

Formulary Update

January 2023

The following changes to the [Adult Medicines Formulary](#) have been agreed during the ADTC or sub-committee meetings since November 2022. Additions and deletions of medicines are based on submitted formulary appeals, new drug assessment requests or formulary section reviews. Changes in preferred brands are based on decisions by Prescribing Management Groups.

ADTC decisions relating to SMC assessments are published in alternate months and can be accessed [here](#)

Deletions	Indication	Adult Medicines Formulary entry/ rationale	
Ranitidine	Removed from Formulary due to long-term supply issues	1.3.1	Formulary appeal
Additions	Indication	Adult Medicines Formulary entry/ rationale	
Changes in preferred medicines or brand	New preferred medicines or brand	Adult Medicines Formulary entry / rationale	
Other changes	Changes made	Adult Medicines Formulary entry/ rationale	
Azelastine/ fluticasone nasal spray (Dymista), Olopatadine/ mometasone nasal spray (Ryaltris)	Specialist initiation is no longer required. New prescribing note to both entries: patient should have tried monotherapy with a nasal steroid for 6-12 weeks first with no benefit.	12.2.1	Formulary appeal
Dapagliflozin, Empagliflozin	Specialist initiation is no longer required. New prescribing note: refer to the GGC Heart Failure treatment guideline (in development) for advice on initiation and monitoring.	2.5.6	Formulary appeal
mirabegron	To be moved into Preferred List. New prescribing note: to be used 3 rd line if Preferred List antimuscarinics are ineffective or as alternative 1 st line treatment if antimuscarinics are contra-indicated. Refer to NHSGGC OAB treatment pathway (in development).	7.4.2	Formulary appeal
Oxybutynin standard release tablets	Moved from Preferred List to Total Formulary	7.4.2	Formulary appeal