NSAIDs Formulary - See also NSAIDs Guidelines.

Relevant NICE guidance and other resources relating to NSAIDs.

Management of Osteoarthritis - CKS guidelines

http://cks.nice.org.uk/osteoarthritis#management

NICE Guidance CG59 now being updated to CG177 - Until that update is published, the original recommendations (from 2008) on the pharmacological management of osteoarthritis remain current advice. However, the Guideline Development Group (GDG) would like to draw attention to the findings of the evidence review on the effectiveness of paracetamol that was presented in the consultation version of the guideline. That review identified reduced effectiveness of paracetamol in the management of osteoarthritis compared with what was previously thought. The GDG believes that this information should be taken into account in routine prescribing practice until the planned full review of evidence on the pharmacological management of osteoarthritis is published.

The management of rheumatoid arthritis in adults NICE Clinical Guideline 79

NICE Clinical Guideline 79

Formulary Key

| 1st line formulary choice | Encouraged |
| Alternative formulary choice | On Formulary |
| 2nd line formulary choice | 2nd Line |
| Shared Care (TAG Amber) | Shared Care Agreement |

10. Musculoskeletal & Joint Disease

10.1 Drugs Used in Rheumatic Diseases and Gout

10.1.1 Non-Steroidal Anti-inflammatory Drugs

First Line

IBUPROFEN

- T: 200, 400, 600mg 100mg/5ml
- L: 1.2g daily in 3-4 divided doses
- In line with MHRA guidance - prescribe at the lowest possible dose for the shortest period of time.
- Lowest GI risk of standard NSAIDs.
- Doses less than 1200mg are not associated with increased thrombotic risk.
- Use omeprazole 20mg capsules once daily or lansoprazole 15mg capsules once daily for GI prophylaxis in all long-term users.
- Can also be used for migraine and dysmenorrhea.
- MHRA NSAID guidance

NAPROXEN

- T: 250, 500mg
- 0.5-1g daily in 1-2 divided doses
- Doses of less than 1g daily are not associated with increased thrombotic risk.
- Longer duration of action than Ibuprofen. For use in mild to moderate pain - Can also be used in dysmenorrhea.
- Use omeprazole 20mg capsules once daily or lansoprazole 15mg capsules once daily for GI prophylaxis in all long-term users.
- Where possible co-prescribing with full dose paracetamol is advised before proceeding to step two of the pain ladder
- See BNF section 10.1.1.
- MHRA NSAID guidance

10.3 Drugs for the Relief of Soft-Tissue Inflammation

BNF Chapter 10.3.2 Rubefacients and Topical Antirheumatics

All are licensed for short-term use only

For acute, self-limiting conditions please advise patient to buy Over The Counter (OTC)

Topical NSAIDs

Caution: To be applied with gentle massage only. Not for use with occlusive dressings.

Photosensitivity: Excessive exposure of the treated area to sunlight may possibly cause photosensitivity. Patients using preparations containing ketoprofen should not expose the treated area to sunbeds or sunlight during, and for two weeks after stopping treatment.

Please Prescribe Appropriate Quantity: Topical application of large amounts can result in systemic effects: including hypersensitivity and asthma.

IBUPROFEN

- Gel 5% & 10%
- Three times daily
- PRESCRIBE BY MOST COST EFFECTIVE BRAND.

PIROXICAM

- Gel 0.5%
- Up to four times daily
- 30g, 60g or 112g

ALGESAL

- Diethylamine salicylate 10%
- Three times daily