

## West of Scotland Formulary - Cardiovascular chapter -






### Changes compared to GGC formulary

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#### **Drug additions compared to existing GGC formulary**

<b>Drug</b>	<b>Pathway(s)</b>	<b>Prescribing flag*</b>	<b>Comments</b>
Indapamide	Treatment of Hypertension – Dual therapy Treatment of Hypertension – Triple therapy	None	Has been added as an alternative thiazide-like diuretic to bendroflumethiazide
Atropine	Drugs for arrhythmias – intravenous medications for emergency hospital use	SUO	Currently listed in chapter 15 of GGC formulary (anaesthesia)
Phenylephrine	Specialist use medicines in Critical Care	SUO	Currently only in GGC paediatric formulary
Clonidine	Specialist use medicines in Critical Care	SUO	Currently only in GGC paediatric formulary
Urokinase	Treatment of occluded central access with antithrombotics	SUO	Has been added as additional antithrombotic alongside alteplase which had been GGC choice

\*WoSF Prescribing flags

	<b>Specialist Recommendation:</b> may be initiated in primary care on the recommendation of a consultant or specialist practitioner working with a multidisciplinary team.
	<b>Specialist Initiation:</b> to be initiated by a consultant or specialist practitioner working with a multidisciplinary team. Ongoing prescribing can be continued in primary care; for example, following initial prescription or once the patient has been stabilised on the medication. This may involve initial and/or ongoing monitoring and review by the specialist. Refer to individual prescribing notes and local arrangements.
	<b>Specialist Use Only:</b> to be prescribed by a consultant or specialist practitioner in this therapeutic area with treatment remaining under their direct supervision. Not to be prescribed in primary care.
	<b>Unlicensed Indication:</b> a licensed medicine being used outside the terms of its licence.
	<b>Unlicensed Medicine:</b> a medicine with no UK marketing authorisation.

#### **Drug deletions compared to GGC formulary**

TF = Total Formulary, PL = Preferred List in NHSGGC Adult Medicines Formulary

<b>Drug</b>	<b>Current GGC formulary location/position</b>		<b>Formulary alternatives</b>
Mannitol	2.2.5 Osmotic diuretics	TF	Remaining diuretics are furosemide, bumetanide, metolazone, co-amilofruse, indapamide, bendroflumethiazide and amiloride, depending on pathway.

Nebivolol	2.4 Beta-adrenoceptor blocking drugs	TF	Current use considered historic. No longer an initial treatment option. Bisoprolol, atenolol and metoprolol remain formulary options.
Propranolol	2.4 Beta-adrenoceptor blocking drugs	TF	Propranolol not considered to be used primarily for cardiovascular indications. Bisoprolol, atenolol, metoprolol and esmolol remain formulary options for various cardiovascular indications. Propranolol will be considered for Formulary inclusion for other indications e.g. anxiety, migraine prophylaxis.
Empagliflozin	2.5.6 Other medicines beneficial in heart failure	TF	Dapagliflozin is now available generically and is the preferred SGLT2 inhibitor formulary option for heart failure indications.
Minoxidil	2.5.1 Vasodilator antihypertensive drugs	TF	Expert working group agreed not to include on formulary.
Sodium nitroprusside	2.5.1 Vasodilator antihypertensive drugs	TF	Expert working group agreed not to include on formulary.
Moxonidine	2.5.2 Centrally acting antihypertensive drugs	TF	Formulary choices for additional therapies for treating hypertension are - spironolactone co-amilofruse, amiloride, doxazosin and bisoprolol.
Captopril	2.5.5.1 Angiotensin-converting enzyme inhibitors	TF	Ramipril and lisinopril remain formulary options in various cardiac conditions.
Enalapril	2.5.5.1 Angiotensin-converting enzyme inhibitors	TF	Ramipril and lisinopril remain formulary options in various cardiac conditions.
Irbesartan	2.5.5.2 Angiotensin-II receptor antagonists	TF	Candesartan remains formulary option in various cardiac conditions.
Losartan	2.5.5.2 Angiotensin-II receptor antagonists	PL	Candesartan remains formulary option.
Perindopril erbumine	2.5.5.1 Angiotensin-converting enzyme inhibitors	TF	Ramipril and lisinopril remain formulary options in various cardiac conditions.

Telmisartan	2.5.5.2 Angiotensin-II receptor antagonists	TF	Candesartan remains formulary option in various cardiac conditions.
Valsartan	2.5.5.2 Angiotensin-II receptor antagonists	TF	Removed as single agent as per specialist group. Candesartan remains formulary option in various cardiac conditions.
Defibrotide	2.6.4 Peripheral vasodilators and related drug	TF	Nifedipine, epoprostenol, adenosine or naftidrofuryl remain formulary for different vasodilatory indications.
Dabigatran etexilate	2.8.2 Oral anticoagulants	TF	Apixaban and rivaroxaban remain formulary options for relevant thrombotic indications.
Edoxaban	2.8.2 Oral anticoagulants	TF	Apixaban and rivaroxaban remain formulary options for relevant thrombotic indications.
Streptokinase	2.10.2 Fibrinolytic drugs	TF	Tenecteplase remains formulary option.
Protein C human	2.11 Antifibrinolytic drugs and haemostatics	TF	Tranexamic acid remains formulary option as antifibrinolytic medication.
Colestyramine	2.12 Lipid-modifying drugs	TF	Formulary choices are atorvastatin, rosuvastatin, ezetimibe, bempedoic acid, PCSK-9 inhibitors and inclisiran.
Bezafibrate	2.12 Lipid-modifying drugs	TF	Formulary choices are atorvastatin, rosuvastatin, ezetimibe, bempedoic acid, PCSK-9 inhibitors and inclisiran.
Fenofibrate	2.12 Lipid-modifying drugs	TF	Formulary choices are atorvastatin, rosuvastatin, ezetimibe, bempedoic acid, PCSK-9 inhibitors and inclisiran.
Icosapent	2.12 Lipid-modifying drugs	TF	Formulary choices are atorvastatin, rosuvastatin, ezetimibe, bempedoic acid, PCSK-9 inhibitors and inclisiran.

Pravastatin	2.12 Lipid-modifying drugs	TF	Atorvastatin and rosuvastatin remain formulary options.
Simvastatin	2.12 Lipid-modifying drugs	PL	Atorvastatin and rosuvastatin remain formulary options.

### Prescribing restriction changes compared to GGC formulary

Drug	GGC	WoS	Comments
Furosemide injection	None	SUO	Pathway: Oedema associated with heart failure Unlikely to be change to practice.
Eplerenone	None	SR	Pathways: Heart failure with reduced ejection fraction (HFrEF) - LVEF $\leq$ 40%; Heart failure with mildly reduced Ejection Fraction (HFmrEF) - LVEF 41-49%.
Labetalol tablets	SI	SR	Pathway: Hypertension in pregnancy
Labetalol injection	SI	SUO	
Metoprolol	None	SUO	Pathway: Rate control in atrial fibrillation Had been only been Total Formulary option in NHSGGC already.
Hydralazine tablets	None	SR	Pathway: Management of heart failure under specialist advice
Hydralazine injection	None	SUO	Pathway: Hypertension in pregnancy Had only been Total Formulary option in NHSGGC already.
Isosorbide mononitrate	None	SR	Only in pathway: Management of heart failure under specialist advice Remains available for general use for treatment of angina.
Nifedipine	None	SR	Only in pathway: Hypertension in pregnancy; Remains available for general use in Raynaud's phenomenon.
Danaparoid	None; as per local protocol	SUO	Pathways: Treatment of acute pulmonary embolism and prevention of recurrent pulmonary embolism; Treatment of Deep Vein Thrombosis and prevention of recurrent DVT Local protocol restricts to use in pregnant patients which is essentially specialist use.
Enoxaparin	SI	SR	Only in pathways: Treatment of acute pulmonary embolism and prevention of recurrent pulmonary embolism; Thromboprophylaxis in medical and surgical patients; Thromboprophylaxis during pregnancy; Treatment of Deep Vein Thrombosis and prevention of recurrent DVT

Fondaparinux	SI	SUO	Pathway: Anticoagulation in acute non-ST elevation acute coronary syndrome; Treatment of acute pulmonary embolism and prevention of recurrent pulmonary embolism
Rivaroxaban	None	SR	Pathways: Treatment of acute pulmonary embolism and prevention of recurrent pulmonary embolism; Treatment of Deep Vein Thrombosis and prevention of recurrent DVT In line with restrictions of other DOAC choices in WoSF.
	None	SI	Pathway: Thromboprophylaxis following elective hip or knee surgery. In line with restrictions of other DOAC choices in WoSF.
Aspirin	None	SR	Only in pathways: Dual antiplatelet therapy (DAPT) for STEMI/NSTEMI – post PCI; Dual antiplatelet therapy (DAPT) for STEMI or NSTEMI – medical management; Non-cardioembolic moderate/severe ischaemic stroke Listing in these pathways makes SR a logical restriction.
Clopidogrel	None	SR	Only in pathways: Dual antiplatelet therapy (DAPT) for STEMI/NSTEMI – post PCI; Dual antiplatelet therapy (DAPT) for STEMI or NSTEMI – medical management; Non-cardioembolic moderate/severe ischaemic stroke Listing in these pathways makes SR a logical restriction.
Tranexamic acid	None	SUO	Pathway: Bleeding disorders - Treatment with antifibrinolytic drugs Restriction in this clinical context makes sense. Other potential indications will be reviewed in other formulary chapters.
Amiodarone	SI	SUO	Only in pathway: Drugs for arrhythmias – intravenous medications for emergency hospital use. Tablets are SI restricted.
Metolazone	SI	SR	Pathway: Oedema associated with heart failure
Sacubitril + valsartan	SI	SR	Pathway: Heart failure with reduced ejection fraction (HFrEF) - LVEF ≤40%
Phytomenadione	None	SUO	Pathway: Reversal of anticoagulation with warfarin or phenindione