

## 2 Guidance on prescribing

- Teriparatide p. 773
- Trastuzumab p. 935

### Complementary and alternative medicine

An increasing amount of information on complementary and alternative medicine is becoming available. The scope of the BNF is restricted to the discussion of conventional medicines but reference is made to complementary treatments if they affect conventional therapy (e.g. interactions with St John's wort). Further information on herbal medicines is available at [www.mhra.gov.uk](http://www.mhra.gov.uk).

### Abbreviation of titles

In general, titles of drugs and preparations should be written in full. Unofficial abbreviations should not be used as they may be misinterpreted.

### Non-proprietary titles

Where non-proprietary ('generic') titles are given, they should be used in prescribing. This will enable any suitable product to be dispensed, thereby saving delay to the patient and sometimes expense to the health service. The only exception is where there is a demonstrable difference in clinical effect between each manufacturer's version of the formulation, making it important that the patient should always receive the same brand; in such cases, the brand name or the manufacturer should be stated. Non-proprietary titles should not be invented for the purposes of prescribing generically since this can lead to confusion, particularly in the case of compound and modified-release preparations. Titles used as headings for monographs may be used freely in the United Kingdom but in other countries may be subject to restriction.

Many of the non-proprietary titles used in this book are titles of monographs in the European Pharmacopoeia, British Pharmacopoeia, or British Pharmaceutical Codex 1973. In such cases the preparations must comply with the standard (if any) in the appropriate publication, as required by the Human Medicines Regulations 2012.

### Proprietary titles

Names followed by the symbol<sup>®</sup> are or have been used as proprietary names in the United Kingdom. These names may in general be applied only to products supplied by the owners of the trade marks.

### Marketing authorisation and BNF advice

In general the *doses*, *indications*, *cautions*, *contra-indications*, and *side-effects* in the BNF reflect those in the manufacturers' data sheets or Summaries of Product Characteristics (SPCs) which, in turn, reflect those in the corresponding marketing authorisations (formerly known as Product Licences). The BNF does not generally include proprietary medicines that are not supported by a valid Summary of Product Characteristics or when the marketing authorisation holder has not been able to supply essential information. When a preparation is available from more than one manufacturer, the BNF reflects advice that is the most clinically relevant regardless of any variation in the marketing authorisations. Unlicensed products can be obtained from 'special-order' manufacturers or specialist importing companies.

Where an unlicensed drug is included in the BNF, this is indicated in the unlicensed use section of the drug monograph. When the BNF suggests a use that is outside the terms defined by the licence ('off-label' use), this too is indicated. Unlicensed or off-label use may be necessary if the clinical need cannot be met by licensed medicines; such use should be supported by appropriate evidence and experience.

The doses stated in the BNF are intended for general guidance and represent, unless otherwise stated, the usual

range of doses that are generally regarded as being suitable for adults.

### Prescribing unlicensed medicines

Prescribing medicines outside the recommendations of their marketing authorisation alters (and probably increases) the prescriber's professional responsibility and potential liability. The prescriber should be able to justify and feel competent in using such medicines, and also inform the patient or the patient's carer that the prescribed medicine is unlicensed.

### Oral syringes

An **oral syringe** is supplied when oral liquid medicines are prescribed in doses other than multiples of 5 mL. The oral syringe is marked in 0.5 mL divisions from 1 to 5 mL to measure doses of less than 5 mL (other sizes of oral syringe may also be available). It is provided with an adaptor and an instruction leaflet. The 5-mL *spoon* is used for doses of 5 mL (or multiples thereof).

**Important** To avoid inadvertent intravenous administration of oral liquid medicines, only an appropriate oral or enteral syringe should be used to measure an oral liquid medicine (if a medicine spoon or graduated measure cannot be used); these syringes should not be compatible with intravenous or other parenteral devices. Oral or enteral syringes should be clearly labelled 'Oral' or 'Enteral' in a large font size; it is the healthcare practitioner's responsibility to label the syringe with this information if the manufacturer has not done so.

### Excipients

Branded oral liquid preparations that do not contain *fructose*, *glucose*, or *sucrose* are described as 'sugar-free' in the BNF. Preparations containing hydrogenated glucose syrup, mannitol, maltitol, sorbitol, or xylitol are also marked 'sugar-free' since there is evidence that they do not cause dental caries. Patients receiving medicines containing cariogenic sugars should be advised of appropriate dental hygiene measures to prevent caries. Sugar-free preparations should be used whenever possible.

Where information on the presence of *aspartame*, *gluten*, *sulfites*, *tartrazine*, *arachis (peanut) oil* or *sesame oil* is available, this is indicated in the BNF against the relevant preparation.

Information is provided on selected excipients in skin preparations, in vaccines, and on *selected preservatives* and *excipients* in eye drops and injections.

The presence of *benzyl alcohol* and *polyoxyl castor oil* (polyethoxylated castor oil) in injections is indicated in the BNF. Benzyl alcohol has been associated with a fatal toxic syndrome in preterm neonates, and therefore, parenteral preparations containing the preservative should not be used in neonates. Polyoxyl castor oils, used as vehicles in intravenous injections, have been associated with severe anaphylactoid reactions.

The presence of *propylene glycol* in oral or parenteral medicines is indicated in the BNF; it can cause adverse effects if its elimination is impaired, e.g. in renal failure, in neonates and young children, and in slow metabolisers of the substance. It may interact with disulfiram p. 518 and metronidazole p. 572.

The *lactose* content in most medicines is too small to cause problems in most lactose-intolerant patients. However in severe lactose intolerance, the lactose content should be determined before prescribing. The amount of lactose varies according to manufacturer, product, formulation, and strength.

**Important** In the absence of information on excipients in the BNF and in the product literature (available at [www.medicines.org.uk/emc](http://www.medicines.org.uk/emc)), contact the manufacturer (see Index of Manufacturers) if it is essential to check details.