








4. Central Nervous System

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Key







	<p>Red drug see GMMMG RAG list <i>Click on the symbols to access this list</i></p>
	<p>Amber drug see GMMMG RAG list <i>Click on the symbols to access this list</i></p>
	<p>Green drug see GMMMG RAG list <i>Click on the symbols to access this list</i></p>
	<p>If a medicine is unlicensed this should be highlighted in the template as follows Drug name U</p>
	<p>Not Recommended</p>
	<p>Over the Counter 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 GM commissioning statement.</p>
Order of Drug Choice	<p>Where there is no preferred 1st line agent provided, the drug choice appears in alphabetical order.</p>

BNF chapter	4	Central Nervous System
Section	4.1	Hypnotics and Anxiolytics
Subsection	4.1.1	Hypnotics
	NICE TA77: Insomnia - newer hypnotic drugs NICE NG215: Medicines associated with dependence or withdrawal symptoms: safe prescribing and withdrawal management for adults	
First choice	Zopiclone tablets: 3.75mg, 7.5mg	For short term use, licensed for max of 28 days.
Alternatives	Zolpidem tablets: 5mg, 10mg	For short term use, licensed for max of 28 days.
	Temazepam tablets: 10mg oral solution 10mg/5ml	MHRA DSU: Drugs and driving: blood concentration limits set for certain drugs, Feb 2015
	Melatonin	
First choice	Melatonin (Adaflex®) Tablets: 1mg, 2mg, 3mg, 4mg, 5mg	 following specialist advice For REM sleep behaviour disorder in Parkinson's disease NICE NG71: Parkinson's disease in adults
Alternative	Melatonin (Circadin®) Prolonged-release tablets: 2mg	
Do Not Prescribe	Melatonin For management of jet lag	Criterion 1 (see RAG list) GMMMG Travel Abroad policy
Subsection	4.1.2	Anxiolytics
Benzodiazepines are indicated for short-term relief of severe or disabling anxiety only		
NICE CG113: Generalised anxiety disorder and panic disorder in adults NICE NG215: Medicines associated with dependence or withdrawal symptoms: safe prescribing and withdrawal management for adults MHRA DSU: Drugs and driving: blood concentration limits set for certain drugs, Feb 2015 MHRA DSU: Benzodiazepines and opioids: reminder of risk of potentially fatal respiratory depression, March 2020		
First choice	Diazepam tablets: 2mg, 5mg, 10mg oral solution: 2mg/5ml	






Do Not Prescribe	Meprobamate  tablets	<u>Criterion 1 (see RAG list)</u>
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BNF chapter	4 Central Nervous System
Section	4.2 Drugs used in psychoses and related disorders
	NICE CG178: Psychosis and schizophrenia in adults NG181: Rehabilitation for adults with complex psychosis NICE CG185: Bipolar disorder GM Shared Care Guideline: Oral second generation (atypical) antipsychotics for adults
Subsection	4.2.1 Antipsychotic drugs
First choice	<p>Aripiprazole tablets: 5mg, 10mg, 15mg</p> <p>A for licensed indications and also unlicensed when recommended by NICE R Use in dementia U (For new patients only). Check local commissioning arrangements NICE TA213: Aripiprazole for the treatment of schizophrenia in people aged 15-17</p>
	<p>Haloperidol tablets: 1.5mg, 5mg, 10mg, 20mg oral solution: 5mg/5ml, 10mg/5ml</p> <p>Gn for palliative care use only MHRA DSU: Haloperidol (Haldol): reminder of risks when used in elderly patients for the acute treatment of delirium, Dec 2021</p>
	<p>Olanzapine tablets: 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg orodispersible tablets: 5mg, 10mg, 15mg, 20mg</p> <p>A for licensed indications and also unlicensed when recommended by NICE R Use in dementia U (For new patients only). Check local commissioning arrangements</p>
	<p>Quetiapine tablets: 25mg, 100mg, 150mg, 200mg, 300mg</p> <p>A for licensed indications and also unlicensed when recommended by NICE R Use in dementia U (For new patients only). Check local commissioning arrangements</p>
	<p>Risperidone tablets: 500microgram, 1mg, 2mg, 3mg, 4mg, 6mg orodispersible tablets: 500microgram, 1mg, 2mg, 3mg, 4mg oral solution: 1mg/1ml</p> <p>A for licensed indications and also unlicensed when recommended by NICE R Use in dementia (For new patients only). Check local commissioning arrangements</p>





		MHRA (2013): Risperidone and paliperidone: risk of floppy iris syndrome
Alternatives	Amisulpride tablets: 50mg, 100mg, 200mg, 400mg oral solution: 100mg/ml	A for licensed indications and also unlicensed when recommended by NICE R Use in dementia U (For new patients only). Check local commissioning arrangements
	Aripiprazole tablets: 30mg orodispersible tablets: 10mg, 15mg	A for licensed indications and also unlicensed when recommended by NICE R Use in dementia U (For new patients only). Check local commissioning arrangements NICE TA213: Aripiprazole for the treatment of schizophrenia in people aged 15-17
	Chlorpromazine tablets: 25mg, 50mg, 100mg	Gn for palliative care use only
	Clozapine tablets: 25mg, 50mg, 100mg, 200mg	R MHRA DSU: Clozapine: reminder of potentially fatal risk of intestinal obstruction, faecal impaction, and paralytic ileus, Oct 2017 MHRA DSU: Clozapine and other antipsychotics: monitoring blood concentrations for toxicity, Aug 2020
	Levomepromazine tablets: 25mg (do not prescribe 6mg tablets)	Gn for palliative care use only
	Paliperidone Prolonged-release tablets: 3mg, 6mg, 9mg	A for licensed indications
	Quetiapine MR tablets: 50mg, 150mg, 200mg, 300mg, 400mg	MR formulation is restricted for use as adjunct in depression only A Licensed indications and also unlicensed indications as recommended by NICE R Use in dementia U (For new patients only). Check local commissioning arrangements

Grey drugs Items which are listed as Grey are deemed not suitable for routine prescribing but may be suitable for a defined patient population	Cariprazine 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 Criterion 2 (see RAG list)
	Lurasidone 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"> • Patient gained weight on other antipsychotics and there is a need for the BMI to move towards the normal range • Patients for whom there is a need to avoid weight gain and metabolic adverse effects, e.g. patients with diabetes, cardiovascular disease • Patients with a prolonged QTc interval 	 pending production of a shared care protocol Criterion 2 (see RAG list)
Do Not Prescribe	Haloperidol 500 microgram tablets	Criterion 2 (see RAG list)
	Loxapine Inhalation powder	Criterion 1 (see RAG list)
Subsection	4.2.2 Antipsychotic depot injections  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.	
First choice	Flupentixol decanoate injection: 20mg/1ml concentrated injection 100mg/1ml low volume injection 200mg /1ml	 See above
	Zuclopenthixol decanoate injection: 200mg/1ml, 500mg/1ml	 See above MHRA DSU: Drug name confusion, April 2013
Alternatives	Risperidone injection vial (Risperdal Consta®): 25mg, 37.5mg, 50mg (powder for reconstitution)	 See above MHRA DSU: Drug name confusion, April 2013

		MHRA DSU: Risperidone and paliperidone: risk of floppy iris syndrome, Nov 2013
	<p>Haloperidol decanoate injection: 50mg/1ml, 100mg/1ml</p>	<p>A See above</p> <p>MHRA DSU: Haloperidol (Haldol): reminder of risks when used in elderly patients for the acute treatment of delirium, Dec 2021</p>
	<p>Aripiprazole prolonged release injection (Abilify Maintena®) 400mg vial (with solvent)</p>	<p>A See above</p>
	<p>Paliperidone palmitate 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>A see above</p> <p>MHRA DSU: Risperidone and paliperidone: risk of floppy iris syndrome, Nov 2013</p>

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

	<p>Haloperidol</p> <p>tablets: 500microgram, 1.5mg, 5mg, 10mg, 20mg</p> <p>oral solution: 5mg/5ml, 10mg/ 5ml</p>	<p>MHRA DSU: Haloperidol (Haldol): reminder of risks when used in elderly patients for the acute treatment of delirium, Dec 2021</p>
	<p>Quetiapine</p> <p>modified release tablets:</p> <p>50mg, 200mg, 300mg, 400mg</p>	<p>A Licensed indications and also unlicensed indications as recommended by NICE</p>
<p>Carbamazepine</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>Gn Following specialist initiation</p> <p>See 4.8.1</p>
<p>Valproate</p>		
<p>Sodium valproate is used for the treatment of manic episodes associated with bipolar disorder.</p>		
	<p>Sodium Valproate (Episenta®)</p> <p>capsules 150mg, 300mg</p>	<p>Gn Following specialist initiation</p> <p>See 4.8.1</p> <p>MHRA DSUs:</p> <p>Valproate medicines (Epilim▼, Depakote▼): contraindicated in women and girls of childbearing potential unless conditions of Pregnancy Prevention Programme are met (April 2018)</p> <p>Valproate medicines (Epilim▼, Depakote▼): Pregnancy Prevention Programme materials online (May 2018)</p> <p>Valproate Pregnancy Prevention Programme: actions required now from GPs, specialists, and dispensers (Sept 2018)</p> <p>Valproate medicines: are you in acting in compliance with the pregnancy prevention measures? (Dec 2018)</p> <p>Valproate: re-analysis of study on risks in children of men taking valproate (August 2023)</p>

BNF Chapter	4 Central Nervous System	
Section	4.3 Antidepressant drugs	
<p>NICE NG222: Depression in adults: treatment and management</p> <p>NICE CG91: Depression in adults with a chronic physical health problem</p> <p>NICE CG192: Antenatal and postnatal mental health</p> <p>NICE CG26: Post traumatic stress disorder</p> <p>NICE CG113 Generalised anxiety disorder and panic disorder in adults</p> <p>NICE NG215: Medicines associated with dependence or withdrawal symptoms: safe prescribing and withdrawal management for adults</p> <p>MHRA DSU: Antidepressants: risk of fractures, May 2010</p>		
Subsection	4.3.1. Tricyclic and related antidepressants	
<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>		
Tricyclic antidepressants		
	<p>Lofepramine tablets: 70mg</p>	
Alternatives	<p>Clomipramine capsules: 10mg, 25mg, 50mg tablets M/R: 75mg</p>	
Do Not Prescribe	<p>Dosulepin  tablets, capsules</p> <p>Trimipramine tablets, capsules</p>	<p>Criterion 1 (see RAG list)</p> <p>Criterion 2 (see RAG list)</p> <p>See also NHS England Items which should not be routinely prescribed in primary care: Guidance for CCGs</p>
Tricyclic-related antidepressants		
	<p>Trazodone capsules: 50mg, 100mg tablets: 150mg</p>	
Subsection	4.3.2. Monoamine-oxidase inhibitors (MAOIs)	
First Choice (reversible)	<p>Moclobemide tablets: 150mg, 300mg</p>	 following specialist initiation
Alternatives	<p>Phenelzine </p>	

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

	<p>Agomelatine</p> <p>Tablets: 25mg</p> <p>Only for use when other antidepressants as recommended by NICE have failed.</p>	<p>G_n following specialist initiation</p> <p>Criterion 1 (see RAG list)</p>
	<p>Prazosin</p> <p>Tablets: 0.5mg and 1mg</p> <p>Only to be used for licensed indications and not for PTSD</p>	<p>G_n following specialist initiation</p> <p>Criterion 1 (see RAG list)</p>
	<p>Vortioxetine▼</p> <p>Tablets: 5, 10 and 20mg</p> <p>Only for treatment of major depressive episode in adults whose condition has responded inadequately to 2 antidepressants within the current episode</p>	<p>G_n following specialist advice</p> <p>NICE TA367: Vortioxetine for treating major depressive episodes</p> <p>Criterion 1 (see RAG list)</p>
Do Not Prescribe	<p>Esketamine</p> <p>Nasal spray</p>	<p>Criterion 1 (see RAG list)</p> <p>NICE TA854: Esketamine nasal spray for treatment-resistant depression</p> <p>NICE TA899: Esketamine for treating major depressive disorder in adults at imminent risk of suicide</p>
<p>Additional Notes</p> <p>MHRA DSU: SSRI/SNRI antidepressant medicines: small increased risk of postpartum haemorrhage when used in the month before delivery, January 2021</p>		
BNF Chapter	4	Central Nervous System
Section	4.4	CNS stimulants and drugs for attention deficit hyperactivity disorder
Subsection	ADHD adults	
<p>NICE CG72: Attention deficit hyperactivity disorder</p> <p>NICE TA98: Methylphenidate, atomoxetine and dexamfetamine for ADHD in children and adolescents</p>		
<p>Drug treatment of ADHD should be part of a comprehensive treatment programme that addresses psychological, behavioural and educational or occupational needs.</p>		
First choice	<p>Methylphenidate U</p> <p>tablets: 5mg, 10mg, 20mg</p> <p>Modified release tablets</p> <p>Modified release capsules</p>	<p>U Unlicensed for treatment of adults</p> <p>A once patient stabilised as per SCG</p>

		<p>GM SCP: Atomoxetine, dexamfetamine, guanfacine, lisdexamfetamine and methylphenidate for ADHD In Adults</p> <p>Different modified release preparations may not have the same clinical effect therefore prescribers should specify the brand to be supplied.</p> <p>MHRA DSU: Methylphenidate long-acting (modified-release) preparations: caution if switching between products due to differences in formulations, Sept 2022</p>
Alternatives	<p>Atomoxetine</p> <p>capsules: 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg</p>	<p>A once patient stabilised as per SCG</p> <p>GM SCP: Atomoxetine, dexamfetamine, guanfacine, lisdexamfetamine and methylphenidate for ADHD In Adults</p> <p>MHRA DSU: Atomoxetine: increases in blood pressure and heart rate, Jan 2012</p>
	<p>Lisdexamfetamine</p> <p>capsules: 30mg, 50mg, 70mg</p>	<p>A once patient stabilised as per SCG</p> <p>GM SCP: Atomoxetine, dexamfetamine, guanfacine, lisdexamfetamine and methylphenidate for ADHD In Adults</p>
Subsection	CNS stimulants	
First choice	<p>Modafinil</p> <p>tablets: 100mg, 200mg</p>	<p>G_n following specialist initiation for treatment of:</p> <ul style="list-style-type: none"> excessive sleepiness associated with narcolepsy excessive daytime sleepiness in people with Parkinson's disease <p>See supporting information for primary care prescribers.</p> <p>MHRA DSU: Modafinil now restricted to narcolepsy, March 2011</p> <p>MHRA DSU: Modafinil (Provigil): increased risk of congenital malformations if used during pregnancy, Nov 2020</p>
	<p>Dexamfetamine</p> <p>tablets: 5mg, 10mg, 20mg</p>	<p>R Treatment of narcolepsy, pending development of a shared care protocol.</p>
	<p>Solriamfetol</p> <p>tablets: 75mg, 150mg</p>	<p>R Excessive daytime sleepiness caused by narcolepsy</p> <p>NICE TA758: Solriamfetol for treating excessive daytime sleepiness caused by narcolepsy</p>


Do Not Prescribe	Modafinil For management of chronic shift work sleep disorder	<u>Criterion 1 (see RAG list)</u> <u>MHRA DSU: Modafinil now restricted to narcolepsy, March 2011</u>
	Pitolisant For management of obstructive sleep apnoea	<u>Criterion 1 (see RAG list)</u> <u>NICE TA776: Pitolisant hydrochloride for treating excessive daytime sleepiness caused by obstructive sleep apnoea</u>
	Solriamfetol For management of obstructive sleep apnoea	<u>Criterion 1 (see RAG list)</u> <u>NICE TA777: Solriamfetol for treating excessive daytime sleepiness caused by obstructive sleep apnoea</u>

BNF Chapter	4	Central Nervous System
Section	4.5	Drugs used in the treatment of obesity
Subsection	4.5.1	Anti-obesity drugs acting on the gastro-intestinal tract
	NICE CG189: Obesity: identification, assessment and management of overweight and obesity in children, young people and adults	
First choice	Orlistat capsules: 120mg	
Alternatives	Liraglutide (Saxenda®) solution for injection	R NICE TA664: Liraglutide for managing overweight and obesity
	Semaglutide (Wegovy®▼) solution for injection	R For prescribing by specialist weight management services only NICE TA875: Semaglutide for managing overweight and obesity
Do Not Prescribe	Naltrexone/bupropion (Mysimba®) prolonged-release tablets	Criterion 2 (see RAG list)

BNF Chapter	4 Central nervous system	
Section	4.6 Drugs used in nausea and vertigo	
Vomiting in pregnancy		
RCOG: The Management of Nausea and Vomiting of Pregnancy and Hyperemesis Gravidarum (Green-top Guideline No. 69) NICE NG201: Antenatal care		
First choice	Cyclizine U tablets: 50mg	
Alternatives	Prochlorperazine U tablets: 5mg	
	Metoclopramide U tablets: 10mg	MHRA DSU: Metoclopramide: risk of neurological adverse effects, Aug 2013
Grey drugs Items which are listed as Grey are deemed not suitable for routine prescribing but may be suitable for a defined patient population	Doxylamine/pyridoxine 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.	G_n Criterion 1 (see RAG list)
Postoperative nausea and vomiting		
	Local centres may have variations within their local postoperative nausea and vomiting guidelines.	
First choice	Cyclizine tablets: 50mg	
	Prochlorperazine tablets: 5mg buccal tablets: 3mg	
Alternatives 5HT₃- receptor antagonists	Granisetron tablets: 1mg	R post-op or following chemotherapy
	Ondansetron tablets: 4mg, 8mg	R post-op or following chemotherapy G_n For exceptional use in non oncology patients with chronic emesis following consultant recommendation and where all other options have failed

Vertigo / Meniere's		
First choice	Betahistine tablets: 8mg, 16mg	Do not offer betahistine to treat tinnitus (see NICE NG155, recommendation 1.5.5)
Alternatives	Cinnarizine tablets: 15mg	
	Prochlorperazine tablets :5mg buccal tablets: 3mg	Acute symptoms only
Hypersalivation / sialorrhoea		
First choice	Hyoscine hydrobromide chewable tablets: 150 microgram, 300 microgram patches: 1mg/72 hours	MHRA DSU: Hyoscine hydrobromide patches (Scopoderm 1.5mg Patch or Scopoderm TTS Patch): risk of anticholinergic side effects, including hyperthermia (July 2023)
Motion sickness		
Do Not Prescribe	Travel sickness	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 GM commissioning statement .
Cannabinoids		
	Delta-9-tetrahydrocannabinol (THC) and cannabidiol (CBD) oromucosal spray: 2.7 mg THC and 2.5 mg CBD per 100 microlitre actuation (Sativex®)	R NICE NG144: Cannabis-based medicinal products
Grey drugs Items which are listed as Grey are deemed not suitable for routine prescribing but may be suitable for a defined patient population	Nabilone 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.	R Criterion 3 (see RAG list)
Do Not Prescribe	Cannabis-derived, cannabis-based and hemp products	Criterion 1 (see RAG list)

	With the exception of nabilone (see above) and Epidyolex® (see chapter 4.8.1), when used within their marketing authorisations	
	<p>Nabilone</p> <p>For all unlicensed indications</p>	<p><u>Criterion 1 (see RAG list)</u></p>

BNF Chapter	4	Central nervous system
Section	4.7	Analgesics
Subsection	4.7.1	Non-opioid analgesics and compound analgesic preparations
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		
First choice	Paracetamol tablets: 500mg	
Alternatives	Paracetamol capsules: 500mg soluble tablets: 500mg oral suspension: 250mg/5ml suppositories: 500mg, 1g	
	Co-codamol  tablets 30mg/500mg soluble tablets 30mg /500mg	
Grey drugs Items which are listed as Grey are deemed not suitable for routine prescribing but may be suitable for a defined patient population	Nefopam 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	
Do Not Prescribe	Co-proxamol tablets <u>Criterion 1 (see RAG list)</u> <u>See also NHS England Items which should not be routinely prescribed in primary care: Guidance for CCGs</u>	
	Paracetamol with tramadol tablets, effervescent tablets <u>Criterion 2 (see RAG list)</u> <u>See also NHS England Items which should not be routinely prescribed in primary care: Guidance for CCGs</u>	
	Paracetamol mixture / mucilage 500 mg/5 mL for topical use in patients with sore mouth or throat resulting from cancer treatment <u>Criterion 1 (see RAG list)</u>	

Do Not Prescribe	Aspirin with codeine (Co-codaprin) tablets, dispersible tablets	<u>Criterion 2 (see RAG list)</u>
	Electromagnetic pulse therapy (Actipatch®) Medical device	<u>Criterion 1 (see RAG list)</u>
	Minor conditions associated with pain, discomfort and/or fever e.g. aches and sprains, headache, period pain, back pain Mild toothache/teething 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> .
	Ketamine Oral solution U	R for use in short courses as an opiate-sparing agent. Unlicensed special.
<p>Additional Notes</p> <p>For options on non-steroidal anti-inflammatory drugs (NSAIDs) please refer to Chapter 10: Musculoskeletal and joint diseases.</p> <p>NICE NG59: Low back pain and sciatica in over 16s: assessment and management</p>		

Subsection	4.7.2 Opioid analgesics	
<p>GMMMG Opioid Prescribing for Chronic Pain: Resource Pack</p> <p>NICE NG215: Medicines associated with dependence or withdrawal symptoms: safe prescribing and withdrawal management for adults</p> <p>MHRA DSU: Benzodiazepines and opioids: reminder of risk of potentially fatal respiratory depression, March 2020</p> <p>MHRA DSU: Opioids: risk of dependence and addiction, Sept 2020</p>		
Weak opioid		
First choice	<p>Codeine phosphate</p> <p>tablets: 15mg, 30mg, 60mg</p>	
Alternatives	<p>Dihydrocodeine tartrate</p> <p>tablets: 30mg</p>	
Moderate opioid		
First choice	<p>Tramadol hydrochloride</p> <p>capsules: 50mg</p>	
Alternatives	<p>Buprenorphine patch</p> <p>7 days: 5 microgram / hour, 10 microgram / hour, 15 microgram/hour, 20 microgram / hour</p> <p>4 days: 35 microgram/hour, 52.5 microgram/hour, 70 microgram/hour</p> <p>3 days: 35 microgram / hour, 52.5 microgram, 70 microgram / hour</p>	<p>Buprenorphine patch: Different brands are NOT interchangeable</p> <p>Patches should be prescribed by brand as the frequency to be applied may vary between brands</p>
Strong opioid		
<p>NICE CG140: Opioids in palliative care: safe and effective prescribing of strong opioids for pain in palliative care of adults</p> <p>NICE NG46: Controlled drugs: safe use and management</p>		
First choice	<p>Morphine sulfate</p> <p>tablets: 10mg, 20mg, 50mg</p> <p>oral solution: 10mg/5ml</p> <p>MR capsules (12-hourly): 10mg, 30mg, 60mg, 100mg, 200mg</p> <p>MR tablets (12-hourly): 5mg, 10mg, 15mg, 30mg, 60mg, 100mg</p>	<p>MHRA DSU: Drugs and driving: blood concentration limits set for certain drugs, Feb 2015</p>
Alternatives	<p>Fentanyl</p> <p>72 hourly patches: 12 microgram/hour, 25 microgram/hour, 50 microgram/hour, 37.5 microgram/hour, 75 microgram/hour, 100 microgram/hour</p>	<p>MHRA DSU: Serious and fatal overdose of fentanyl patches, Sept 2008</p> <p>MHRA DSU: Transdermal fentanyl patches: life-threatening and fatal opioid toxicity from</p>

		accidental exposure, particularly in children (Oct 2018) MHRA DSU: Transdermal fentanyl patches for non-cancer pain: do not use in opioid-naive patients, Sept 2020
	<p>Oxycodone hydrochloride</p> <p>capsules: 5mg, 10mg, 20mg</p> <p>oral solution: 5mg/5ml</p> <p>modified-release tablets: 5mg, 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg, 120mg</p>	
<p>Grey drugs</p> <p>Items which are listed as Grey are deemed not suitable for routine prescribing but may be suitable for a defined patient population</p>	<p>Fentanyl</p> <p>immediate release preparations</p> <p>Only to be used in patients undergoing palliative care treatment where the recommendation to use immediate release fentanyl is in line with NICE CG140 and has been made by a multi-disciplinary team and/or other healthcare professional with a recognised specialism in palliative care.</p>	<p>G_n following specialist initiation</p> <p>Criterion 2 (see RAG list)</p> <p>NHS England Items which should not be routinely prescribed in primary care: Guidance for CCGs</p>
	<p>Morphine sulfate</p> <p>Orodispersible tablets (Actimorph)</p> <p>For use as an alternative to morphine sulfate tablets or 10mg/5mL oral solution, where these would be inappropriate due to:</p> <ul style="list-style-type: none"> The small volumes required may prevent accurate dosing There is a risk of unintentional overdose The oral liquid and tablets are not tolerated The patient/carer is physically unable to measure the required dose 	<p>G_n</p> <p>Criterion 3 (see RAG list)</p>
	<p>Tapentadol</p> <p>Immediate-release & modified-release tablets</p> <p>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>G_n following specialist advice</p> <p>Criterion 2 (see RAG list)</p>
<p>Do Not Prescribe</p>	<p>Oxycodone with naloxone</p> <p>modified-release tablets</p>	<p>Criterion 2 (see RAG list)</p> <p>NHS England Items which should not be routinely prescribed in primary care: Guidance for CCGs</p>
	<p>Sufentanil</p> <p>sublingual tablets (Zalviso®)</p>	<p>Criterion 2 (see RAG list)</p>

Subsection	4.7.3 Neuropathic Pain	
<p>GMMMG: Neuropathic Pain in Adults - Guideline for Primary Care</p> <p>NICE CG173: Neuropathic pain - pharmacological management</p> <p>NICE NG215: Medicines associated with dependence or withdrawal symptoms: safe prescribing and withdrawal management for adults</p>		
First choice	<p>Amitriptyline</p> <p>tablets: 10mg, 25mg, 50mg</p> <p>oral solution: 25mg/5ml, 50mg/5ml</p>	<p>NICE NG193: chronic pain in over 16s</p>
	<p>Nortriptyline U</p> <p>tablets: 10mg, 25mg</p>	<p>Unlicensed treatment. Nortriptyline can only be prescribed if amitriptyline is effective, however too sedative.</p>
Alternatives	<p>Gabapentin</p> <p>capsules: 100mg, 300mg, 400mg</p> <p>tablets: 600mg</p>	<p>Second line option if amitriptyline is ineffective, not tolerated or not suitable.</p> <p>MHRA DSU: Gabapentin (Neurontin): risk of severe respiratory depression, Oct 2017</p> <p>MHRA DSU: Pregabalin (Lyrica), gabapentin (Neurontin) and risk of abuse and dependence: new scheduling requirements, Apr 2019</p>
	<p>Pregabalin</p> <p>capsules: 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg</p>	<p>Only appropriate if gabapentin is effective but not tolerated due to side effects, i.e. third line use.</p> <p>MHRA DSU: Pregabalin (Lyrica), gabapentin (Neurontin) and risk of abuse and dependence: new scheduling requirements, Apr 2019</p> <p>MHRA DSU: Pregabalin (Lyrica): reports of severe respiratory depression, Feb 2021</p> <p>MHRA DSU: Pregabalin (Lyrica): findings of safety study on risks during pregnancy, April 2022</p>
	<p>Duloxetine</p> <p>capsules: 30mg, 60mg</p>	<p>Duloxetine can be considered where other treatments have failed or where there is a history of substance misuse.</p> <p>May also be considered second line where there is a clear diagnosis of diabetic neuropathy</p>
	<p>Tramadol</p> <p>capsules: 50mg</p>	<p>Consider tramadol only if acute rescue therapy is needed for a short treatment duration in people awaiting referral to specialist pain services, after initial treatments have failed</p>

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

Subsection	4.7.4 Antimigraine drugs	
	NICE CG150: Headaches GMMMG headache pathway	
Do Not Prescribe	Infrequent migraine See commissioning statement 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 GM commissioning statement .
4.7.4.1 Treatment of acute migraine		
NICE CG150 (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.		
NICE CG150 (1.3.14) Do not offer ergots or opioids for the acute treatment of migraine.		
Analgesics		
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.		
	Aspirin OTC tablets 300mg soluble tablets 300mg	
	Ibuprofen OTC tablets 200mg, 400mg, 600mg	qui
	Naproxen U tablets 250mg, 500mg	MHRA: Diclofenac: new contraindications and warnings, 2014
	Diclofenac sodium U suppositories 100mg	
	Paracetamol OTC tablets: 500mg soluble tablets: 500mg	
Antiemetics		
	Domperidone tablets: 10mg	MHRA DSU: Domperidone: risks of cardiac side effects, May 2014
	Metoclopramide	MHRA DSU: Metoclopramide: risk of neurological adverse effects, Aug 2013

	tablets: 10mg	
	Prochlorperazine Tablets: 5mg U buccal tablets: 3mg OTC	
Combined preparations		
	Aspirin with metoclopramide (MigraMax®) sachets: 900mg/10mg	MHRA DSU: Metoclopramide: risk of neurological adverse effects, Aug 2013
Do Not Prescribe	Paracetamol with isometheptene 325mg/65mg	Criterion 1 (see RAG list)
	Paracetamol with buclizine and codeine Migrave® (all presentations)	Criterion 1 (see RAG list)
	Ergotamine-containing products (e.g. Migril®)	Criterion 1 (see RAG list)
5HT1-receptor agonists (triptans)		
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.		
First choice oral	Sumatriptan tablets: 50mg OTC , 100mg	
Alternatives oral	Zolmitriptan tablets: 2.5mg orodispersible tablets: 5mg	
	Frovatriptan tablets: 2.5mg	
	Naratriptan tablets: 2.5mg	
	Rizatriptan orodispersible tablets: 5mg, 10mg tablets: 10mg	
First choice nasal	Zolmitriptan nasal spray: 5mg per actuation	Consider if vomiting restricts oral treatment, see CKS prescribing information .
Alternative nasal	Sumatriptan	

	nasal spray: 10mg per actuation, 20mg per actuation	
Subcutaneous injection	Sumatriptan subcutaneous injection: 6mg/0.5mL syringe subcutaneous injection: 3mg/0.5mL syringe	
4.7.4.2 Prophylaxis of migraine		
NICE CG150 (1.3.19) Do not offer gabapentin for the prophylactic treatment of migraine		
First choice	Propranolol MR capsules: 80mg, 160mg	
Alternatives	Metoprolol tablets: 50mg, 100mg	If intolerant of propranolol
	Topiramate tablets: 25mg, 50mg, 100mg capsules 15mg	G_n MHRA DSU: Antiepileptic drugs in pregnancy: updated advice following comprehensive safety review, Jan 2021 MHRA DSU: Topiramate (Topamax): start of safety review triggered by a study reporting an increased risk of neurodevelopmental disabilities in children with prenatal exposure, July 2022
	Zonisamide U capsules: 25mg, 50mg, 100mg	G_n following specialist advice If intolerant of topiramate MHRA DSU: Antiepileptic drugs in pregnancy: updated advice following comprehensive safety review, 2021
	Amitriptyline tablets: 10mg, 25mg, 50mg	
	Nortriptyline U tablets: 10mg, 25mg	G_n If intolerant of amitriptyline
	Candesartan U tablets: 2mg, 4mg, 8mg, 16mg	G_n
	Flunarizine U	R
	Botulinum toxin type A (Botox®) 50-unit vial, 100-unit vial, 200-unit vial	R NICE TA260: Botulinum toxin type A for the prevention of headaches in adults with chronic migraine

	Erenumab ▼ 70 mg, 140 mg pre-filled pen or syringe	R NICE TA682: Erenumab for preventing migraine
	Eptinezumab ▼ 100mg concentrate for solution for infusion	R NICE TA871: Eptinezumab for preventing migraine
	Fremanezumab ▼ 225 mg pre-filled pen or syringe	R NICE TA764: Fremanezumab for preventing migraine
	Galcanezumab ▼ 120 mg pre-filled pen	R NICE TA659: Galcanezumab for preventing migraine
4.7.4.3 Cluster headache and the trigeminal autonomic cephalalgias		
NICE CG150 (1.3.32) Do not offer paracetamol, NSAIDS, opioids, ergots or oral triptans for the acute treatment of cluster headache.		
Acute treatment	Sumatriptan subcutaneous injection: 6mg/0.5mL syringe subcutaneous injection: 3mg/0.5mL syringe U	
	Zolmitriptan nasal spray: 5mg per actuation U	
	Sumatriptan nasal spray: 10mg per actuation, 20mg per actuation U	
	Oxygen	Follow local prescribing rules
Prophylaxis	Verapamil U tablets: 40mg, 80mg, 120mg, 160mg modified release tablets/capsules: 120mg, 180mg, 240mg	G_n following specialist advice
Tension headache		
NICE CG150 (1.2.7) Do not offer opioids for the acute treatment of tension-type headache		
Acute treatment	Paracetamol Aspirin NSAIDs	As above, see 4.7.4.1 MHRA DSU: Non-steroidal anti-inflammatory drugs (NSAIDs): potential risks following prolonged use after 20 weeks of pregnancy, Jun 2023
Prophylaxis	Amitriptyline	

	tablets: 10mg, 25mg, 50mg	
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BNF Chapter	4 Central nervous system
Section	4.8 Antiepileptic drugs
Subsection	4.8.1 Control of the epilepsies

Initiation and withdrawal of therapy must only be managed by a specialist.

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_n following specialist advice' within the RAG list then the patient can be prescribed that treatment.

[NICE NG217: Epilepsies in children, young people and adults](#)

[MHRA DSU: Antiepileptic drugs: Updated advice on switching between different manufacturers' products, Nov 2017](#)

Category 1 – Ensure that the patient is maintained on a specific manufacturer’s product.: carbamazepine, phenobarbital, phenytoin, primidone

Category 2 - 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

Category 3 – 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

[MHRA DSU: St Johns Wort may interact with antiepileptics, Nov 2007](#)

[MHRA DSU: Antiepileptics adverse effects on bone, April 2009](#)

[MHRA DSU: Antiepileptic drugs in pregnancy: updated advice following comprehensive safety review, January 2021](#)

Most commonly prescribed

Alphabetical order	<p>Carbamazepine</p> <p>MR tablets: 200mg, 400mg</p> <p>tablets: 100mg, 200mg, 400mg</p>	<p>G_n following specialist advice</p> <p>MHRA DSU: Carbamazepine, oxcarbazepine and eslicarbazepine: potential risk of serious skin reactions, Dec 2012</p>
	<p>Lamotrigine</p> <p>tablets: 25mg, 50mg, 100mg, 200mg</p> <p>dispersible tablets: 25mg, 100mg</p>	<p>G_n following specialist advice</p>
	<p>Levetiracetam</p> <p>tablets: 250mg, 500mg, 750mg, 1g</p> <p>oral solution: 100mg/ml</p>	<p>G_n following specialist advice</p>

	<p>Sodium valproate EC tablets 200mg, 500mg MR tablets: 200mg, 300mg, 500mg SF liquid: 200mg/5ml</p>	<p>G_n following specialist advice</p> <p>MHRA Drug Safety Updates:</p> <ul style="list-style-type: none"> • Valproate medicines (Epilim▼, Depakote▼): contraindicated in women and girls of childbearing potential unless conditions of Pregnancy Prevention Programme are met (April 2018) • Valproate medicines (Epilim▼, Depakote▼): Pregnancy Prevention Programme materials online (May 2018) • Valproate Pregnancy Prevention Programme: actions required now from GPs, specialists, and dispensers (Sept 2018) • Valproate medicines: are you in acting in compliance with the pregnancy prevention measures? (Dec 2018) • Valproate: re-analysis of study on risks in children of men taking valproate (August 2023)
<p>Other drugs</p>		
<p>Alphabetical order</p>	<p>Cenobamate tablets: 50mg, 100mg, 150mg, 200mg</p>	<p>G_n following specialist initiation. To be initiated by a tertiary epilepsy service, as per NICE guidance.</p> <p>NICE TA753: Cenobamate for treating focal onset seizures in epilepsy</p>
	<p>Clobazam tablets: 10mg</p>	<p>G_n following specialist advice</p>
	<p>Clonazepam tablets: 500microgram, 2mg</p>	<p>G_n following specialist advice</p> <p>MHRA DSU: Drugs and driving: blood concentration limits set for certain drugs, Feb 2015</p>
	<p>Fenfluramine</p>	<p>R</p> <p>NICE TA808: Fenfluramine for treating seizures associated with Dravet syndrome</p>
	<p>Gabapentin capsules: 100mg, 300mg, 400mg</p>	<p>G_n following specialist advice</p> <p>MHRA DSU: Pregabalin (Lyrica), gabapentin (Neurontin) and risk of abuse and dependence: new scheduling requirements, April 2019</p> <p>MHRA DSU: Gabapentin (Neurontin): risk of severe respiratory depression, Oct 2017</p>


	<p>Oxcarbazepine tablets: 150mg, 300mg, 600mg suspension 300mg/5ml</p>	<p>G_n following specialist advice MHRA DSU: Carbamazepine, oxcarbazepine and eslicarbazepine: potential risk of serious skin reactions, Dec 2012</p>
	<p>Phenobarbital tablets: 15mg, 30mg, 60mg</p>	<p>G_n following specialist advice</p>
	<p>Phenytoin capsules: 25mg, 50mg, 100mg suspension: 30mg/5ml</p>	<p>G_n following specialist advice MHRA DSU: Risk of Stevens-Johnson syndrome, Jan 2010</p>
	<p>Pregabalin capsules: 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg</p>	<p>G_n following specialist advice MHRA DSU: Pregabalin, gabapentin and risk of abuse and dependence: new scheduling requirements, April 2019 MHRA DSU: Pregabalin (Lyrica): reports of severe respiratory depression, Feb 2021 MHRA DSU: Pregabalin (Lyrica): findings of safety study on risks during pregnancy, April 2022</p>
	<p>Primidone tablets: 50mg, 250mg</p>	<p>G_n following specialist advice</p>
	<p>Topiramate tablets: 25mg, 50mg, 100mg, 200mg</p>	<p>G_n following specialist advice MHRA DSU: Topiramate (Topamax): start of safety review triggered by a study reporting an increased risk of neurodevelopmental disabilities in children with prenatal exposure, July 2022</p>
	<p>Zonisamide capsules: 25mg, 50mg, 100mg</p>	<p>G_n following specialist advice</p>
<p>Grey drugs Items which are listed as Grey are deemed not suitable for routine prescribing but may be suitable for a defined patient population</p>	<p>Cannabidiol (Epidyolex®) For children and adults with rare, severe forms of drug-resistant epilepsy, when used within its marketing authorisation.</p>	<p>R Criterion 3 (see RAG list) NICE TA614: Cannabidiol with clobazam for treating seizures associated with Dravet syndrome NICE TA615: Cannabidiol with clobazam for treating seizures associated with Lennox-Gastaut syndrome NICE TA783: Cannabidiol for treating seizures caused by tuberous sclerosis complexv NICE NG144: Cannabis-based medicinal products</p>

	<p>Lacosamide</p> <p>tablets: 50mg, 100mg, 150mg, 200mg</p> <p>oral solution: 10mg/ml</p>	<p>G_n following specialist advice</p> <p>Criterion 2 (see RAG list)</p>
	<p>Perampanel</p> <p>tablets: 2mg, 4 mg, 6 mg, 8mg, 10mg, 12mg</p> <p>oral suspension: 0.5mg/ml</p> <p>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>G_n following specialist advice</p> <p>Criterion 2 (see RAG list)</p>
	<p>Rufinamide</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>G_n following specialist initiation</p> <p>Criterion 2 (see RAG list)</p>
Do Not Prescribe	<p>Cannabis-derived, cannabis-based and hemp products</p> <p>With the exception of Epidyolex (see above) and nabilone (see chapter 8)</p>	<p>Criterion 1 (see RAG list)</p> <p>NICE NG144: Cannabis-based medicinal products</p>
Subsection	4.8.2 Drugs used in status epilepticus	
First choice	<p>Midazolam hydrochloride</p> <p>oromucosal solution 5mg/ml: 2ml syringe (Buccolam▼)</p>	<p>G_n specialist initiation</p> <p>MHRA DSU: Buccal midazolam, Oct 2011</p>
For use in palliative care	<p>Midazolam</p> <p>Injection 5mg/ml</p>	<p>G_n See GMMMG Palliative Care Pain and Symptom Control Guidelines for Adults</p>
Alternatives	<p>Diazepam</p> <p>rectal tubes: 2.5mg, 5mg, 10mg</p>	<p>MHRA DSU: Drugs and driving: blood concentration limits set for certain drugs, Feb 2015</p>

Chapter	4. Central nervous system	
Section	4.9 Drugs used in parkinsonism and related disorders	
<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_n following specialist advice' within the RAG list then the patient can be prescribed that treatment.</p> <p>NICE CG35: Parkinson's disease 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"> • clinical and lifestyle characteristics • patient preference, after the patient has been informed of the short and long-term benefits and drawbacks of the drug classes. <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>		
Subsection	4.9.1 Dopaminergic drugs used in Parkinson's disease	
<p>MHRA (2007) Dopamine agonists: pathological gambling, increased libido and hypersexuality</p>		
Dopamine-receptor agonists		
First line	Pramipexole tablets: 88microgram, 180microgram, 350microgram, 700microgram	G_n following specialist advice
	Ropinirole tablets: 250microgram, 500microgram, 1mg, 2mg, 5mg	G_n following specialist advice
	Rotigotine 24 hour patch: 1mg, 2mg, 4mg, 6mg, 8mg	G_n following specialist advice For use when more established oral dopamine agonists are ineffective or swallowing problems are present.
Second line	Pramipexole modified release tablets: 260microgram, 520microgram, 1.05mg, 1.57 mg, 2.1mg, 3.15mg	G_n following specialist advice
	Ropinirole modified release tablets: 2mg, 4mg, 8mg	G_n following specialist advice
Third line	MHRA DSU: Ergot-derived dopamine agonists: risk of fibrotic reactions, Oct 2008	

	<p>Apomorphine (Dacepton®) cartridge: 10mg/ml, 3ml cart injection: 5mg/ml, 20ml vial</p> <p>Apomorphine (APO-go®) injection: 10mg/ml, 5ml amp pens: 10mg/ml, 3ml pen injector pre-filled syringes: 5mg/ml, 10ml PFS</p>	<p>A</p> <p>MHRA DSU: Apomorphine with domperidone: minimising risk of cardiac side effects (April 2016)</p> <p>MHRA DSU: Dopamine agonists: pathological gambling, increased libido, and hypersexuality (August 2007)</p>
Levodopa		
First line (levodopa with dopa-decarboxylase inhibitor)	<p>Co-beneldopa capsules: 12.5/50, 25/100, 50/200 dispersible tablets 12.5/50, 25/100 modified release capsules: 25/100</p>	Gn following specialist advice
	<p>Co-careldopa tablets: 10/100, 25/100, 25/250 modified release tablets:25/100, 50/200</p>	Gn following specialist advice
	<p>Co-careldopa with entacapone Stalevo – see BNF for various strengths</p>	Gn following specialist advice
Do Not Prescribe	<p>Co-careldopa intestinal gel (Duodopa®)</p>	Criterion 3 (see RAG list)
Monoamine-oxidase-B inhibitors		
	<p>Rasagiline tablets: 1mg</p>	Gn following specialist advice
	<p>Safinamide▼ tablets : 50mg, 100mg</p>	Gn following specialist advice
	<p>Selegiline tablets: 5mg, 10mg</p>	Gn following specialist advice
Catechol-O-methyltransferase inhibitors		
First line	<p>Entacapone tablets: 200mg</p>	Gn following specialist advice
Grey drugs Items which are listed as Grey are deemed not suitable for routine prescribing but	<p>Opicapone▼ hard capsules: 50mg For use only where entacapone (either alone or in combination) is considered not suitable.</p>	Gn following specialist advice Criterion 2 (see RAG list)

may be suitable for a defined patient population		
Amantadine		
	Amantadine capsules: 100mg oral solution: 50mg/5ml	G _n following specialist advice
Subsection	4.9.2 Antimuscarinic drugs used in parkinsonism	
	Not recommended due to association with cognitive impairment. Not recommended in the elderly due to toxicity and risk of aggravating dementia.	
First choice	Procyclidine tablets: 5mg sugar free syrup: 2.5mg/5ml, 5mg/5ml	G _n
Alternatives	Orphenadrine tablets: 50mg	
Subsection	4.9.3 Drugs used in essential tremor, chorea, tics and related disorders	
	Riluzole tablets: 50mg oral suspension: 5mg/ml	A SCP: riluzole for amyotrophic lateral sclerosis. NICE TA20: Riluzole for motor neurone disease NICE NG42: MND: assessment and management
Additional Notes		
<p>Propranolol (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>		
	Botulinum toxin type A (Xeomin [®]) 50, 100 or 200 units, powder for solution for injection	R NICE TA605: Xeomin (botulinum neurotoxin type A) for treating chronic sialorrhoea

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

Subsection	4.10.2 Cigarette smoking	
<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>MHRA DSU: Smoking and smoking cessation: clinically significant interactions with commonly used medicines, Oct 2009</p> <p>NICE PH45: Tobacco: harm-reduction approaches to smoking</p> <p>NICE NG209: Tobacco: preventing uptake, promoting quitting and treating dependence</p> <p>GMMMG Tobacco dependency treatment guideline</p>	
First choice	<p>Nicotine</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>	
Alternatives	<p>Varenicline</p> <p>2 week starter pack: 11x500 microgram with 14x1mg tablets</p> <p>tablets: 500mcg, 1mg</p>	<p>NICE TA123: Varenicline for smoking cessation</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>Bupropion hydrochloride</p> <p>modified release tablets: 150mg</p>	<p>MHRA DSU: Bupropion (Zyban): risk of serotonin syndrome with use with other serotonergic drugs, Nov 2020</p>
Do Not Prescribe	<p>e-Voke® electronic inhaler and Voke® inhaler</p> <p>Further data are required evaluating the use of Voke & 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>Criterion 1 (see RAG list)</p>
Additional Notes		
<p>The combination of NRT with varenicline▼ or bupropion is not recommended</p>		

Subsection	4.10.3 Opioid dependence	
	NICE (2007): Methadone and buprenorphine for the management of opioid dependence (TA114)	
First choice	<p>Methadone oral solution: 1mg/1ml</p>	<p>MHRA DSU: Drugs and driving: blood concentration limits set for certain drugs, Feb 2015</p> <p>RAG status depends on local commissioning arrangements for substance misuse or if GP with specialist interest</p>
Alternatives	<p>Buprenorphine 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>Lofexidine tablets: 200microgram</p>	Lofexidine for detoxification
	<p>Naltrexone tablets: 50mg</p>	<p>R For alcohol disorders</p> <p>NICE TA115: Naltrexone for the management of opioid dependence</p> <p>For opioid dependence: RAG status depends on local commissioning arrangements for substance misuse or if GP with specialist interest</p>

BNF Chapter	4 Central Nervous System	
Section	4.11 Drugs for dementia	
	<p>NICE NG97: Dementia: assessment, management and support for people living with dementia and their carers</p> <p>NICE TA217: Alzheimer's disease - donepezil, galantamine, rivastigmine and memantine</p>	
First choice	<p>Donepezil tablets: 5mg, 10mg SF orodispersible tablets: 5mg, 10mg</p>	<p>G_n following specialist advice GMMMG information for primary care prescribers</p>
Alternatives	<p>Galantamine tablets: 8mg, 12mg modified release capsules: 8mg, 16mg, 24mg</p>	<p>G_n following specialist advice GMMMG information for primary care prescribers</p>
	<p>Rivastigmine capsules: 1.5mg, 3mg, 4.5mg, 6mg patches: 4.6mg/24hours, 9.5mg/24 hours</p>	<p>G_n following specialist advice MHRA DSU: Rivastigmine transdermal patch: risk of medication errors, June 2010 GMMMG information for primary care prescribers</p>
	<p>Memantine tablets: 10mg, 20mg</p>	<p>G_n following specialist advice MHRA DSU: Memantine pump device: risk of medication errors Nov 2010 GMMMG information for primary care prescribers</p>