



# Fife Minor Ailments Service Formulary

FIFE  PHARMACY

Edition 4 For use in community pharmacy



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## Introduction

### NHS Fife Minor Ailment Service (MAS) Formulary

This document has been developed to:

- > Provide a formulary list which complies with the Fife Joint Formulary
- > Provide a list of medicines for which there is an evidence base
- > Provide guidance to facilitate consistency of prescribing choices
- > Provide a smaller range of medicines, allowing prescribers to become more familiar with their indications and contra-indications
- > Assist in making appropriate and cost-effective choices.

The formulary provides pharmacists with a recommended list from which a variety of minor ailments can be treated. Most entries are listed by generic drug name due to the difference of branded preparation available in pharmacies. The medicines listed should be used within their P or GSL licensed indication. The formulary is not exhaustive and other P and GSL medicines can be used for the treatment of minor ailments using the professional judgement of the pharmacist.

The formulary is arranged according to BNF category and includes the following information:

- > Recommended first and second line options
- > Drug entries are listed alphabetically
- > Suggested quantities to be prescribed
- > Generic advice comments relating to the ailment or medicines
- > Some examples of counselling points
- > Some sections include examples of when referral to a GP should be considered.

### Community Pharmacy Minor Ailment Service (MAS)

All conditions being treated should be minor ailments. Minor ailments are generally described as common, often self limiting conditions. They normally require little or no medical intervention and can be managed by self care and the use of products that are available to buy without a doctor's prescription.

Chronic and potentially more serious illness, requiring medical attention, should be referred to a GP. Pharmacists should be alert to those patients presenting with symptoms of an underlying disease. Each individual must be assessed and a clinical judgement made on the most appropriate treatment pathway – prescribe in line with MAS formulary, give advice only or refer to another suitable healthcare professional. As in any consultation, general lifestyle advice should also be offered where appropriate.

### Patient eligibility for Minor Ailment Service

Patients who are exempt from prescription charges and are registered with a Scottish GP.

**Excluded patients** – resident in a care home, are temporary residents or have a pre-payment certificate.

## Medicines included in Minor Ailment Service

A national formulary for the Minor Ailment Service (MAS) based on the BNF is the reference point for payment purposes for products provided under the MAS.

Medicines which are available for prescribing by community pharmacists include:

- > All Pharmacy (P) and General Sales List (GSL) medicines in the Scottish Drug Tariff that are not blacklisted
- > Dressings and appliances from Part 2 of the Drug Tariff
- > Selected items from Part 3 of the Drug Tariff –
  - Bug Buster® head lice detection and eradication kit
  - Nitty Gritty® nit comb
  - Sodium chloride (saline) nasal drops
  - Sodium bicarbonate ear drops 10 ml
  - Saliva preparations
- > Prescription Only Medicines (POMs) which are underpinned by a series of national core/local Patient Group Directions (PGDs).

## MAS pricing guide and pricing rules

Part 7B of the Scottish Drug Tariff has been introduced to ensure correct pricing and payment of items through MAS that are prescribed by generic name.

To ensure correct payment:

- > Prescribe by generic name.
- > Ensure you have dispensed and endorsed the correct OTC pack size.

Item	Form	Strength	Pack
Amorolfine Nail	Lacquer	5%	3 ml
Beclometasone	Nasal spray	50 microgram	100 doses
Beclometasone	Nasal spray	50 microgram	180 doses
Domperidone	Tablets	10 mg	10
Fluticasone	Nasal spray	0.05%	60 doses
Hyoscine butylbromide	Tablets	10 mg	20
Ibuprofen	Tablets	200 mg	24
Ibuprofen	Tablets	400 mg	24
Ketoconazole	Shampoo	2%	60 ml
Ketoconazole	Shampoo	2%	100 ml
Ketoprofen	Gel	2.5%	30 g
Loperamide	Tablets	2 mg	12
Loperamide	Caps	2 mg	8
Loperamide	Caps	2 mg	12
Loratadine	Tablets	10 mg	7
Mebeverine	Tablets	135 mg	15
Omeprazole	Tablets	10 mg	14
Paracetamol	Tablets	500 mg	32
Prochlorperazine	Tablets	3 mg	8
Pseudoephedrine	Oral Sol	30 mg/5 ml	100 ml
Pseudoephedrine	Tablets	60 mg	12
Ranitidine	Tablets	75 mg	6
Ranitidine	Tablets	75 mg	12
Sodium cromoglicate	Eye drops	2%	5 ml
Sodium cromoglicate	Eye drops	2%	10 ml
Sumatriptan	Tablets	50 mg	2
Terbinafine	Cream	1%	7.5g

## Medicines excluded from MAS

The following items are excluded from the MAS formulary:

- > POMs (other than chloramphenicol eye drops 0.5% and fluconazole 150mg capsules via local PGD)
- > Nicotine replacement therapy
- > Emergency hormonal contraception
- > Orlistat (Alli®)
- > Simvastatin
- > Azithromycin (Clamelle®)
- > Blacklisted items.

The latest list of blacklisted medicines can be found on the Community Pharmacy Scotland website [www.communitypharmacyscotland.org](http://www.communitypharmacyscotland.org) and then searching for black listed and disallowed items.

Contractors are advised to monitor up to date advice from Community Pharmacy Scotland.

## Requests for addition to the MAS Formulary

Request for additions to formulary should be made by completing the submission form found at the back of this formulary and submitting to the NHS Fife Clinical Effectiveness Pharmacist.

## Useful contacts

Any comments regarding the formulary and queries about inclusions or omissions should be directed to the appropriate Pharmacy Champion, see [www.communitypharmacy.scot.nhs.uk/documents/nhs\\_boards/fife/Allocation\\_of\\_Champs.pdf](http://www.communitypharmacy.scot.nhs.uk/documents/nhs_boards/fife/Allocation_of_Champs.pdf) for the up to date listing .

### Pharmacy Champions

Contact name	E-mail Address	Telephone no
Michelle Collinson	<a href="mailto:michellecollinson@nhs.net">michellecollinson@nhs.net</a>	01383 626069
Niall Dewar	<a href="mailto:nialldewar@nhs.net">nialldewar@nhs.net</a>	01592 260925
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Allan Shields	<a href="mailto:allanshields@hotmail.co.uk">allanshields@hotmail.co.uk</a>	01592 652910

### IM&T Facilitator

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 Tel 01592 226928  
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For all ePharmacy Minor Ailment Service (MAS) enquiries, contact Practitioner Services Department (PSD) on 0131 275 6600.

For all technical enquiries, please contact your PMR supplier.

For any stationery supplies contact Primary Care Supplies, Primary Care Department, Cameron Hospital, Windygates Tel. 01592 226766 and request Pharmaceutical Monthly Order Form



# 1 Gastrointestinal system

## Indigestion

First choice: Co-magaldrox SF (Maalox® or Mucogel®)

Second choice: Gaviscon® Advance products

### Antacids

Gastrocote® tablets	100
Gaviscon® Advance liquid	Up to 500 ml
Gaviscon® Advance tablets	60
Gaviscon® Infant sachet	15 twin sachets
Maalox® suspension	500 ml
Mucogel® suspension	500 ml

### H<sub>2</sub>-receptor antagonists

Ranitidine 75mg tablets	6, 12
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#### Good practice points

- > Normal lifestyle advice is necessary, e.g. weight loss, smoking, alcohol.
- > Liquid antacids are more effective than tablets.
- > Ranitidine should only be used short term. If problems persist, refer to GP.
- > Compound alginates preparations are less powerful antacids than co-magaldrox but may be more effective for heartburn.

#### Examples of counselling points

- > Avoid large meals, eat little and often.
- > Do not rush your food.
- > Avoid spicy and greasy foods as they can often worsen heartburn.
- > Some heartburn remedies can stop other medicines from working. Check if the heartburn remedy would interfere with other medicines.

#### When to advise patient to contact their GP

- > Symptoms suggestive of underlying disease, e.g. progressive difficulty swallowing, progressive unintended weight loss or sudden onset of symptoms, coughing up blood, blood in vomit or stools, first episode at age over 40.
- > Symptoms are persistent (longer than 5 days) or recurrent.
- > Pain is severe or radiating.
- > Pain worsens on effort.
- > Persistent vomiting.
- > Adverse drug reaction is suspected.

## Infant colic

Infacol®

50 ml

### Good practice points

- > Colic usually resolves within 4 months.
- > If vomiting, sickness, pallor or rise in temperature accompanies colic symptoms then refer to GP.
- > If breastfeeding avoid alcohol, caffeine, spicy foods, high dairy foods.
- > If bottle feeding ensure correct teat size holes.
- > Unless baby has alarm symptoms, repeat supplies of Infacol® may be made on up to 3 occasions.

## 1.4 Acute diarrhoea

First choice: oral rehydration salt sachets

Second choice: loperamide

Oral rehydration salt sachets, e.g. Dioralyte®

6/20

### Antimotility drugs

Loperamide 2mg capsules

8,12

### Good practice points

- > First-line treatment of acute diarrhoea is rehydration therapy.

### Examples of counselling points

- > The diarrhoea normally stops within 48-72 hours without treatment.
- > Replacement of fluids is of particular importance especially in children and the elderly.

### When to advise patient to contact their GP

- > Adults and children >3 years: diarrhoea of duration of greater than 3 days.
- > Children 1-3 years: diarrhoea of duration of greater than 2 days.
- > Children < 1 year: diarrhoea of duration of greater than 1 day.
- > In severe cases referral should be recommended immediately.
- > If severe dehydration e.g. not passing urine.
- > Association with severe vomiting and fever.
- > Suspected drug-induced reaction to prescribed medication.
- > History of change of bowel habit especially in the middle-aged/elderly.
- > Presence of blood or mucus in stools.
- > Patients with chronic diarrhoea.

## 1.6 Constipation

### Constipation (acute)

First choice: **senna or bisacodyl tablets**

Second choice: **glycerin or bisacodyl supps**

### Constipation (chronic)

First choice: **ispaghula husk sachets**

Second choice: **senna or lactulose**

#### 1.6.1 Bulk-forming laxatives

Ispaghula husk sachets	10/30
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#### 1.6.2 Stimulant laxatives

Bisacodyl tablets	20
Bisacodyl suppositories	12
Glycerin suppositories	12
Senna liquid	100 ml
Senna tablets	20

#### 1.6.4 Osmotic laxatives

Lactulose solution	Up to 500 ml
Laxido® Orange	Up to 30 sachets

#### Good practice points

- > Normal counselling advice on diet/exercise is necessary.
- > Constipation in children normally requires a GP referral. Use of laxatives in children should be discouraged unless recommended by a doctor.

#### Examples of counselling points

- > Drink more fluids but no tea, coffee, cola or alcohol. Eat more fibre.
- > Never put off going to the toilet when you know you need to go.
- > Ispaghula sachets should not be taken immediately before going to bed, ensure adequate fluid intake.
- > Lactulose may take up to 48 hours to act.

#### When to advise patient to contact their GP

- > Persistent change in bowel habit.
- > Presence of abdominal pain, vomiting, bloating.
- > Blood in stools or melaena.
- > Prescribed medication suspected of causing symptoms.
- > No relief of symptoms within 7 days.

## 1.7 Haemorrhoids

First choice: **Anusol®**

Second choice: **Anusol Plus HC®**

### 1.7.1 Soothing haemorrhoidal preparations

Anusol® cream	23 g
Anusol® ointment	25 g
Anusol® suppositories	12

### 1.7.2 Compound haemorrhoidal preparations with corticosteroids

Anusol Plus HC® ointment	15 g
Anusol Plus HC® suppositories	12

#### Good practice points

- > Patients should be advised to increase their fluid and fibre intake to avoid hard stools.
- > Good toilet hygiene is important.
- > Treatment should not be for longer than 7 days with hydrocortisone products.

#### Examples of counselling points

- > Increase your fluid intake, not tea, coffee, cola or alcohol.
- > Increase your fibre intake.
- > Take some form of regular exercise.
- > Do not strain when you go to the toilet – try to relax.

#### When to advise patient to contact their GP

- > Symptoms suggestive of underlying disease, e.g. profuse bleeding, blood in the stools or melaena, extremely painful haemorrhoids, anaemia-like symptoms, change in bowel habit towards looser stools and/or increased stool frequency persisting 6 weeks or more (especially in middle-aged or elderly).
- > Duration of longer than 3 weeks.
- > Change of bowel habit (persisting alteration from normal bowel habit).
- > Suspected drug-induced constipation.
- > Associated abdominal pain/vomiting.
- > Haemorrhoids in children.

## 3 Respiratory system

### Allergy

#### Non sedating antihistamines

First choice: **cetirizine**

Second choice: **loratidine**

#### Sedating antihistamines

First choice: **chlorphenamine**

### 3.4.1 Antihistamines

#### Non sedating

Cetirizine 10mg tablets	7/30
Cetirizine oral solution 5mg/5ml	Up to 200 ml
Loratidine 10mg tablets	7/30
Loratidine syrup 5mg/5ml	100 ml

#### Sedating

Chlorphenamine 4mg tablets	28/30
Chlorphenamine oral solution 2mg/5ml	150 ml

Also see sections 12.12.1 Nasal allergy 11.4.2 Eye – Other anti-inflammatory preparations.

#### Good practice points

- > Acute urticaria is usually self-limiting, and if mild, treatment is often unnecessary. Oral antihistamines are useful. Sedating oral antihistamines may be particularly helpful if sleep is disturbed.
- > Drowsiness is rare with non sedating antihistamines, however it can occur and may affect performance of skilled tasks and excess alcohol should be avoided.

#### Examples of counselling points

- > For hayfever, start taking before season starts and continue throughout. Advise to go to GP for regular prescription if required.
- > Avoid going out when the pollen count is high.

#### When to advise patient to contact their GP

- > Wheezing or shortness of breath, tightness of chest.
- > Persisting painful ear or sinuses.
- > Purulent conjunctivitis.
- > No improvement in symptoms after 10 days.

### Cough and nasal congestion

### 3.8 Aromatic inhalations

Menthol crystals	5 g
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#### Examples of counselling points

- > Ensure correct directions for use are given and that awareness is raised over the dangers of using boiling water.

### 3.9 Cough preparations

First choice: no treatment

#### Good practice points

- > None of the remedies available for the management of cough (cough suppressants, expectorants or demulcents) are proven to provide any benefit.

Simple SF linctus	200 ml
Simple paediatric SF linctus	Up to 200 ml
Pholcodine SF linctus	200 ml

#### Good practice points

- > All recommended liquids should be sugar-free if at all possible.
- > Pholcodine linctus may be indicated for dry or painful cough if sleep is affected.
- > Simple paediatric SF linctus is the only preparation suitable for use from age 1- 6.

#### Examples of counselling points

- > Drink plenty of fluids.
- > Chesty coughs can last up to 2 weeks whilst dry coughs can continue for 3 - 4 weeks.
- > Smokers can suffer more with their coughs; advice can be given on smoking cessation.

#### When to advise patient to contact their GP

- > Persistent cough with alarm symptoms, e.g. weight loss, fluid retention, wheezing.
- > Cough lasting 4 weeks or more.
- > Sputum yellow, green, rusty or blood stained.
- > Chest pain.
- > Shortness of breath.
- > Whooping cough or croup.
- > Recurrent nocturnal cough.
- > Suspected adverse drug reaction (e.g. ACE inhibitors).

### 3.10 Systemic nasal decongestants

Also see section 12.2.2 Topical Nasal decongestants.

Pseudoephedrine 60mg tablets	12*
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- \* MHRA has restricted the quantity of pseudoephedrine to a total of 720mg due to concerns about its abuse in production of amphetamine-like agents.

#### Good practice points

- > Systemic decongestants provide short-term relief of congestive symptoms (3-10 hours).
- > Systemic decongestants are considered less suitable for prescribing by the BNF.

## 4 Central nervous system

### 4.6 Drugs used in nausea and vertigo

Cinnarizine 15mg tablets (Stugeron®)	15
Domperidone 10mg tablets (Motilium 10®)	10
Prochlorperazine 3mg buccal tablets (Buccastem M®)	8

#### Good practice points

- > Anti-emetics should be prescribed only when the cause of vomiting is known otherwise they may delay diagnosis, particularly in children.
- > The drug should be chosen according to the aetiology of vomiting e.g. prochlorperazine buccal for nausea associated with migraine, cinnarizine for travel sickness.
- > Nausea during the 1st trimester of pregnancy does not generally require drug therapy.

#### Examples of counselling points

- > Anti-emetics may cause drowsiness.
- > Anti-emetics used to treat motion sickness are best taken prophylactically.

#### When to advise patient to contact their GP

- > Severe nausea and vomiting during pregnancy.
- > Prolonged vomiting of unknown cause.
- > Vomiting lasting more than 48 hours and not responding to treatment.
- > Adverse drug reaction due to an anti-emetic.
- > Problems with swallowing (dysphagia).

### 4.7 Analgesics

#### Mild pain

First choice: paracetamol or ibuprofen

#### Mild to moderate pain

First choice: paracetamol + ibuprofen

#### 4.7.1 Non opioid analgesics

Paracetamol 500mg tablets	Up to 96
Paracetamol oral suspension SF 120mg/5ml	Up to 200 ml
Paracetamol oral suspension SF 250mg/5ml	Up to 200 ml

#### Compound analgesics

Co-codamol 8/500 mg tablets	32
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Also see section 10.1.1 Non-steroidal anti-inflammatory drugs.

#### 4.7.4 Antimigraine drugs

##### Analgesics with anti-emetics

Migraleve® Pink tablets	12 or 24
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### Good practice points

- > There is significant potential for accidental overdose. Prescribers should be aware that patients may be taking other analgesic preparations (prescribed, OTC or 'borrowed').
- > Paracetamol is preferable to ibuprofen in the elderly.
- > Co-codamol 8/500mg tablets are no more effective than paracetamol. Only a maximum of 32 tablets can be supplied.
- > Compound analgesics may produce opioid side-effects and complicate treatment if a patient has taken an overdose.
- > *SIGN 107 – Diagnosis and Management of Headaches in Adults* states that opioid analgesics should not be used routinely in the management of patients with acute migraine due to the potential for development of medication overuse headache.
- > Migraleve® Yellow tablets are equivalent to co-codamol 8/500mg tablets and are not cost-effective to prescribe.

### Examples of counselling points for traumatic injury

- > Rest is essential to allow the injury to recover.
- > Cold packs should be applied to reduce swelling and bruising.
- > The area should be elevated if possible to remove fluid from area of injury.

### When to advise patient to contact their GP

- > Headache associated with injury/trauma.
- > Severe headache of more than 4 hours duration.
- > Suspected adverse drug reaction.
- > Prolonged headache in children under 12 years old.
- > Severe occipital headache (across the back of the head).
- > Headache is worse in the mornings and then improves.
- > Associated drowsiness, visual disturbances, neck stiffness or vomiting.

## 5 Infections

**Impetigo** See section 13.11.6.

See section 7.2.2 for topical treatment of vaginal and vulval infections.

### 5.5.1 Drugs for threadworms

First choice: **mebendazole**

Mebendazole 100mg tablets (Ovex®)	1 per infected person
Piperazine with sennosides oral powder (Pripsen®)	1 pack (2) per infected person

### Examples of counselling points

- > Underwear should be worn in bed to prevent scratching.
- > Finger nails should be cut short.

**When to advise patient to contact their GP**

- > Infection other than threadworm suspected.
- > Recent travel abroad.
- > Medication failure.
- > Pregnancy.

**7 Obstetrics, gynaecology and urinary-tract disorders****7.2 Vaginal candidiasis (thrush)**

First choice: clotrimazole pessary ± clotrimazole cream

Second choice: oral fluconazole

**7.2.2 Vaginal and vulva infections**

Clotrimazole 500mg vaginal pessary	1
Clotrimazole 2% cream	20 g
Clotrimazole 10% vaginal cream	5 g

**Oral antifungal drugs**

Fluconazole 150mg capsule*	1
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\* National PGD in place to allow supply of 1 capsule POM pack.

**Good practice points**

- > Vaginal candidiasis should be treated with either an antifungal pessary or intravaginal cream inserted high into the vagina, or a single dose of oral fluconazole.
- > The application of topical antifungal creams are not always necessary but can be used to treat vulvitis and supplement primary treatment.
- > The use of combination packs containing a pessary and cream can be used if clinically appropriate.
- > There is no evidence that treating an asymptomatic partner of a patient with candidiasis is helpful.
- > Fluconazole can be used in patients aged 16 to 60 years of age.

**Examples of counselling points**

- > Avoid strongly perfumed bath additives.
- > External creams need to be applied for seven days after symptoms have cleared.
- > Clotrimazole preparations have a damaging effect on latex condoms and diaphragms.

**When to advise patient to contact their GP**

- > Patient presenting with symptoms on the first occasion.
- > Patient has had thrush on more than two occasions in the last six months.
- > Signs of bacterial infection.
- > Unresponsive to treatment.
- > Diabetic patients.
- > Pregnant patients.
- > Patients aged over 60.

**7.4.3 Drugs used in urological pain**

**First choice: Potassium citrate oral solution**

**Second choice: Potassium citrate eff. Tablets / Potassium/sodium citrate sachets**

Potassium citrate oral solution	200 ml
Potassium citrate eff. tablets / Potassium/sodium citrate sachets	12/6

**Good practice points**

- > There is little evidence to support the use of alkalinising products.
- > Young women with symptoms of urinary frequency and dysuria are likely to have a urinary tract infection which will require antibiotic treatment.
- > Symptoms normally resolve in 2-4 days.
- > Paracetamol or ibuprofen may be used to ease discomfort.

**Examples of counselling points**

- > Patients with cystitis should increase their fluid intake – up to 2 litres of water per day.
- > Avoid alcohol, tea and coffee as they can irritate the bladder.
- > Cranberry juice products have been shown to help prevent urinary tract infections.

**When to advise patient to contact their GP**

- > All men and children.
- > Women aged over 60.
- > Associated fever, nausea and vomiting, loin pain or tenderness.
- > Haematuria.
- > Vaginal discharge.
- > Recurrent cystitis or duration longer than 2 days.
- > Pregnancy.

## 9 Nutrition and blood

### 9.2.1.2 Oral rehydration therapy

Oral rehydration salts	6/20
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## 10 Musculoskeletal and joint diseases

### Mild pain

First choice: **paracetamol or ibuprofen**

### Mild to moderate pain

First choice: **paracetamol + ibuprofen**

### 10.1.1 Non-steroidal anti-inflammatory drugs (NSAIDs)

Ibuprofen 200mg tablets	24
Ibuprofen 400mg tablets	24
Ibuprofen oral suspension 100mg/5ml	100 ml

See section 4.7.1 for paracetamol containing products.

#### Good practice points

- > Relative contra-indications to NSAIDs include heart failure, hypertension, renal impairment, peptic ulceration, caution in asthma; absolute contra-indications include proven hypersensitivity to aspirin or any NSAID.
- > The combination of a NSAID and low dose aspirin may increase the risk of gastro-intestinal side effects and should be avoided if possible.

#### Examples of counselling points

- > NSAIDs must be taken with or after food.

### 10.3.2 Rubefacients and other topical antirheumatics

#### Ibuprofen 5% and 10% gel

Salicylate containing gels (Algesal<sup>®</sup>, Movelat<sup>®</sup>, Transvasin<sup>®</sup>)

50 g, 40 or 80 g, 40 or 80 g

#### Good practice points

- > Ibuprofen gel should only be used for the short term acute treatment of sprains and strains.
- > Ibuprofen gel should not be used in chronic inflammation or if patient on oral NSAIDs.

## 11 Eye

### Bacterial conjunctivitis

First choice: **lid hygiene**

Second choice: **chloramphenicol**

#### 11.3.1 Antibacterials

Chloramphenicol eye drops 0.5%*	Up to 2 x 10 ml
Chloramphenicol eye ointment	Up to 2 x 4 g

\* National PGD in place to allow supply of 10ml POM Pack.

#### Good practice points

- > Most cases of acute bacterial conjunctivitis are self-limiting. Consider washing affected eye(s) regularly with boiled and cooled water for minor problems.
- > Treatment should be given if condition has not resolved spontaneously after 5 days.
- > If both eyes are infected, supply a separate bottle of eye drops for each eye.
- > Patients with a suspected serious cause of 'red eye', e.g. moderate to severe eye pain, reduced and/or blurred vision, should be referred to a GP immediately.
- > There is no benefit in using propamidine, dibpropamidine (e.g. Brolene®, Golden Eye®) products in the treatment of simple bacterial conjunctivitis.
- > Contact lenses should not be worn until infection has resolved and for 24 hours after treatment is completed.
- > Further information on chloramphenicol eye drops can be found on RPS website ([www.rpharms.com/support-pdfs/otchlorampheneyedropsguid.pdf](http://www.rpharms.com/support-pdfs/otchlorampheneyedropsguid.pdf)).

#### Examples of counselling points

- > Keep the product in the fridge.
- > Once opened the eye drops should be discarded after 28 days.

#### When to advise patient to contact their GP

- > Patient under 1 year.
- > Suspected foreign body in the eye or eye injury.
- > Severe eye pain, photophobia, pupil looks unusual.
- > No improvement after 48 hours of treatment or symptoms worsen.
- > Pregnant or breastfeeding patients.

### Eye symptoms associated with hay fever

First choice: **sodium cromoglicate**

#### 11.4.2 Other anti-inflammatory preparations

Sodium cromoglicate 2% eye drops	5/10 ml
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See section 3.4.1 for systemic antihistamines.

**Good practice points**

- > Sodium cromoglicate is used to treat allergic conjunctivitis. It has a prophylactic action and must be used regularly even when symptoms improve. Patients should be advised that it may take several days to be effective and that instant relief should not be expected.
- > Otrivine®-Antistin® can cause systemic effects and is not recommended for long term use.

**Examples of counselling points**

- > Once opened the eye drops should be discarded after 28 days.

**Tear deficiency**

First choice: **hypromellose eye drops**

Second choice: **Carbomers (drops) or Lacri-Lube® (ointment)**

**11.8.1 Tear deficiency, ocular lubricants and astringents**

Hypromellose 0.3% eye drops	10 ml
Lacri-Lube® eye ointment	3.5/5 g
Carbomers (e.g. Liquivisc®/Viscotears®)	10 g

**Good practice points**

- > The severity of the condition and patient preference will often guide the choice of preparation.
- > Frequent installation of drops e.g. hourly may cause a sensitivity reaction to the preservative in the eye drops.

**When to advise patient to contact their GP**

- > If condition lasts longer than 2 weeks.
- > Pains or signs of infection, i.e. purulent discharge.

**12 Ear, nose and oropharynx****12.1.3 Removal of ear wax****Ear wax**

First choice: **Olive/almond oil or sodium bicarbonate 5% ear drops**

Olive/almond oil in suitable dropper bottle	Up to 50 ml
Sodium bicarbonate 5% ear drops	10 ml
Cerumol®	11 ml
Otex®	8 ml

**Good practice points**

- > Ear wax should only be removed if it causes symptoms of discomfort or hearing loss.
- > Patients should be advised not to use cotton buds to clean ear wax as this can push the wax back towards the ear drum aggravating the impaction.
- > Some proprietary preparations containing organic solvents can irritate the meatal skin, and in most cases simple remedies, i.e. olive or almond oil, are just as effective and less likely to cause irritation.
- > All proprietary products are considered less suitable for prescribing by the BNF.

**Examples of counselling points**

- > The patient should lie with the affected ear uppermost for 5–10 minutes after a generous amount of the softening remedy has been introduced.

**12.2.1 Drugs used in nasal allergy – corticosteroids****Nasal steroid**

First choice: **beclometasone nasal spray**

Second choice: **fluticasone nasal spray**

Beclometasone nasal spray	100 or 180 doses
Fluticasone nasal spray (Flixonase® Allergy)	60 doses

See section 3.4.1 for treatment with systemic antihistamines.

**Good practice points**

- > Patients should be advised that beclometasone or fluticasone nasal spray will take several days to take effect and instant relief should not be expected.
- > Both products are not recommended for use in those aged under 18 years.

**12.2.2 Topical nasal decongestants**

Sodium chloride 0.9% nasal drops	10 ml
Xylometazoline 0.1% drops/spray	10 ml
Xylometazoline 0.05% paediatric drops	10 ml

See section 3.10 for systemic nasal decongestants.

**Good practice points**

- > Sodium chloride 0.9% nasal drops may relieve nasal congestion by helping liquefy nasal secretions.
- > Topical nasal decongestants can lead to rebound congestion on withdrawal and should be used short-term (usually for no longer than 7 days).

**12.3.1 Drugs used for oral ulceration and inflammation**

First choice: **benzydamine ± chlorhexidine**

Second choice: **hydrocortisone pellets for mouth ulcers**

Benzydamine 0.15% oral rinse	300 ml
Benzydamine 0.15% spray	30 ml
Chlorhexidine 0.2% mouthwash	300 ml
Choline salicylate gel	15 g
Hydrocortisone 2.5mg pellets	20
Lidocaine containing teething gel e.g. Dentinox®	Up to 15 g

#### Good practice points

- > There is some evidence that chlorhexidine gluconate may reduce the duration and severity of each episode of ulceration.
- > Benzydamine mouthwash can be used 10 minutes before meals to relieve pain in patients suffering from mouth ulcers.
- > Products containing choline salicylate are no longer recommended in patients aged under 16.
- > Hydrocortisone pellets are useful in the treatment of mouth ulcers.

#### When to advise patient to contact their GP or dental practitioner

- > Duration longer than 3 weeks or frequent recurrence.
- > Very painful.
- > Associated weight loss.
- > Involvement of mucus membranes.
- > Rash.
- > Suspected adverse drug reaction.
- > Diarrhoea.

### 12.3.2 Oropharyngeal anti-infective drugs

Miconazole oral gel 24mg/ml	15 g
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#### Good practice points

- > Miconazole oral gel is no longer recommended in those aged under 4 months.
- > Treatment should be continued for 48 hours after the lesions have healed.

#### When to advise patient to contact their GP

- > Baby under 4 months old.
- > Duration of longer than 3 weeks.
- > Associated weight loss.
- > Involvement of other mucus membranes.
- > Rash.
- > Suspected adverse drug reaction.
- > Diarrhoea.

### 12.3.3 Lozenges and sprays

There is no convincing evidence that these products have a beneficial action and they can irritate the tongue and lips.

## 13 Skin

### Emollient ointments

First choice: **emulsifying ointment**

Second choice: **Epaderm®**

### Emollient creams

First choice: **Diprobase®**

Second choice: **Doublebase®**

#### 13.2.1 Emollients

Aqueous cream	100/500 g
Diprobase®	Up to 500 g
Doublebase®	Up to 500 g
E45®	Up to 500 g
Epaderm®	Up to 500 g
Emulsifying ointment	500 g
Oilatum® cream	40g/150g/500 ml

#### Good practice points

- > The choice of emollient is guided by individual patient tolerance, preference and ease of use.
- > Emollients should be applied regularly to maintain improvement; most are best applied after a shower or bath.
- > If emollients are being applied to the whole body twice daily, children may need 250g per week and adults 500g per week.
- > Once only trial of emollient, if no improvement, then refer to GP.

#### 13.2.1.1 Emollient bath additives

Balneum®	200 ml
Cetaben®	500 ml
Dermol 600® (fragrance free, contains an antimicrobial)	600 ml
Diprobath® (fragrance free)	500 ml
Oilatum®	500 ml

#### Good practice points

- > Aqueous cream and emulsifying ointment are preferred as soap substitutes. Patients should be advised to wet the skin first, wash with cream or ointment, and then rinse off.
- > Emollient bath additives make the bath slippery and patients should be warned of the risk of falling.

#### 13.2.2 Barrier preparations

Zinc and castor oil cream	50/100 g
Conotrane®	Up to 500 g
Metanium®	30 g
Sudocrem®	Up to 400 g

**Good practice points**

- > For nappy rash, advice should be given to parents/carers to ensure that nappies are changed frequently. The rash may clear when left exposed to the air.
- > Barrier preparations should be applied liberally after each nappy change.

**13.3 Topical local anaesthetics and antipruritic preparations**

Crotamiton 10% cream	30 g
Crotamiton 10% lotion	100 ml

**Good practice points**

- > Emollients are useful for pruritis associated with dry skin.
- > Acute urticaria is usually self-limiting and, if mild, treatment is often unnecessary. Sedating oral antihistamines may be particularly helpful if sleep is disturbed.

**13.4 Topical corticosteroids**

**First choice: Hydrocortisone 1%**

Hydrocortisone 1% cream	15 g
Clobetasone 0.05% cream (Eumovate® eczema and dermatitis cream)	15 g

**Good practice points**

- > Topical corticosteroids are not recommended in urticaria, rosacea, acne or undiagnosed, possibly infective, disorders.
- > Topical corticosteroids should be applied thinly, only to the affected area, for a maximum of 7 days. If the condition does not improve, the patient should be referred to a GP.
- > A once daily application is often sufficient but topical corticosteroids should not be used more than twice a day.
- > Clobetasone cream should only be used 2nd line in patients for the short term symptomatic treatment and control of patches of eczema and dermatitis.
- > Hydrocortisone should not be used in those aged under 10 years, clobetasone should not be used in those aged under 12 years.

**13.6.1 Topical preparations for acne**

Products containing benzoyl peroxide 2.5, 5 or 10%, e.g. PanOxyl®, Quinoderm®	40/50 g
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**Good practice points**

- > Topical treatments can take up to 30 days to be effective.
- > Benzoyl peroxide should be used in increasing strengths regularly to the entire acne prone area.

**Examples of counselling points**

- > Benzoyl peroxide may bleach clothing.

**When to advise patient to contact their GP**

- > Acne in the very young.
- > Severe/extensive cases.
- > Acne causing scarring.
- > Failed medication (no improvement in 2 months).
- > Suspected drug induced acne.

**13.7 Preparations for warts and calluses**

Salicyclic acid preparations, e.g. Occlusal®, Salactol® solution	10 ml
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**Good practice points**

- > The skin surface should be rubbed with a file or pumice stone, and the surrounding skin protected, before each application. If the application becomes painful, treatment should be withheld for a few days then recommenced.

**Examples of counselling points**

- > Treatment may be required for up to 3 months.

**When to advise patient to contact their GP**

- > Changed appearance of lesions: colour, size.
- > Bleeding or itching.
- > Genital or facial warts.
- > Immunocompromised patients.

**13.9 Shampoos and scalp preparations**

First choice: Coal tar preparations, e.g. T/Gel®

Second choice: Ketoconazole preparations, e.g. Nizoral®, Dandrazol®

Nizoral® or Dandrazol®	60/100 ml
T/Gel®	125 ml

**Good practice points**

- > Treatment depends on the severity of the condition. Shampoo formulations are preferred for moderate scaly conditions whereas more severe conditions may require an ointment.
- > Ketoconazole shampoo is often helpful for seborrhoeic dermatitis of the scalp.
- > Cradle cap in infants should be treated with olive oil.

**13.10.2 Antifungal preparations**

First choice: clotrimazole

Second choice: terbinafine cream

Clotrimazole 1% cream ± hydrocortisone	20 g
Miconazole 2% cream ± hydrocortisone	30 g
Terbinafine cream (Lamisil® AT cream)	7.5 g

#### Good practice points

- > Treatment with antifungal creams should be continued for 14 days after symptoms resolve.
- > Patients should be advised on good foot hygiene and measures to prevent reinfection.
- > The licences for OTC terbinafine differ depending on preparation. All versions are licensed for tinea pedis (athlete's foot) and tinea cruris (Jock itch). Spray and gel are licensed for tinea corporis (ringworm).
- > Terbinafine is not licensed for children under 16 years.
- > Combination of an imidazole and corticosteroid is only indicated for the treatment of athletes foot and fungal infections of skin folds associated with inflammation.

#### When to advise patient to contact their GP

- > Severe infection affecting parts of the foot other than the toes.
- > Recurrent episodes of the infection or unresponsive to treatment.
- > Signs of bacterial infection.
- > Diabetic patients.
- > Involvement of toenails.

### 13.10.3 Antiviral preparations

Aciclovir 5% cream	2 g
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#### Good practice points

- > Aciclovir is best applied early, when prodromal changes of sensation are felt but before vesicles appear.
- > Treatment should be applied for 5 days, but can be continued for a further 5 days if cold sore is still not healed.

#### Examples of counselling points

- > Wash hands regularly to avoid spreading the virus.
- > Use a separate towel for the cold sore area.

#### When to advise patient to contact their GP

- > Babies, young children and patients with atopic eczema.
- > Failure of an established sore to resolve (lasting longer than 2 weeks).
- > Severe, worsening or painless sore.
- > History of frequent cold sores.
- > Eye affected.
- > Immunocompromised patients.

### 13.10.4 Parasiticial preparations

#### Head lice

First choice: **dimeticone**

Second choice: **malathion liquid**

#### Scabies

First choice: **permethrin dermal cream**

Second choice: **malathion**

Dimeticone 4% lotion	50/150 ml
Malathion 0.5% liquid	50/200 ml
Permethrin 5% dermal cream	30 g
Big Buster head lice detection and eradication kit	1
Nitty Gritty nit comb	1

#### Good practice points

- > For lice, only those with confirmed infection should be treated. Patients should be advised to follow the product instructions carefully. Treatment should be repeated after 7 days.
- > Wet combing should be used in conjunction with the insecticides to check for effectiveness. If treatment fails, a different insecticide should be used.
- > Dimeticone is considered the 1st line choice for the treatment of head lice due to lack of resistance developing.
- > For scabies, lotions/creams should be applied to the whole body, taking care to treat the webs of finger and toes, and brushing the preparation under the ends of finger nails.
- > Treatments should be reapplied to any areas of the body, e.g. hands, which are washed during the application.
- > For more information refer to NHS Fife Formulary.

### 13.10.5 Preparations for minor cuts and abrasions/boils

Magnesium sulphate paste	25/50 g
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### 13.11.6 Oxidisers and dyes

Hydrogen peroxide 1% (Crystacide®)	10g
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#### Good practice points

- > Crystacide may be used to treat superficial bacterial skin infections such as impetigo. It should be applied 2-3 times daily for up to 3 weeks.
- > May bleach fabrics.

## Summary of preparations by BNF classification

- 1**
- 1.1 Indigestion / Infant colic**  
 Co-magaldrox SF 195/220 Suspension (Maalox<sup>®</sup>, Mucogel<sup>®</sup>) (500 ml)  
 Gastrocote<sup>®</sup> tablets (100)  
 Gaviscon<sup>®</sup> Advance liquid (up to 500 ml)  
 Gaviscon<sup>®</sup> Advance tablets (60)  
 Gaviscon<sup>®</sup> Infant sachets ( 15 twin sachets)  
 Ranitidine 75mg tablets (6,12)  
 Simeticone liquid 40 mg/ml (Infacol<sup>®</sup>) (50 ml)
- 1.4 Acute diarrhoea**  
 Oral rehydration salts sachets (6,20)  
 Loperamide capsules 2 mg (8, 12)
- 1.6.1 Bulk-forming laxatives**  
 Ispaghula husk 3.4g/3.5 g sachet (10, 30)
- 1.6.2 Stimulant laxatives**  
 Bisacodyl tablets (20)  
 Bisacodyl supps. (12)  
 Glycerin 1g supps (Infant) (12)  
 Glycerin 2g supps (Child) (12)  
 Glycerin 4g supps (Adult) (12)  
 Senna tablets 7.5 mg (20)  
 Senna syrup 7.5mg/5ml (100 ml)
- 1.6.4 Osmotic laxatives**  
 Lactulose solution (up to 500 ml)  
 Laxido<sup>®</sup> Orange ( up to 30 sachets)
- 1.7.1 Soothing haemorrhoidal preparations**  
 Anusol<sup>®</sup> cream (23 g)  
 Anusol<sup>®</sup> ointment (25 g)  
 Anusol<sup>®</sup> suppositories (12)
- 1.7.2 Compound haemorrhoidal preparations with corticosteroids**  
 Anusol Plus HC<sup>®</sup> ointment (15 g)  
 Anusol Plus HC<sup>®</sup> suppositories (12)
- 3**
- 3.4.1 Antihistamines**  
 Cetirizine tablets 10 mg (7,30)  
 Cetirizine oral solution 5 mg/5 ml (up to 200 ml)  
 Loratadine 10mg tablets (7, 30)  
 Loratadine syrup 5mg/5ml (100ml)  
 Chlorphenamine tablets 4 mg (28,30)  
 Chlorphenamine oral solution 2 mg/5 ml (150 ml)
- 3.8 Aromatic inhalations**  
 Menthol crystals (5 g)
- 3.9 Cough preparations**  
 Simple SF linctus (200 ml)  
 Simple paediatric SF linctus (up to 200 ml)  
 Pholcodine SF linctus (200 ml)
- 3.10 Systemic nasal decongestants**  
 Pseudoephedrine 60mg tablets (12)
- 4**
- 4.6 Drugs used in nausea and vertigo**  
 Cinnarizine 15mg tablets (Stugeron<sup>®</sup>) (15)  
 Domperidone 10mg tablets (Motilium<sup>®</sup>) (10)  
 Prochlorperazine 3mg buccal tablets (Buccastem M<sup>®</sup>) (8)
- 4.7 Analgesics**  
**Non-opioid analgesics**  
 Paracetamol tablets 500mg (up to 96)  
 Paracetamol oral suspension SF 120 mg/5 mL (up to 200 ml)  
 Paracetamol oral suspension SF 250 mg/5 ml (up to 200 ml)
- Weak opioids**  
 Co-codamol 8/500 tablets (32)  
 Migraleve<sup>®</sup> Pink tablets (12,24)
- 5**
- 5.2 Antifungal drugs**  
 Fluconazole 150mg capsules (1) (for vaginal candidiasis only)
- 5.5.1 Drugs for threadworms**  
 Mebendazole tablets 100 mg (Ovex<sup>®</sup>) (1 per infected person)  
 Piperazine oral powder (Pripsen<sup>®</sup>) (2)

7

**7.2.2 Vaginal and vulval infections**

Clotrimazole pessary 500mg (1)

Clotrimazole cream 2% (20 g)

Clotrimazole vaginal cream 10% (5g)

**7.4.3 Drugs used in urological pain**

Potassium citrate oral solution (200 ml)

Potassium citrate effervescent tablets (Effercitrate®) (12)

Sodium citrate / potassium citrate Sachets (6)

9

**9.2.1.2 Oral rehydration therapy**

Oral rehydration salts sachets (6/20)

10

**10.1.1 Non-steroidal anti-inflammatory drugs**

Ibuprofen tablets 200 mg (24)

Ibuprofen tablets 400 mg (24)

Ibuprofen suspension 100 mg/5 ml (100 ml)

**10.3.2 Rubefacients and other topical anti-rheumatics**

Ibuprofen gel

Movelat® (40 g, 80 g)

Algesal® cream ( 50 g)

Transvasin® cream ( 40 g, 80 g)

11

**11.3.1 Antibacterials**

Chloramphenicol eye drops 0.5% (up to 2x10 ml)

Chloramphenicol eye ointment (up to 2x4 g)

**11.4.2 Other Anti-inflammatory preparations**

Sodium cromoglicate eye drops 2% (5 ml/10 ml)

**11.8.1 Tear deficiency, ocular lubricants and astringents**

Hypromellose eye drops 0.3% (10 ml)

Liquid paraffin eye ointment (Lacri-Lube®) (3.5 g / 5g)

Carbomers (e.g. Liquivisc® / Viscotears®) eye drops 0.2% (10 g)

12

**12.1.3 Removal of ear wax**

Olive oil / Almond oil + dropper bottle (up to 50 ml)

Sodium bicarbonate ear drops 5% (10 ml)

Cerumol® ear drops (11ml)

Otex® ear drops (8ml)

**12.2.1 Nasal allergy**

Beclometasone nasal spray (100, 180 doses)

Fluticasone nasal spray (Flixonase Allergy®) (60 doses)

**12.2.2 Topical nasal decongestants**

Xylometazoline nasal drops 0.1% (10 ml)

Xylometazoline nasal spray 0.1% (10 ml)

Xylometazoline paediatric drops 0.05% (10 ml)

Sodium chloride nasal drops 0.9% (10 ml)

**12.3.1 Drugs for oral ulceration and inflammation**

Benzydamine oral rinse 0.15% (300 ml)

Benzydamine spray 0.15% (30 ml)

Chlorhexidine mouthwash 0.2% (300 ml)

Triamcinolone oral paste 0.1% (5 g)

Choline salicylate dental gel BP (15g)

Hydrocortisone 2.5 mg pellets (20)

Lidocaine Teething Gel (eg Dentinox®)

Teething Gel prescribed by non-blacklisted brand name) (up to 15 g)

**12.3.2 Oropharyngeal anti-infective drugs**

Miconazole oral gel 24 mg/ml (15 g)

## 13

**13.2 Emollient and barrier preparations**

- Aqueous cream (100 g, 500 g)
- Diprobase<sup>®</sup> cream (up to 500 g)
- Doublebase<sup>®</sup> gel (up to 500 g)
- E45<sup>®</sup> cream (up to 500 g)
- Epaderm<sup>®</sup> emollient (up to 500 g)
- Emulsifying ointment (500 g)
- Oilatium<sup>®</sup> cream (40 g/150 g/500 ml)

**13.2.1.1 Emollient bath additives**

- Balneum<sup>®</sup> (200 ml)
- Cetraben<sup>®</sup> (500 ml)
- Dermol 600 (600 ml)
- Diprobath<sup>®</sup> (500 ml)
- Oilatium<sup>®</sup> Emollient (500 ml)

**13.2.2 Barrier preparations**

- Zinc & Castor Oil cream (50 g,100 g)
- Conotrane<sup>®</sup> cream ( up to 500 g)
- Metanium<sup>®</sup> ointment (30 g)
- Sudocrem<sup>®</sup> (up to 400 g)

**13.3 Topical local anaesthetics and anti-pruritics**

- Crotamiton (Eurax<sup>®</sup>) cream (30 g)
- Crotamiton (Eurax<sup>®</sup>) lotion (100 ml)

**13.4 Topical corticosteroids**

- Hydrocortisone cream 1% (15 g)
- Clobetasone 0.05% cream (Eumovate<sup>®</sup> eczema and dermatitis cream) (15 g)

**13.6.1 Topical preparations for acne**

- Benzoyl peroxide 2.5%, 5%, 10% (PanOxyl<sup>®</sup>) (40 g), Quinoderm<sup>®</sup> (50 g)

**13.7 Preparations for warts and calluses**

- Salactol<sup>®</sup> paint (10 ml)
- Occlusal<sup>®</sup> application (10 ml)

**13.9 Shampoos and scalp preparations**

- Coal tar preparations (T/Gel<sup>®</sup>) (125ml)
- Ketoconazole shampoo 2% (60ml, 100 ml)

**13.10.2 Antifungal preparations**

- Clotrimazole 1% ± hydrocortisone cream (20 g)
- Miconazole 2% ± hydrocortisone cream (30 g)
- Terbinafine cream (Lamisil AT<sup>®</sup> Cream) (7.5 g)

**13.10.3 Antiviral preparations**

- Aciclovir cream 5% (2g)

**13.10.4 Parasiticial preparations**

- Dimeticone 4% Lotion (Hedrin<sup>®</sup>) (50 ml, 150 ml)
- Malathion aqueous liquid 0.5% (Derbac-M<sup>®</sup>) (50 ml, 200 ml)
- Permethrin dermal cream 5% (Lyclear<sup>®</sup> Dermal cream) (30 g)

**Devices for head lice prescribable under MAS**

- Bug Buster<sup>®</sup> head lice detection and eradication kit (1)
- Nitty Gritty<sup>®</sup> nit comb (1)

**13.10.5 Preparations for minor cuts and abrasions/boils**

- Magnesium sulphate paste (25, 50 g)

**13.11.6 Oxidisers and dyes**

- Hydrogen peroxide cream 1% (Crystacide<sup>®</sup>) (10g)

## **Minor Ailment Service Formulary submission form**

Pharmacists wishing to request that a product be added to the Minor Ailment Formulary should complete the information below. The form should be returned to:

Clinical Effectiveness Pharmacist  
Cameron House  
Cameron Hospital  
Windygates  
Fife KY8 5RG.

Please provide as much information as possible about the predicted use, and mark the envelope 'MAS Request'.

Please complete sections 1 – 11.

## Minor Ailment Service Formulary submission form

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1a Name of product:

1b Brand of product:

1c Manufacturer:

---

2 Formulation(s), e.g. tablets, etc:

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3 Strength(s) and pack size(s):

---

4 How many patients per month would receive this from your pharmacy if it were included in the MAS Formulary?

---

5 Why is this product required and any comments (e.g. indications for use, age group)?

---


6a Do you envisage it would replace a product currently in the MAS Formulary?

Yes

No

6b If Yes, which product(s)?

---



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7 Name of pharmacist:

---

8 Address:

---

9 Contact telephone number:

Email:

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10 Signature:

---

11 Date:

---

### Please do not write in this section

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Date received:

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Pharmacy champions     P&FD Group     PCDPs

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#### Recommendation

- Recommended for formulary inclusion
- Not recommended for formulary inclusion
- Further consideration required

