Cardiology Specialist formulary list

Other indications for particular drugs may be included on completion of further specialist lists

For information on use of unlicensed medicines or medicines used 'off-label' - click here

The following medicines are approved for prescribing by or on the recommendation of a prescribing cardiology specialist:

In the event of a broken link please forward details to carol.walkinshaw@nhs.scot
Please include the location and full title of the link

MEDICINE	SUMMARY OF RESTRICTED INDICATION	CATEGORY	PROTOCOL
Metolazone 5mg tablets (Xaqua®) Note: must be prescribed by brand name to ensure the correct product is supplied as may have a higher bioavailability than unlicensed metolazone preparations	Add on to loop diuretic in heart failure.	Amber	SIGN 147 Management of chronic heart failure, March 2016
Eplerenone tablets	Post-MI in stable patients with left ventricular ejection fraction < 40% and clinical signs of heart failure or diabetes mellitus unless contraindicated by the presence of renal impairment (CKD stage > 4-5) and/or elevated serum potassium concentration (K+ >5.0mmol/L). In addition to standard optimal therapy in NYHA class II (chronic) heart failure and left ventricular systolic dysfunction (LVEF < 30%) in patients with a recent (within 6 months) hospitalisation for a cardiovascular reason.	Amber	
Sodium zirconium cyclosilicate (Lokelma®▼) powder for oral suspension	Restricted to use in heart failure patients with hyperkalaemia (defined as a serum potassium of >6.0mmol/L) and with CKD stage 3b to 5 who would otherwise need to down-titrate or discontinue their renin-angiotensin-aldosterone system inhibitor (RAASi) therapy to maintain a clinically acceptable serum potassium level (normokalaemia) in accordance with the local treatment protocol.	Red	NHS Tayside Protocol for Sodium Zirconium in Chronic Heart Failure Patients (Staffnet intranet access only)
Disopyramide capsules, M/R tablets		Amber	

Flecainide tablets, M/R capsules		Amber	Pill in the pocket flecainide guidance (NHS Tayside Staffnet intranet link only)
Fecainide injection		Red	
Sotalol tablets		Amber	SIGN 152 Cardiac arrhythmias in coronary
Propafenone tablets		Amber	heart disease, Sept 2018
Magnesium sulphate injection	Management of cardiac arrhythmias [off-label]	Red	
Amiodarone tablets		Amber	Tayside protocol: Treatment of Atrial Fibrillation
			Amiodarone Patient Information Leaflet
			Amiodarone tablets (Adults) Shared Care Agreement
Amiodarone injection, Sterile concentrate (for dilution and use as infusion)		Red	
Dronedarone tablets	Maintenance of sinus rhythm after successful cardioversion in adult clinically stable patients with paroxysmal or persistent AF in those who would otherwise have been considered for long term amiodarone therapy and in whom conventional first-line anti-arrhythmic medicines are ineffective, contraindicated or not tolerated. See local protocol for criteria for patient selection and further information.	Red	Dronedarone protocol (NHS Tayside Staffnet intranet link only)
Atenolol injection		Red	
Esmolol injection		Red	
Labetalol injection	Hypertensive emergencies	Red	
Metoprolol injection		Red	Tayside protocol: Treatment of Atrial Fibrillation (NHS Tayside Staffnet intranet link only)
Carvedilol tablets	Chronic heart failure due to LVSD (alternative to bisoprolol).	Amber	SIGN 147 Management of chronic heart failure, March 2016
Hydralazine tablets	Hypertension if other agents not tolerated, contraindicated or ineffective.	Amber	SIGN 147 Management of chronic heart failure, March 2016
	Heart failure – see links in Protocol column.		Flowchart for sequence of therapy for chronic heart failure (adapted from SIGN 147)
Minoxidil tablets	Severe resistant hypertension under the direction of the Cardiovascular risk clinic.	Amber	

Methyldopa tablets	Hypertension where other agents are unsuitable under the direction of the Cardiovascular Risk clinic.	Amber	
Moxonidine tablets	Severe resistant hypertension under the direction of the Cardiovascular Risk clinic.	Amber	
Valsartan capsules or tablets	Post-MI patients with clinical evidence of heart failure and/or left ventricular dysfunction who are unable to tolerate ACE-inhibitors	Amber	
Sacubitril and valsartan tablets	Instead of treatment with an ACE inhibitor or angiotensin receptor blocker in patients with heart failure and reduced ejection fraction who have ongoing symptoms of heart failure, NYHA class II-III, LVEF <40% despite optimal treatment (optimal tolerated or target doses of ACE inhibitor/angiotensin receptor blocker, beta-blocker, and aldosterone antagonist) under the direction of a heart failure specialist or cardiologist. Instead of treatment with an ACE inhibitor or angiotensin receptor blocker in patients with NYHA class IV symptoms under the direction of a heart failure specialist or cardiologist.	Amber	SIGN 147 Management of chronic heart failure, March 2016 Flowchart for sequence of therapy for chronic heart failure (adapted from SIGN 147)
Dapagliflozin	Symptomatic chronic heart failure with reduced ejection fraction in adult patients in line with local guidance	Amber	Chronic Heart failure Guidelines
Empagliflozin	Symptomatic chronic heart failure with reduced ejection fraction in adult patients in line with local guidance	Amber	Chronic Heart Failure Guidelines (NHS Tayside Staffnet intranet link only)
GTN injection/infusion		Red	
Ivabradine tablets	Heart rate lowering for patients in New York Heart Association (NYHA) class II to IV with systolic dysfunction. Patients must be in sinus rhythm, have a heart rate ≥75 beats per minute despite optimal therapy (including a beta blocker) or when beta blockers are not tolerated or contraindicated. Stable angina in patients with normal sinus rhythm and a heart rate ≥ 75 beats per minute for whom heart rate control is desirable (who remain symptomatic despite nitrates/nicorandil) under the direction of Cardiology. Restricted to patients who have a contra-indication or are intolerant of beta-blockers and rate-limiting calcium-channel blockers.	Amber	SIGN 151 Management of stable angina, April 2018 Flowchart for sequence of therapy for chronic heart failure (adapted from SIGN 147) NHS Tayside Drug Treatment for Stable Angina Protocol (Staffnet intranet link only)
Dobutamine concentrate for intravenous infusion	rate mining calcium charmer blockers.	Red	

	Red	
	Red	
	Red	NHS Tayside Intravenous unfractionated heparin infusion protocol
ACS in accordance with protocol.	Red	Anticoagulation of patients with ACS (NHS Tayside Staffnet intranet link only)
Treatment of confirmed DVT or PE - first line choice.	Amber	DVT Service referral pathways and management guidance NHS Tayside - RefGuide Confirmed Pulmonary Embolism Guidance (NHS Tayside Staffnet intranet link only)
Prevention of VTE in adult patients undergoing elective hip or knee replacement surgery.	Red	NHS Tayside Local Treatment Protocol (NHS Tayside Staffnet intranet link only)
Treatment of confirmed DVT or PE - second line choice.	Amber	
Treatment of confirmed DVT or PE.	Amber	DVT Service referral pathways and management guidance NHS Tayside - RefGuide Confirmed Pulmonary Embolism Guidance (NHS Tayside Staffnet intranet link only)
	Treatment of confirmed DVT or PE - first line choice. Prevention of VTE in adult patients undergoing elective hip or knee replacement surgery. Treatment of confirmed DVT or PE - second line choice.	ACS in accordance with protocol. Treatment of confirmed DVT or PE - first line choice. Prevention of VTE in adult patients undergoing elective hip or knee replacement surgery. Treatment of confirmed DVT or PE - second line choice.

Ticagrelor tablets 90mg, orodispersible tablets 90mg	In combination with aspirin only on the recommendation of Cardiology for confirmed acute coronary syndrome.	Amber	SIGN 148 Acute coronary syndrome European Society of Cardiology Clinical
Prasugrel tablets	In combination with aspirin only on the recommendation of a Cardiologist in patients with confirmed acute coronary syndrome undergoing percutaneous coronary intervention (PCI).	Amber	Practice Guidelines on Dual Antiplatelet Therapy
Tirofiban intravenous infusion (Intravia® bag)	Prevention of early MI in accordance with protocol.	Red	Cardiac Catheterisation Laboratory protocol
Abciximab injection	Complex patients undergoing PCI in accordance with protocol.	Red	
Tenecteplase injection	Pre-hospital or in-hospital thrombolysis in STEMI.	Amber	
Fluvastatin capsules	Reserved for patients who cannot tolerate atorvastatin, simvastatin or rosuvastatin, under the direction of the Cardiovascular risk clinic.	Amber	SIGN 149 Risk estimation and the prevention of cardiovascular disease, July 2017
Ezetimibe tablets	 Secondary prevention only In combination with a statin for patients who have failed to reach target cholesterol with optimised doses of statin alone Monotherapy where statins are inappropriate or poorly tolerated 	Amber	SIGN 149 Risk estimation and the prevention of cardiovascular disease, July 2017 Appropriate use of Ezetimibe (Staffnet intranet link)
Inclisiran (Leqvio [®] ▼) pre-filled syringe	 Under the direction of the Cardiovascular risk clinic Primary prevention: Adults with heterozygous familial hypercholesterolaemia (HeFH) and LDL-C > 5.0mmol/L Secondary prevention: Adults with HeFH and LDL-C > 3.5mmol/ L Adults with primary hypercholesterolaemia or mixed dyslipidaemia (non-FH patients) at high risk due to previous cardiovascular events and LDL-C > 4.0mmol/L OR with recurrent/polyvascular disease and LDL-C > 3.5mmol/L as an adjunct to diet, in combination with a statin or with a statin and other lipid lowering therapies in patients unable to reach LDL-C goals with taking the maximum tolerated dose of a statin OR alone or in combination with other lipid-lowering therapies in patients who are statin 	Amber	Inclisiran - Initiation from CV Risk Clinic Prescribing Flowchart Inclisiran delivery in primary care SCA

Evolocumab injection (Repatha® SureClick® pre-filled pen)	 Under the direction of the Cardiovascular risk clinic Primary prevention: Adults with heterozygous familial hypercholesterolaemia (HeFH) and LDL-C ≥ 5.0mmol/L Secondary prevention: Adults with HeFH and LDL-C ≥ 3.5mmol/ L Adults with primary hypercholesterolaemia or mixed dyslipidaemia (non-FH patients) at high risk due to previous cardiovascular events and LDL-C ≥ 4.0mmol/L OR with recurrent/polyvascular disease and LDL-C ≥ 3.5mmol/L as an adjunct to diet, in combination with a statin or with a statin and other lipid lowering therapies in patients unable to reach LDL-C goals with taking the maximum tolerated dose of a statin OR alone or in combination with other lipid-lowering therapies in patients who are statin intolerant OR in patients for whom a statin is contraindicated. 	Amber	PCSK9 inhibitors - Consultant Only (CV Risk Clinic) Prescribing Flowchart
Alirocumab injection (Praluent® prefilled pen)	 Under the direction of the Cardiovascular risk clinic Primary prevention: Adults with heterozygous familial hypercholesterolaemia (HeFH) and LDL-C ≥5.0mmol/L Secondary prevention: Adults with HeFH and LDL-C ≥3.5mmol/L Adults with primary hypercholesterolaemia or mixed dyslipidaemia (non-FH patients) at high risk due to previous cardiovascular events and LDL-C ≥ 4.0mmol/L OR with recurrent/polyvascular disease and LDL-C ≥ 3.5mmol/L as an adjunct to diet, in combination with a statin or with a statin and other lipid lowering therapies in patients unable to 	Amber	PCSK9 inhibitors - Consultant Only (CV Risk Clinic) Prescribing Flowchart
	reach LDL-C goals with taking the maximum tolerated dose of a statin OR alone or in combination with other lipid-lowering therapies in patients who are statin intolerant OR in patients for whom a statin is contraindicated.		
Bempedoic acid (Nilemdo [®] ▼)	Under the direction of the Cardiovascular risk clinic In adults with primary hypercholesterolaemia (heterozygous familial and non-familial) or mixed dyslipidaemia, as an adjunct to diet: • For use in combination with ezetimibe in patients who are: • statin intolerant or for whom a statin is contra-indicated and • where ezetimibe alone does not appropriately control LDL-C	Amber	Bempedoic Acid - Initiation from CV Risk Clinic Prescribing Flowchart

	and • where proprotein convertase subtilisin/ kexin type 9 (PCSK9) inhibitors are not appropriate Nustendi® (bempedoic acid with ezetimibe tablet) is the most cost effective option for patients requiring treatment with bempedoic acid and ezetimibe		
Colesevelam tablets	Hypercholesterolaemia under the direction of the Cardiovascular risk clinic.	Amber	SIGN 149 Risk estimation and the prevention of cardiovascular disease, July 2017
Omega-3-Acid Ethyl Esters capsules	Prescribing only under the direction of the Cardiovascular risk clinic for use in patients with resistant hypertriglyceridaemia (for prevention of pancreatitis)	Amber	
Ranolazine modified-release tablets	Only to be used if all other anti-anginal treatments are not tolerated / patient still inadequately controlled, and unsuitable for surgical revascularisation.	Amber	Ranolazine Local Treatment Protocol Flow chart for stable angina NHS Tayside Drug Treatment for Stable Angina Protocol (Staffnet intranet link only)
Sildenafil tablets	To be prescribed only by Vascular or Rheumatology specialists for digital vasculopathy (including Raynaud's phenomenon) [off-label] in accordance with local pathway.	Red	NHS Tayside Raynaud's Management Pathway
Colchicine tablets	Acute or recurrent pericarditis [off-label]	Amber	Management of acute and recurrent pericarditis algorithm

Traffic light status information

To be prescribed by Hospital Specialists Only.

[] Amber Can be prescribed in General Practice under the direction of a Specialist.

Updated: 25th April 2023