ACCRA PSYCHIATRIC HOSPITAL

FORMULARY AND PRESCRIBING GUIDELINES

Prepared for Accra Psychiatric Hospital
Prepared by: Pharmacy & Drug and Therapeutics Committee
Version: 1.0
Review Cycle: Every 2 Years

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1. Introduction

1.1. Purpose of the Hospital Formulary

This formulary provides standardized guidance for medicine selection, prescribing, monitoring, and procurement within Accra Psychiatric hospital

Objectives:

1. Promote rational prescribing
2. Improve patient safety
3. Ensure cost-effective procurement
4. Standardize treatment across prescribers

1.2. Scope

This formulary applies to:

1. House Officers, medical officers and psychiatrists
2. Physician Assistants and Clinical Psychiatric Officers
3. Pharmacists and pharmacy technicians
4. Nurses and other clinical staff
5. Procurement and stores staff

It governs medicines used in:

1. Outpatient Department
2. Inpatient units
3. Emergency care

2. Governance

2.1 Drug and Therapeutics Committee

The formulary is maintained by the **Drug and Therapeutics Committee (DTC)**.

2.1.1. Responsibilities

1. Review and approve medicines in the formulary
2. Monitor medicine use and prescribing patterns
3. Review adverse drug reactions
4. Approve additions or deletions from the formulary
5. Ensure alignment with national treatment guidelines

2.1.2. Membership

1. Dr. Susan Seffah - Chairperson
2. Mrs. Barbara Mensah-Amewuda - Secretary
3. Mr. Samuel Lomotey - Assistant secretary
4. Dr. Kwadwo Obeng - Member
5. Mr. Hanson Torde - Member
6. Mrs. Agnes Agudu - Member

7. Mr. Bernard Mortotsi - Member
8. Mr. Victor Boateng - Member

3. Principles of Formulary Management

Medicines included in the formulary should:

1. Be **evidence-based**
2. Be **cost-effective**
3. Be **available through reliable supply chains**
4. Align with the **Ghana Essential Medicines List**
5. Support the hospital's **clinical service needs**

Preference is given to:

1. **Generic medicines**
2. Medicines with **established safety profiles**
3. Medicines included in **national treatment guidelines**

4. Prescribing Policies

1. Medicines should be prescribed by generic name.
2. Doses should follow national treatment guidelines.
3. High-risk medicines require monitoring.
4. Polypharmacy should be minimized.
5. Use of non-formulary medicines requires:
    a. Approval from the **Drug and Therapeutics Committee**, or
    b. Approval from the **Clinical Coordinator and Head of Pharmacy**
    c. The completion of a **Non-Formulary Request Form**

5. Schizophrenia Treatment Algorithm

First-line:

1. Risperidone
2. Haloperidol

Second-line:

1. Olanzapine
2. Quetiapine
3. Aripiprazole

Treatment resistant:

1. Clozapine

Maintenance:

1. Long-acting depot antipsychotics preferred.

6. Bipolar Disorder Treatment Algorithm

Acute mania:

1. Risperidone
2. Olanzapine

Maintenance:

1. Carbamazepine
2. Sodium valproate
3. Lithium
4. Lamotrigine

Bipolar depression:

1. Quetiapine
2. Lamotrigine

7. Moderate to Severe Depressive Disorder Treatment Algorithm

First-line:

- Citalopram
- Fluoxetine
- Sertraline

Second-line:

- Mirtazapine
- Trazodone
- Venlafaxine

Treatment resistant:

• Augmentation with atypical antipsychotic

8. Lithium Monitoring Protocol

Investigation	Frequency
Serum lithium	Weekly until therapeutic dose
	Monthly thereafter
Renal function	Every 3 months

Thyroid function	Annually
Weight/BMI	Monthly

9. Clozapine Monitoring Protocol

Investigation	Frequency
Full blood count	Weekly first 18 weeks
	Monthly thereafter
Weight	Monthly
Metabolic profile	3 Monthly
ECG	Baseline and annually

10. FORMULARY MEDICINES

10.1. NEUROTROPICS

10.1.1. ANTIPSYCHOTICS

10.1.1.1. TYPICAL ANTIPSYCHOTICS

No.	Medicine	Route	Dose(s)
1	Haloperidol	oral	5 mg, 10 mg
		Intramuscular, Intravascular	5 mg / ml
		Intramuscular depot	50 mg/2ml, 100mg/ 2ml
2	Chlorpromazine	oral	50mg, 100mg
		Intramuscular	50 mg/ 2ml
3	Fluphenazine	Intramuscular depot	25mg/ 1ml, 50mg/ ml
4	Flupentixol	Intramuscular depot	20 mg /1ml, 40 mg / 2ml

10.1.1.2. ATYPICAL ANTIPSYCHOTICS

No.	Medicine	Route	Dose(s)
1	Risperidone	oral	0.25mg, 0.5mg, 1mg, 2mg
2	Olanzapine	oral	2.5mg, 5mg, 10mg
3	Quetiapine	oral	25mg, 50mg,100mg, 200mg, 300mg, 400mg
4	Aripiprazole	oral	5mg, 10mg, 15mg
5	Paliperidone	oral	3mg, 6mg, 9mg
		Intramuscular depot	75mg, 100mg, 150mg,
6	Clozapine	oral	50mg, 100 mg

10.1.2. ANTIDEPRESSANTS

10.1.2.1. TRICYCLIC ANTIDEPRESSANTS

No.	Medicine	Route	Dose(s)
1	Amitriptyline	oral	25mg, 50mg, 75mg
2	Imipramine	oral	10 mg, 25 mg, 75 mg

10.1.2.2. SELECTIVE SEROTONIN REUPTAKE INHIBITORS

No.	Medicine	Route	Dose(s)
1	Fluoxetine	oral	10mg, 20mg
2	Sertraline	oral	50mg, 100mg
3	Citalopram	oral	10mg, 20mg, 40mg
4	Escitalopram	oral	5mg, 10mg, 20mg
5	Paroxetine	oral	10mg, 12.5mg, 20mg, 25mg

10.1.2.3. SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITORS

No.	Medicine	Route	Dose(s)
1	Mirtazapine	oral	15mg, 30mg
2	Venlafaxine	oral	75mg, 150mg

10.1.2.4. NOREPINEPHRINE REUPTAKE INHIBITORS

No.	Medicine	Route	Dose(s)
1	Bupropion	oral	75 mg, 150mg, 300mg

10.1.2.5. OTHER

No.	Medicine	Route	Dose(s)
1	Trazodone	oral	50mg, 100mg

10.1.3. MOOD STABILIZERS

No.	Medicine	Route	Dose(s)
1	Lithium Carbonate	oral	200 mg, 300mg, 400 mg

10.1.4. ANTIEPILEPTICS

No.	Medicine	Route	Dose(s)
1	Phenobarbitone	oral	30 mg, 60mg,
		oral	20mg/ 5ml
		intravenous	100mg/ ml
2	Phenytoin	oral	100mg
		Intravenous	50mg/ml
3	Carbamazepine	oral	200mg, 400mg
		oral	100mg/ 5ml
4	Sodium Valproate	oral	200mg, 300mg, 500mg
		oral	200mg/ 5ml
5	Topiramate	oral	25mg, 50mg, 100mg
6	Lamotrigine	oral	25mg, 50mg, 100mg
7	Levetiracetam	oral	250mg, 500mg, 1g
8	Gabapentin	oral	100 mg,300 mg, 400 mg
9	Pregabalin	oral	75 mg,100 mg,300 mg

10.1.5. SEDATIVE/ HYPNOTICS

10.1.5.1. BENZODIAZEPINES

No.	Medicine	Route	Dose(s)
1	Diazepam	oral	2 mg, 5 mg,10 mg
		intravenous/ intramuscular	10mg/ 2ml
2	Lorazepam	oral	1mg, 2mg
		intravenous/ intramuscular	2mg/ ml
3	Midazolam	oral	7.5mg

		intravenous/ intramuscular	5mg/ml
4	Clonazepam	Oral	1mg, 2mg

10.1.5.2. NON-BENZODIAZEPINES

No.	Medicine	Route	Dose(s)
1	Zolpidem	oral	10mg

10.1.6. ACETYLCHOLINESTERASE INHIBITORS

No.	Medicine	Route	Dose(s)
1	Donepezil	oral	5mg, 10mg

10.1.7. NEUROTONICS

No.	Medicine	Route	Dose(s)
1	Piracetam	oral	400 mg, 800 mg

10.1.8. NMDA ANTAGONISTS

No.	Medicine	Route	Dose(s)
1	Memantine	oral	10mg

10.1.9. ANTIPARKINSONIANS

10.1.9.1. DOPAMINERGIC AGENTS

No.	Medicine	Route	Dose(s)
1	Bromocriptine	oral	2.5mg

10.1.9.2 ANTIMUSCARINIC AGENTS

No.	Medicine	Route	Dose(s)
1	Trihexyphenidyl	oral	5mg
2	Benztropine	oral	2mg
		intravenous	2mg/ 2ml
3	Procyclidine	oral	5mg, 10mg

10.1.10. CNS STIMULANTS

No.	Medicine	Route	Dose(s)
1	Methylphenidate	oral	5mg, 10 mg, 18mg, 36mg
2	Dextroamphetamine and amphetamine	Oral	5mg, 7.5mg
3	Modafinil	oral	100 mg, 200 mg

10.1.11. ANTICHOLINESTERASES

No.	Medicine	Route	Dose(s)
1	Neostigmine	intravenous	2.5mg/5ml

10.1.12. SKELETAL MUSCLE RELAXANTS

No.	Medicine	Route	Dose(s)
1	Baclofen	oral	10mg

10.1.13. DRUGS USED IN SUBSTANCE DEPENDANCE (OPIOID DEPENDANCE)

No.	Medicine	Route	Dose(s)
1	Methadone	Oral	5mg,10mg, 20mg, 40mg

10.1.14. ANTI-MIGRAINE

No.	Medicine	Route	Dose(s)
1	Ergotamine + Cyclizine+ Caffeine	Oral	2mg +50mg+ 100mg
2	Prochlorperazine	Oral	5mg
3	Sumatriptan (5-HT1 agonist)	Oral	25mg, 50mg

10.2. GENERAL MEDICINES

10.2.1. ANTIBIOTICS

10.2.1.1. TETRACYCLINES

No.	Medicine	Route	Dose(s)
1	Tetracycline	oral	250mg
		ointment	1%
2	Doxycycline	oral	100mg

10.2.1.2. PENICILLINS

No.	Medicine	Route	Dose(s)
1	Amoxycillin	oral	500 mg
		oral	250 mg / 5 ml
2	Flucloxacillin	oral	250mg, 500mg
		oral	125mg/ 5ml
3	Co-Amoxiclav	oral	625mg, 1g
		intravenous	600mg/ml, 1.2g/ml

10.2.1.3. CEPHALOSPORINS

No.	Medicine	Route	Dose(s)
1	Cefuroxime	oral	125mg, 250mg, 500mg
		oral	125mg/ 5ml
		intravenous	750mg/ml
2	Ceftriaxone	intravenous	250mg/ml , 1g/ml
3	Cefixime	oral	200mg , 400 mg,
		oral	10mg/ 5ml
4	Cefotaxime	intravenous	500mg/ml , 1g/ml

10.2.1.4. MACROLIDES

No.	Medicine	Route	Dose(s)
1	Erythromycin	oral	250mg, 50mg
		oral	125mg/ 5ml
2	Clarithromycin	oral	500mg
		intravenous	500mg/ ml
3	Azithromycin	oral	250mg, 500mg
		oral	200mg/ 5ml
		intravenous	

10.2.1.5. QUINOLONES

No.	Medicine	Route	Dose(s)
1	Ciprofloxacin	oral	250mg, 500mg
		oral	250mg/ 5ml
		drops	0.3%
		intravenous	200mg/ml
2	Levofloxacin	oral	250mg, 500mg
		intravenous	500mg/ml

10.2.1.6. AMINOGLYCOSIDES

No.	Medicine	Route	Dose(s)
1	Gentamycin	intravenous	40mg/ml
		drops	0.3%
2	Amikacin	intravenous	250mg/ml , 500mg/ml

10.2.1.7. OTHERS

No.	Medicine	Route	Dose(s)
1	Clindamycin	oral	150mg, 300mg
		intravenous	300mg/ 2ml
2	Vancomycin	oral	125mg, 250mg
		intravenous	500mg/ ml
3	Metronidazole	oral	200mg, 400mg
		oral	200mg/ 5ml
		intravenous	500mg/ml
4	Secnidazole	oral	500mg
5	Chloramphenicol	Drops	0.50%
		Gel	1.0 w/w

10.2.2. ANTIVIRALS

No.	Medicine	Route	Dose(s)
1	Acyclovir	oral	200mg
		topical	5%

10.2.3. ANTIFUNGALS

No.	Medicine	Route	Dose(s)
1	Fluconazole	oral	150mg
		oral	5mg/ml
2	Ketoconazole	oral	200mg
		topical	2%
3	Clotrimazole	topical	1%, 2%
		vaginal suppository	1%, 2%
4	Miconazole	topical	2%
		vaginal suppository	2%
5	Griseofulvin	oral	125mg, 250mg, 500mg
		oral	125mg/ml

10.2.4. ANTIMALARIALS

No.	Medicine	Route	Dose(s)
1	1. Artemether/Lumefantrine	oral	80/480mg, 20/120mg
2	Artemether	intravenous/ intramuscular	80mg/ml
3	Artesunate	intravenous/ intramuscular	30mg/ , 60mg/ , 120mg/

10.2.5. HYPOGLYCEMICS

No.	Medicine	Route	Dose(s)
1	Metformin	oral	500mg, 1g
2	Glibenclamide	oral	5mg
3	Insulin R (Human)	intravenous	100i.u./ ml
4	Insulin NPH (Human)	intravenous	100i.u./ ml

10.2.6. DIURETICS

No.	Medicine	Route	Dose(s)
1	Frusemide	oral	20mg, 40mg
2	Spironolactone	oral	50mg

10.2.7. ANTACIDS/ H2 RECEPTOR BLOCKERS

No.	Medicine	Route	Dose(s)
1	Omeprazole	oral	20mg
2	Aluminium (OH) + Magnesium (OH)	Oral	215mg + 80mg

10.2.8. ANTI-SPASMODICS

No.	Medicines	Route	Dose(s)
1	Hyoscine-N-Butyl bromide	Oral	10mg

		Intravenous	2ml, 5ml

10.2.9. LAXATIVES

No.	Medicines	Route	Dose(s)
1	Lactulose (Osmotic)	Oral	3.35gm/5ml

10.2.10. ANTIDIARRHEALS

No.	Medicines	Route	Dose(s)
1	Metronidazole/Furazolidone	Oral	400mg/ 100mg
2	Loperamide	Oral	2mg

10.2.11. ANTHELMINTHICS

No.`	Medicines	Route	Dose(s)
1	Mebendazole	Oral	400mg
2	Albendazole	Oral	500mg

10.2.12. ANAESTHETIC AGENTS

No.	Medicines	Route	Dose(s)
1	Lidocaine	intravenous	2% in 10ml
		topical	10%
3	Propofol	intravenous	10mg/ml
4	Ketamine	intravenous	50mg/ml

10.2.13. HYPOLIPIDEMIC AGENTS

No.	Medicines	Route	Dose(s)
1	Atorvastatin	Oral	20mg, 40mg
2	Simvastatin	Oral	20mg, 40mg
3	Rosuvastatin	Oral	5mg, 10mg, 20mg

10.2.14. ANTIHYPERTENSIVES

No.	Medicines	Route	Dose(s)
1	Propranolol (Beta blocker)	Oral	10mg, 40mg
2	Atenolol	Oral	50mg, 100mg
3	Amlodipine	Oral	5mg, 10mg
4	Lisinopril	Oral	5mg, 10mg
5	Losartan	Oral	25mg, 50mg
6	Bendrofluazide	Oral	1.5mg, 2.5mg

10.2.15. ANTITHROMBOTIC AGENTS

No.	Medicines	Route	Dose(s)
1	Clopidogrel	Oral	75mg

2	Aspirin	Oral	75mg

10.2.16. VITAMINS, MINERALS AND HEMATINIC AGENTS

No.	Medicines	Route	Dose(s)
1	Ferrous Sulphate + Folic Acid	Oral	150mg+5mg
2	Ferrous Gluconate	Oral	250mg
3	Iron III polymaltose	Oral	100mg
4	Folic Acid	Oral	5mg
5	Vitamin C	Oral	1000mg

10.2.17. DERMATOLOGICAL AGENTS

No.	Medicines	Route	Dose(s)
1	Benzyl benzoate	topical	25%
2	Calamine	topical	8%
3	Permethrin	topical	1%, 5%
4	Mupirocin	topical	1%
5	Terbinafine	topical	1%
6	Hydrocortisone	topical	1%
7	Silver Sulfadiazine	topical	1%

10.2.18. EMERGENCY MEDICINES

No.	Medicines	Route	Dose(s)
1	Atropine	intravenous	1mg/ml
2	Adrenaline	intravenous	1mg/ml
3	Hydrocortisone Sodium	intravenous	500mg
4	Pheniramine maleate	Oral	25mg, 50mg
5	Dopamine	intravenous	200mg
6	Dobutamine	intravenous	250mg
7	Isosorbide Dinitrate	Oral	10mg
8	Heparin	Intravenous	1000IU/ml
9	Dexamethasone	Oral	0.5mg
10	Potassium Chloride	Oral	500mg
11	Hydralazine	Intravenous	20mg/ml

10.2.19. VACCINES AND ANTI-SERA

No.	Medicines	Route	Dose(s)
1	Anti-Tetanus Serum	intravenous	0.5ml

10.2.20. ANALGESICS

No.	Medicines	Route	Dose(s)
1	Diclofenac Sodium	Oral	50mg, 100mg, 75mg
		Suppository	100mg

		intramuscular	75mg/ 3ml
		Drops	1mg/ml
2	Celecoxib	Oral	100mg, 200mg
3	Ibuprofen	Oral	200mg, 400mg
4	Paracetamol	Oral	125mg, 500mg, 1g
5	Acetylsalicylic acid	Oral	75mg, 300mg

10.2.21. EYE DROPS

No.	Medicines	Route	Dose(s)
1	Hydroxyptroptyl Methylcellulose	drops	3mg

10.2.22. INTRAVENOUS FLUIDS

No.	Medicine	Route	Dose(s)
1	Mannitol	intravenous	10%, 20%
2	Dextrose	intravenous	5%, 10%, 25%
3	Normal Saline	intravenous	0.90%
4	Ringers Lactate	intravenous	500ml
5	Dextrose Saline	intravenous	1000ml

10.2.23. ANTISEPTICS AND DISINFECTANTS

No.	Medicine	Dosage Form	Dose(s)
1	Chloroxylenol	Solution	4.80%
2	Hydrogen Peroxide	Solution	40%
3	Methylated Spirit	solution	70%
4	Povidone-Iodine	Solution	5% w/v
5	Chlorhexidine Solution	Solution	1.5 to 4% w/v

APPENDIX A: NON-FORMULARY MEDICINE REQUEST FORM

Patient Name:

Hospital Number:

Medicine Requested:

Indication:

Clinical Justification:

Prescriber Signature:

Head Of Pharmacy Approval:

Drug & Therapeutics Committee Approval: