sub></b> specialist initiation</p> <p><a href="#">MHRA DSU: Buccal midazolam, Oct 2011</a></p>
<b>For use in palliative care</b>	<p><b>Midazolam</b></p> <p>Injection 5mg/ml</p>	<p><b>G<sub>n</sub></b> See <a href="#">GMMMG Palliative Care Pain and Symptom Control Guidelines for Adults</a></p>
<b>Alternatives</b>	<p><b>Diazepam</b></p> <p>rectal tubes: 2.5mg, 5mg, 10mg</p>	<p><a href="#">MHRA DSU: Drugs and driving: blood concentration limits set for certain drugs, Feb 2015</a></p>

<b>Chapter</b>	<b>4. Central nervous system</b>	
<b>Section</b>	<b>4.9 Drugs used in parkinsonism and related disorders</b>	
<p>Drugs that are not routinely prescribed are not included in the formulary however if a specialist recommends a drug and it is listed as <b>G<sub>n</sub></b> following specialist advice' within the RAG list then the patient can be prescribed that treatment.</p>		
<p><a href="#">NICE CG35: Parkinson's disease</a> states that it is not possible to identify a universal first-choice drug therapy for people with PD. The choice of drug first prescribed should take into account:</p> <ul style="list-style-type: none"> <li>• clinical and lifestyle characteristics</li> <li>• patient preference, after the patient has been informed of the short and long-term benefits and drawbacks of the drug classes.</li> </ul> <p>Brand prescribing may be considered where differences in appearance of a medication may cause a patient anxiety or where familiarity with a particular product in a particular device is important e.g. with apomorphine.</p>		
<b>Subsection</b>	<b>4.9.1 Dopaminergic drugs used in Parkinson's disease</b>	
<p><a href="#">MHRA (2007) Dopamine agonists: pathological gambling, increased libido and hypersexuality</a></p>		
<b>Dopamine-receptor agonists</b>		
<b>First line</b>	<b>Pramipexole</b> tablets: 88microgram, 180microgram, 350microgram, 700microgram	<b>G<sub>n</sub></b> following specialist advice
	<b>Ropinirole</b> tablets: 250microgram, 500microgram, 1mg, 2mg, 5mg	<b>G<sub>n</sub></b> following specialist advice
	<b>Rotigotine</b> 24 hour patch: 1mg, 2mg, 4mg, 6mg, 8mg	<b>G<sub>n</sub></b> following specialist advice  For use when more established oral dopamine agonists are ineffective or swallowing problems are present.
<b>Second line</b>	<b>Pramipexole</b> modified release tablets: 260microgram, 520microgram, 1.05mg, 1.57 mg, 2.1mg, 3.15mg	<b>G<sub>n</sub></b> following specialist advice
	<b>Ropinirole</b> modified release tablets: 2mg, 4mg, 8mg	<b>G<sub>n</sub></b> following specialist advice
<b>Third line</b>	<p><a href="#">MHRA DSU: Ergot-derived dopamine agonists: risk of fibrotic reactions, Oct 2008</a></p>	
	<b>Apomorphine</b> injection : 10mg/ml : 2ml amp, 5ml amp pens: 10mg/ml: 3ml pen injector pre-filled syringes: 5mg/ml: 10ml PFS	<div style="text-align: center;"><b>A</b></div> <p><a href="#">MHRA DSU: Apomorphine with domperidone: minimising risk of cardiac side effects (April 2016)</a></p> <p><a href="#">MHRA DSU: Dopamine agonists: pathological gambling, increased libido, and hypersexuality (August 2007)</a></p>

<b>Levodopa</b>		
<b>First line (levodopa with dopa-decarboxylase inhibitor )</b>	<b>Co-beneldopa</b> capsules: 12.5/50, 25/100, 50/200 dispersible tablets 12.5/50, 25/100 modified release capsules: 25/100	<b>Gn</b> following specialist advice
	<b>Co-careldopa</b> tablets: 10/100, 25/100, 25/250 modified release tablets:25/100, 50/200	<b>Gn</b> following specialist advice
	<b>Co-careldopa with entacapone</b> Stalevo – see BNF for various strengths	<b>Gn</b> following specialist advice
<b>Do Not Prescribe</b>	<b>Co-careldopa</b> intestinal gel (Duodopa®)	<u>Criterion 3 (see RAG list)</u>
<b>Monoamine-oxidase-B inhibitors</b>		
	<b>Rasagiline</b> tablets: 1mg	<b>Gn</b> following specialist advice
	<b>Safinamide▼</b> tablets : 50mg, 100mg	<b>Gn</b> following specialist advice
	<b>Selegiline</b> tablets: 5mg, 10mg	<b>Gn</b> following specialist advice
<b>Catechol-O-methyltransferase inhibitors</b>		
<b>First line</b>	<b>Entacapone</b> tablets: 200mg	<b>Gn</b> following specialist advice
<b>Grey drugs</b> Items which are listed as Grey are deemed not suitable for routine prescribing but may be suitable for a defined patient population	<b>Opicapone▼</b> hard capsules: 50mg For use only where entacapone (either alone or in combination) is considered not suitable.	<b>Gn</b> following specialist advice <u>Criterion 2 (see RAG list)</u>
<b>Amantadine</b>		
	<b>Amantadine</b> capsules: 100mg oral solution: 50mg/5ml	<b>Gn</b> following specialist advice



<b>Subsection</b>	<b>4.9.2 Antimuscarinic drugs used in parkinsonism</b>	
	<p>Not recommended due to association with cognitive impairment.</p> <p>Not recommended in the elderly due to toxicity and risk of aggravating dementia.</p>	
<b>First choice</b>	<p><b>Procyclidine</b></p> <p>tablets: 5mg</p> <p>sugar free syrup: 2.5mg/5ml, 5mg/5ml</p>	<span style="background-color: green; color: white; padding: 2px 5px; border-radius: 3px;">G<sub>n</sub></span>
<b>Alternatives</b>	<p><b>Orphenadrine</b></p> <p>tablets: 50mg</p>	
<b>Subsection</b>	<b>4.9.3 Drugs used in essential tremor, chorea, tics and related disorders</b>	
	<p><b>Riluzole</b></p> <p>tablets: 50mg</p> <p>oral suspension: 5mg/ml</p>	<p><span style="color: yellow;">▲</span> <a href="#">SCP: riluzole for amyotrophic lateral sclerosis.</a></p> <p><a href="#">NICE TA20: Riluzole for motor neurone disease</a></p> <p><a href="#">NICE NG42: MND: assessment and management</a></p>
<b>Additional Notes</b>		
<p><b>Propranolol</b> (section 2.4) may be useful in treating essential tremor or tremors associated with anxiety of thyrotoxicosis.</p> <p>Specialist centres will advise on suitable alternative options for essential tremor, chorea, tics and related disorders.</p>		
	<p><b>Botulinum toxin type A</b></p> <p>(Xeomin<sup>®</sup>)</p> <p>50, 100 or 200 units, powder for solution for injection</p>	<span style="background-color: red; color: white; padding: 2px 5px; border-radius: 50%; font-weight: bold;">R</span> <p><a href="#">NICE TA605: Xeomin (botulinum neurotoxin type A) for treating chronic sialorrhoea</a></p>



<b>BNF Chapter</b>	<b>4 Central Nervous System</b>	
<b>Section</b>	<b>4.10 Drugs used in substance dependence</b>	
<b>Subsection</b>	<b>4.10.1 Alcohol dependence</b>	
	<a href="#">NICE CG115: Alcohol dependence and harmful alcohol use</a> <a href="#">NICE NG58: Coexisting severe mental illness and substance misuse: community health and social care services</a>	
<b>Alphabetical order</b>	<b>Acamprosate</b> gastro-resistant tablets: 333mg	 <b>In conjunction with specialist service</b>
	<b>Chlordiazepoxide</b> capsules: 5mg, 10mg tablets: 5mg, 10mg	For detoxification as a short course to aid alcohol withdrawal
	<b>Disulfiram</b> tablets: 200mg	 Patient must be stabilised prior to transfer of prescribing. (> 3 months)  <a href="#">GM shared care protocol: Disulfiram in the treatment of alcohol dependence</a>
	<b>Nalmefene▼</b> tablets: 18mg	 <b>In conjunction with specialist alcohol service</b>  <a href="#">NICE (2014): Nalmefene for reducing alcohol consumption in people with alcohol dependence, TA325</a>
	<b>Naltrexone</b> tablets: 50mg	 Recommended in NICE guidance for max 6 months duration. To remain under specialist community alcohol teams

<b>Subsection</b>	<b>4.10.2 Cigarette smoking</b>	
<p>Therapy is chosen according to the smoker’s likely compliance, availability of counselling and support, previous experience of smoking cessation aids, contra-indications and adverse effects of the products and smokers preference.</p>		
	<p><a href="#">MHRA DSU: Smoking and smoking cessation: clinically significant interactions with commonly used medicines, Oct 2009</a></p> <p><a href="#">NICE PH45: Tobacco: harm-reduction approaches to smoking</a></p> <p><a href="#">NICE NG209: Tobacco: preventing uptake, promoting quitting and treating dependence</a></p> <p><a href="#">GMMMG Tobacco dependency treatment guideline</a></p>	
<b>First choice</b>	<p><b>Nicotine</b></p> <p>patches 16 hour: 5mg, 10mg, 15mg, 25mg</p> <p>patches 24 hour: 7mg, 14mg, 21mg</p> <p>chewing gum: 2mg, 4mg</p> <p>lozenges: 2mg, 4mg</p> <p>inhalator cartridges: 10mg, 15mg</p> <p>oral spray: 1mg</p>	
<b>Alternatives</b>	<p><b>Varenicline</b></p> <p>2 week starter pack: 11x500 microgram with 14x1mg tablets</p> <p>tablets: 500mcg, 1mg</p>	<p><a href="#">NICE TA123: Varenicline for smoking cessation</a></p> <p>Varenicline should normally be prescribed only as part of a programme of behavioural support.</p> <p>Clinicians should be aware of the possible emergence of significant depressive symptoms when using varenicline</p>
	<p><b>Bupropion hydrochloride</b></p> <p>modified release tablets: 150mg</p>	<p><a href="#">MHRA DSU: Bupropion (Zyban): risk of serotonin syndrome with use with other serotonergic drugs, Nov 2020</a></p>
<b>Do Not Prescribe</b>	<p><b>e-Voke® electronic inhaler and Voke® inhaler</b></p> <p>Further data are required evaluating the use of Voke &amp; e-Voke as a stop smoking aid, and comparing their efficacy to established smoking cessation treatments, prior to their use in the GM region.</p>	<p><a href="#">Criterion 1 (see RAG list)</a></p>
<b>Additional Notes</b>		
<p>The combination of NRT with varenicline▼ or bupropion is not recommended</p>		

<b>Subsection</b>	<b>4.10.3 Opioid dependence</b>	
	<a href="#">NICE (2007): Methadone and buprenorphine for the management of opioid dependence (TA114)</a>	
<b>First choice</b>	<p><b>Methadone</b> oral solution: 1mg/1ml</p>	<p><a href="#">MHRA DSU: Drugs and driving: blood concentration limits set for certain drugs, Feb 2015</a></p> <p>RAG status depends on local commissioning arrangements for substance misuse or if GP with specialist interest</p>
<b>Alternatives</b>	<p><b>Buprenorphine</b> sublingual tablets: 400microgram, 2mg, 8mg oral lyophilisate (Espranor®): 2mg, 8mg</p>	<p>Prescribe by brand; due to difference in bioavailability Espranor® is not dose-equivalent with sublingual products. Patient to be maintained on their normal brand of buprenorphine if admitted as an inpatient</p> <p>RAG status depends on local commissioning arrangements for substance misuse or if GP with specialist interest</p>
	<p><b>Lofexidine</b> tablets: 200microgram</p>	Lofexidine for detoxification
	<p><b>Naltrexone</b> tablets: 50mg</p>	<p><b>R</b> For alcohol disorders</p> <p><a href="#">NICE TA115: Naltrexone for the management of opioid dependence</a></p> <p>For opioid dependence: RAG status depends on local commissioning arrangements for substance misuse or if GP with specialist interest</p>

<b>BNF Chapter</b>	<b>4 Central Nervous System</b>	
<b>Section</b>	<b>4.11 Drugs for dementia</b>	
	<a href="#">NICE NG97: Dementia: assessment, management and support for people living with dementia and their carers</a> <a href="#">NICE TA217: Alzheimer's disease - donepezil, galantamine, rivastigmine and memantine</a>	
<b>First choice</b>	<b>Donepezil</b> tablets: 5mg, 10mg <b>SF</b> orodispersible tablets: 5mg, 10mg	 <a href="#">GMMMG information for primary care prescribers</a>
<b>Alternatives</b>	<b>Galantamine</b> tablets: 8mg, 12mg modified release capsules: 8mg, 16mg, 24mg	 <a href="#">GMMMG information for primary care prescribers</a>
	<b>Rivastigmine</b> capsules: 1.5mg, 3mg, 4.5mg, 6mg patches: 4.6mg/24hours, 9.5mg/24 hours	 Local commissioning arrangements may vary and in some localities this is green (specialist advice); please check with CCG.  <a href="#">MHRA DSU: Rivastigmine transdermal patch: risk of medication errors, June 2010</a> <a href="#">GMMMG information for primary care prescribers</a>
	<b>Memantine</b> tablets: 10mg, 20mg	 <a href="#">MHRA DSU: Memantine pump device: risk of medication errors Nov 2010</a> <a href="#">GMMMG information for primary care prescribers</a>