



# Community Pharmacy Minor Ailments Service (MAS) Formulary

NHS Shetland

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Version 1

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## Acknowledgement

The first edition of the NHS Shetland MAS Formulary was adapted from documentation produced by NHS Grampian. We would like to express our thanks for the assistance of our colleagues in NHS Grampian.

## **Introduction**

The NHS Shetland Community Pharmacy Minor Ailments Formulary has been developed to:

- Provide a list of medicines where there is an evidence base for use
- Provide guidance to facilitate consistency of prescribing choices
- Provide a succinct range of medicines, allowing prescribers to become more familiar with their indications and contra-indications
- Assist with making appropriate and cost-effective choices

The formulary itself is based upon the National formulary for the Minor Ailments Service (MAS) which includes all Pharmacy (P) and General Sales List (GSL) medicines in the British National Formulary that are not blacklisted, dressings and appliances from Part 2 of the Drug Tariff, selected items from Part 3 of the Tariff, and any Prescription-only Medicines (PoMs) which are underpinned by a series of national Patient Group Directions (PGDs).

To ensure correct payment, it is important to choose the appropriate pack size from your PMR system and endorse the prescription with the pack supplied. This is particularly important where a product is available as both P and PoM packs.

In the interests of good prescribing practice, prescribers in Shetland are requested wherever possible to conform to the recommendations contained within this local formulary. Where appropriate, pharmacists must prescribe generically and use sugar-free liquids when available.

Products may only be used in those age groups specified by the individual product licence. The use of the GSL and P medicines listed in the formulary are also confined to the licensed use for these products, except where extended use of the medicine is supported by a PGD. Prescription only medications used under PGD are used to extend provision of service beyond the OTC license.

**This formulary should always be used in conjunction with advice given in the BNF.**

**Note:** the medicines within this formulary are mainly aimed at the treatment of adult minor ailments. Whilst some medicines may be appropriate for children, some may only be licensed for use in adults. Consideration should also be given to the fact that a minor illness in an adult may not be considered minor in an infant or child, and referral may be required.

Cost-effectiveness and quality of prescribing are equally important. It is also important to remember that the only conditions being treated should be self-limiting, minor ailments. Patients with chronic and potentially more serious illness, requiring medical attention, should be referred appropriately to a GP or Hospital Emergency Department. Pharmacists should be alert to those patients presenting with symptoms of underlying disease. Each individual must be assessed and a clinical judgement made on the most appropriate treatment pathway to be followed. As in any consultation, general lifestyle advice should also be offered where appropriate.

The formulary will be reviewed every two years or sooner if major changes are required. To request that an item be added to the formulary, pharmacists may submit a request for consideration using the form at Appendix 1.

The formulary is available on the formulary section of the NHS Shetland pages at [www.communitypharmacy.scot.nhs.uk](http://www.communitypharmacy.scot.nhs.uk)

## **Good Prescribing Practice**

Good prescribing is a generic process to achieve an outcome whereby each patient receives appropriate medication to ensure maximum benefit at acceptable cost. The measurement of good prescribing is less to do with comparing one situation against the ideal, but more in measuring appropriate improvement.

Good prescribing has been defined as:

- 1) Recognition by both the clinician and patient of when a medication is appropriate and when a medication is NOT appropriate.
- 2) Prescribing a medication that is appropriate to the ailment, at the right dose, frequency, quantity and cost, relevant to the patient's needs.
- 3) Only prescribing medication that is appropriate for the patient (which may not be any).
- 4) Avoiding polypharmacy and interactions with current medications where possible, but if unavoidable being aware of the consequences.
- 5) Ensuring a treatment 'package' provides appropriate advice to the patient by supplying written and/or verbal information to the patient regarding their ailment and their medication.
- 6) Monitoring the response to treatment in terms of effectiveness (or lack of benefit), side effects etc.
- 7) Undertaking clinical audits as a means of reviewing and improving practice.
- 8) Communicating with, or making a referral to, other health care professionals involved in the patient's care as required and in a timely fashion.
- 9) Having a robust system and staff appropriately organised and trained to manage the above.

## Gastrointestinal

### Dyspepsia and gastro-oesophageal reflux

	Pack size
Co-magaldrox SF Suspension 195/220	Up to 500mL
Peptac <sup>®</sup> Liquid	Up to 500mL
Gaviscon <sup>®</sup> Advance Tablets	Up to 20
Gaviscon <sup>®</sup> Advance Liquid	Up to 150mL
Ranitidine 75mg Tablets	Up to 24

#### Good practice points

- Patients with symptoms suggestive of underlying disease should be referred to their GP, e.g. patients complaining of progressive difficulty swallowing, progressive unintended weight loss or sudden onset of symptoms especially in middle age or elderly, coughing up or vomiting blood, black stools anaemia-like symptoms, chest pain with associated jaw or arm pain or breathlessness.
- Provide lifestyle advice and counselling e.g. weight loss, smoking, alcohol.
- Liquids are more effective than tablets.
- Ranitidine should only be used short-term for minor ailments. If problems persist, refer the patient to their GP.

### Infantile colic

#### Good practice points

- If vomiting, sickness, pallor or a rise in temperature accompanies colic symptoms refer the patient to their GP.
- Reassure parents that colic is common and will usually pass within a few months
- There is no evidence that simeticone is effective in infantile colic, but it is unlikely to be harmful
- Lactase drops are only appropriate for patients diagnosed with persistent lactose intolerance and should be avoided unless recommended by the GP

### Irritable bowel syndrome

	Pack size
Hyoscine Butylbromide 10mg Tablets	20
Mebeverine 135mg Tablets [P pack only]	Up to 15
Ispaghula Husk 3.4g/3.5g Sachets	Up to 30
Peppermint oil capsules 200 microlitre	20

#### Good practice points

- An initial diagnosis for first time symptoms should always be made by a doctor.
- Patients with moderate to severe disease or with symptoms suggestive of underlying disease should be referred to their GP, e.g. blood in the stools, unexplained weight

loss, major change in bowel habits especially in middle age or elderly, anaemia-like symptoms.

- Hyoscine should not be used in patients with narrow-angled glaucoma, myasthenia gravis and megacolon.
- Should not be used in children under 12 years.
- Provide lifestyle advice and counselling e.g. stress avoidance, food triggers, exercise and smoking cessation

## Constipation

	Pack size
Ispaghula Husk 3.4g/3.5g Sachets	Up to 30
Bisacodyl 10mg Suppositories	Up to 12
Bisacodyl 5mg Tablets	Up to 20
Docusate 100mg Capsules	Up to 30
Glycerin 4g Suppositories (Adult)	Up to 12
Lactulose Solution	Up to 500mL
Senna Syrup 7.5mg/5mL	Up to 150mL
Senna Tablets 7.5mg	Up to 20

### Good practice points

- Investigation of reasons for constipation may lead to referral rather than treatment under MAS. Patients with symptoms suggestive of underlying disease should be referred to their GP, e.g. blood in the stools, unexplained weight loss, jaundice, passage of mucus in the stools, major change in bowel habits especially in middle age or elderly.
- Provide lifestyle advice and counselling e.g. diet, exercise, fluid intake.
- Constipation in children normally requires GP referral.
- Repeat requests for treatment should be referred to the GP.
- Lactulose may take up to 48 hours of regular dosing to act and therefore may not be appropriate for acute relief of symptoms.
- Bowel cleansing preparations are not a treatment for constipation and are not suitable for the Minor Ailments Service

## Acute diarrhoea

	Pack size
Oral Rehydration Salt Sachets	Up to 20
Loperamide 2mg Capsules	Up to 12

### Good practice points

- Patients with symptoms suggestive of underlying disease should be referred to their GP, e.g. blood in the stools, major change in bowel habits especially in middle age or elderly.
- In acute diarrhoea the priority is fluid and electrolyte replacement and this is of particular importance in infants and the elderly



- Severe dehydration required admission to hospital for urgent replacement of fluids and electrolytes
- Patients with chronic diarrhoea should be referred to their GP.

## Haemorrhoids

	Pack size
Anusol <sup>®</sup> Cream	23g
Anusol <sup>®</sup> Ointment	25g
Anusol <sup>®</sup> Suppositories	12
Anusol <sup>®</sup> Plus HC Ointment	15g
Anusol <sup>®</sup> Plus HC Suppositories	12

## Good practice points

- Patients with symptoms suggestive of underlying disease should be referred to their GP, e.g. profuse bleeding, blood in the stools, 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 age or elderly).
- Provide lifestyle advice and counselling e.g. increase their fluid and fibre intake to avoid hard stools.
- Good toilet hygiene is important.
- Products containing hydrocortisone should only be used for a short term – i.e. no longer than 7 days and not in pregnancy

# Allergy

## Oral antihistamines

Non sedating antihistamines	Pack size
Cetirizine 10mg Tablets	Up to 30
Cetirizine Oral Solution 5mg/5mL Sugar-free	Up to 200mL
Loratadine Tablets 10mg	Up to 30
Loratadine Syrup 5mg/5mL	Up to 100mL
Sedating antihistamine	Pack size
Chlorphenamine 4mg Tablets	Up to 30
Chlorphenamine Syrup 2mg/5mL	Up to 150mL

### Good practice points

- Patients complaining of wheezing, shortness of breath or chest tightness should be referred to their GP.
- Oral antihistamines are of potential value in the treatment of nasal allergies. Particularly hay fever
- They are of value in preventing urticaria and to treat urticarial rashes, pruritis and insect bites and stings.
- Sedating oral antihistamines may be particularly helpful if sleep is disturbed.
- Drowsiness is rare with non-sedating antihistamines, nevertheless, patients should be advised that it can occur and may affect performance of skilled tasks. Drowsiness is a significant side effect of sedating antihistamines.

## Allergic Rhinitis

	Pack size
Beclometasone Nasal Spray 50micrograms/spray [P pack only]	Either 100 or 180 doses

### Good practice points

- This product can only be prescribed for adults over the age of 18.
- Patient should be advised that beclometasone nasal spray will take several days to take effect and requires daily use over the allergy season to obtain effect. Once symptoms are controlled, reduce dose to the lowest effective dose. Instant relief should not be expected.
- Ideally, for the treatment of chronic allergy, patients should be referred to a GP.

## Allergic conjunctivitis eye preparations

		Pack size
Sodium Cromoglicate 2% Eye Drops [P pack only]		Up to 10mL
Otrivine-Antistin <sup>®</sup> Eye Drops		10mL

### Good practice points

- Patients with a suspected serious cause of 'red eye' should be referred to an optometrist immediately, e.g. moderate to severe eye pain, reduced/blurred vision, light sensitivity.
- Patients should be advised that sodium cromoglicate will take several days to take effect and instant relief should not be expected.
- Consider oral antihistamines or intranasal corticosteroids if rhinorrhoea, sneezing etc.
- Otrivine-Antistin<sup>®</sup> can cause systemic effects and is not recommended for long-term use.

# Cough and Nasal Congestion

## Cough preparations

	Pack size
Simple Linctus (SF)	Up to 200mL
Simple Linctus, Paediatric (SF)	Up to 200mL
Pholcodine Linctus 5mg/5mL (SF)	Up to 200mL

### Good practice points

- Persistent cough of 3 or more weeks especially if accompanied by other alarm symptoms, e.g. weight loss, fluid retention, wheezing, is reason for referral to a GP.
- All recommended liquids should be sugar free where possible.
- Cough suppressants may cause sputum retention and this may be harmful in patients with chronic bronchitis and bronchiectasis.
- Pholcodine linctus may be indicated for dry or painful cough if sleep is affected.
- Unless a chronic underlying condition has been identified, most coughs resolve without the need for cough mixtures that have a very limited use other than as a soothing remedy.
- The analgesic and antipyretic activity of paracetamol or ibuprofen may provide symptomatic relief.
- Steam inhalation with or without the addition of aromatic oils such as eucalyptus or menthol may be comforting in a chesty cough. NOTE boiling water should never be used due to the risk of scalding.

## Topical nasal decongestants

	Pack size
Sodium Chloride 0.9% Nasal Drops	10mL
Ephedrine 0.5% Nasal Drops	10mL
Ephedrine 1% Nasal Drops	10mL

### Good practice points

- Systemic nasal decongestants are **not recommended**.
- Topical nasal sympathomimetic drugs can lead to rebound nasal congestion on withdrawal and should be used short-term (usually no longer than 7 days).
- Sodium chloride 0.9% as nasal drops may relieve nasal congestion by helping to liquefy nasal secretions.

## **Pain**

### **Analgesics/antipyretics**

	<b>Pack size</b>
Paracetamol SF 120mg/5mL Suspension	Up to 200mL
Paracetamol SF 250mg/5mL Suspension	Up to 200mL
Paracetamol 500mg Tablets	Up to 100
Paracetamol Soluble Tablets 500mg	Up to 60
Ibuprofen SF Suspension 100mg/5mL	Up to 100mL
Ibuprofen 200mg Tablets	Up to 84
Ibuprofen 400mg Tablets	Up to 48

#### **Good practice points**

- There is significant potential for accidental overdose with analgesics. Prescribers should be aware of other analgesic preparations (prescribed, over-the-counter or “borrowed from friends or family”) that patients may be taking.
- Paracetamol is preferred to ibuprofen in the elderly.
- The combination of a NSAID and low-dose aspirin may increase the risk of gastrointestinal side effects therefore this combination should be avoided if possible.

## **Migraine**

	<b>Pack size</b>
Migraleve® Pink Tablets	Up to 24
Paracetamol Soluble Tablets 500mg	Up to 60
Sumatriptan 50mg Tablets [P pack only]	Up to 2

#### **Good practice points**

- There is great potential for accidental overdose with analgesics. Prescribers should be aware of other analgesic preparations (prescribed, over-the-counter or “borrowed”) that patients may be taking.

## **Musculoskeletal pain and sports injuries**

	<b>Pack size</b>
Ibuprofen Gel 5%	Up to 50g
Transvasin Heat Rub	40g

#### **Good practice points**

- Indicated for short-term pain relief of acute injuries (less than 2 weeks).
- Persistent pain should be referred to the patient’s GP.
- Should NOT be used for long-term use in the treatment of arthritis.
- Topical analgesics should not be applied to broken skin

## **Travel**

### **Travel Sickness**

	<b>Pack size</b>
Hyoscine Hydrobromide 150 micrograms Tablets	Up to 12
Hyoscine Hydrobromide 300 micrograms Tablets	Up to 12
Cinnarizine 15mg Tablets	Up to 15

#### **Good practice points**

- Hyoscine should be taken 20 minutes before travel or at onset of nausea. Contraindicated in glaucoma.
- Cinnarizine should be taken 2 hours before travel or at onset of nausea.
- Advise on causing drowsiness and avoidance of alcohol.

## Fungal Infections

### Vaginal candidiasis

	Pack size
Clotrimazole Pessary 500mg	1
Clotrimazole Intravaginal Cream 10%	5g
Fluconazole 150mg Capsule [P pack only]	1
Clotrimazole Pessary 500mg + Clotrimazole 2% Topical Cream	1 pack
Clotrimazole Intravaginal Cream 10% + Clotrimazole 2% Topical Cream	1 pack
Fluconazole 150mg Capsule + Clotrimazole 2% Topical Cream	1 pack
Clotrimazole 2% Topical Cream	20g

#### 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.
- Topical antifungal creams are not always necessary but can be used to treat vulvitis and supplement the primary treatment.
- Partners who are asymptomatic do not need to be treated.

### Athlete's foot/candidal intertrigo/tinea

	Pack size
Clotrimazole 1% Cream	20g
Clotrimazole 1% Spray	40mL
Miconazole 2% Cream	15g
Miconazole 0.16% Spray	100g
Terbinafine cream 1% [GSL pack only]	7.5g
<b>Antifungal plus steroid</b>	
Clotrimazole 1% and Hydrocortisone 1% Cream	15g
Miconazole 2% and Hydrocortisone 1% Ointment	15g

#### Good practice points

- Treatment should be continued for 14 days after resolution of symptoms.
- Advise on the importance of good foot hygiene and measures to prevent re-infection.
- Dusting powders are ineffective in treating athlete's foot, but may be useful for preventing re-infection.
- Miconazole spray powder can be used in the treatment of athlete's foot and for the treatment of shoes and socks for spore eradication to prevent re-infection.
- Antifungal/steroid combination products may be useful when fungal infection is accompanied by inflammation, **but should be applied thinly for a maximum treatment period of 7 days.**
- Terbinafine should be applied thinly and only be used in those over 16 years of age

## ***Viral Infection***

### **Cold sores**

<b>Pack size</b>	
Aciclovir 5% Cream (P pack only)	2g

#### **Good practice points**

- Advise patients that cold sores resolve after 7 to 10 days without treatment. Topical antivirals will only reduce duration by 12 to 24 hours and then only if started in the prodromal phase (tingling sensation on the lips, before vesicles appear) and then applied frequently for a minimum of 4 to 5 days.
- Treatment when used should be applied five times a day for five days. Start as soon as prodromal symptoms, such as tingling or burning, occur. A further five days of treatment may be used if cold sore is not healed after the first treatment.

### **Corns, calluses, warts and verrucae**

<b>Pack size</b>	
Salactol <sup>®</sup> Paint	10mL
Salatac <sup>®</sup> Gel	8g
Cuplex <sup>®</sup> Gel	5g

#### **Good practice points**

- The affected site should be soaked warm water, dried and then the surface of the wart, verruca, corn or callus gently rubbed with a pumice stone or manicure emery board to remove any hard skin before application of the paint or gel.
- Not recommended for use in patients with diabetes.



## Parasitic Infection

### Threadworms

	Pack size
Piperazine Oral Powder - 3 months to 2 years	2 sachets
Mebendazole Liquid 100mg/5mL – 2 years and over	30mL
Mebendazole 100mg Tablets – 2 years and over	1

#### Good practice points

- A combination of drug treatment and hygiene measures should be recommended. Hygiene measures alone may be considered for pregnant or breast-feeding women.
- To prevent re-infection, all family members should be treated at the same time, even if they have no symptoms.

### Lice

	Pack size
Bug Buster Kit	1
Dimeticone 4% Lotion	Up to 150mL
Malathion 0.5% Liquid	Up to 200mL

#### Good practice points

- Treat pubic or head lice according to individual product licence.
- Head lice: if a course of treatment (two applications, one week apart) fails, a different product should be used for the next treatment.
- Treat only if a live louse is found. The presence of nits alone does not indicate active infestation.
- Advice should be given to check other close contacts, particularly close family contacts, for presence of live lice.

### Scabies

	Pack size
Malathion 0.5% Liquid	Up to 200mL
Permethrin 5% Cream	30g

#### Good practice points

- Lotions and creams should be applied to the whole body, taking care to treat the webs of fingers and toes, and brushing the preparation under the ends of the finger nails.
- Treatments should be reapplied to any areas of the body, e.g. hands, which are washed during the period of application.
- To prevent re-infection, all members of the affected household and all intimate contacts should be treated at the same time.

- Persistent itching can continue for some weeks after treatment. Crotamiton cream or oral antihistamines may be helpful.
- The practice of taking a hot bath before applying treatment is not recommended as this will not improve the effectiveness of the treatment, but will increase absorption and hence any possible toxicity.

## **Cystitis**

	<b>Pack size</b>
Potassium Citrate Effervescent Tablets	12
Potassium Citrate solution	200mL
Sodium/Potassium Citrate Sachets	6

### **Good practice points**

- Where evidence of infection is not present, provide symptomatic relief.
- Women with recurrent symptoms or symptoms suggestive of systemic disease can be referred to a GP.
- All men or children presenting with symptoms of cystitis should be referred to their GP.
- Patients with cystitis should increase their fluid intake.

## Skin

### Acne (mild to moderate)

	Pack size
Benzoyl Peroxide 2.5% Aquagel	40g
Benzoyl Peroxide 5% Gel/Aquagel/Cream	40g
Quinoderm <sup>®</sup> Cream 5%	50g

#### Good practice points

- Severe/extensive cases of acne should be referred to the GP.
- The lower concentrations of benzoyl peroxide are as effective as the higher ones in reducing inflammation.

### Emollients and soap substitutes

	Pack size
<sup>1</sup> Aqueous Cream	Up to 500g
<sup>2</sup> Emulsifying Ointment	Up to 500g
<sup>2</sup> Hydrous Ointment	Up to 500g
Liquid Paraffin 50%, White Soft Paraffin 50	Up to 500g
Diprobase <sup>®</sup> Cream/Ointment	Up to 500g

#### Good practice points

- Emollients must be applied regularly
- On skin with hair, products should be applied in the direction of hair growth.
- Using an emollient immediately before a topical corticosteroid is inappropriate practice.
- Mixing topical preparations on the skin should be avoided where possible; at least 30 minutes should elapse between applications of different preparations.

### Barrier preparations

	Pack size
Drapolene <sup>®</sup> Cream	Up to 100g
Sudocrem <sup>®</sup> Cream	Up to 125g
Zinc and Castor Oil Ointment	Up to 100g

#### Good practice points

- For nappy rash, advice should be given to parents to ensure that nappies are changed frequently. The rash may clear when left exposed to the air.
- Apply barrier preparations liberally after each nappy change.
- If a fungal infection is suspected, consider an antifungal preparation, for example clotrimazole.

<sup>1</sup> Aqueous cream should be avoided as an emollient in children with atopic eczema as it can cause stinging, itching or burning. This does not preclude its use as a soap substitute.

<sup>2</sup> May also be used as an emollient bath additive by dissolving in hot water although care must be taken as this increases risk of accident.

## Topical antipruritics

Crotamiton 10% Cream	30g
Crotamiton 10% Lotion	100mL
Levomenthol 0.1% Cream	100g

### Good practice points

- Emollients are useful where pruritus is associated with dry skin.
- 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.
- Levomenthol has a cooling effect on the skin.

## Topical corticosteroids

	Pack size
Hydrocortisone 1% Cream/Ointment [P pack only]	15g
Clobetasone Butyrate 0.05% Cream [P pack only]	15g

### Good practice points

- 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.

## Seborrhoeic dermatitis of scalp

	Pack size
Alphosyl 2 in 1 <sup>®</sup> (coal tar extract 5%) shampoo	250mL
Polytar Liquid	150mL
Ketoconazole Shampoo 2%	Up to 100mL

### Good practice points

- Ketoconazole should be used at a maximum frequency of every 3 days

# Eyes

## Dry eye conditions

	Pack size
Hypromellose 0.3% Eye Drops	10mL
Polyvinyl Alcohol 1.4% Eye Drops	Up to 15mL
Lacri-Lube <sup>®</sup> Eye Ointment	Up to 5g
Simple Eye Ointment	4g
Viscotears <sup>®</sup> Eye Drops	10g

### Good practice points

- Simple eye ointment is best suited for application before sleep as it may cause temporary visual disturbances. It should not be used during contact lens wear.

## Conjunctivitis - infective

	Pack size
Chloramphenicol Eye Drops 0.5% PoM (PGD to dispense)	Up to 2 x 10mL
Chloramphenicol 1% Ointment	Up to 2 x 4g

### Good practice points

- Patients with a suspected serious cause of 'red eye' should be referred to an optometrist immediately, e.g. moderate to severe eye pain, reduced/blurred vision.
- If both eyes are infected two bottles/tubes should be dispensed, and clearly labelled one for each eye.
- Contact lenses should not be worn until infection has resolved and for 24 hours after treatment has completed.

## **Ears and Mouth**

### **Removal of ear wax**

	<b>Pack size</b>
Olive Oil in a suitable container with dropper	10mL
Sodium Bicarbonate 5% Ear Drops	10mL

#### **Good practice point**

- Wax only needs to be removed if it causes symptoms i.e. discomfort, hearing loss.
- Advise patients not to use cotton ear-buds as they can push the wax back and aggravate the impaction.
- Some proprietary brands of drops contain organic solvents that can irritate the meatal skin and cause local irritation that can lead to increased wax production. All proprietary brands are considered as less suitable for prescribing by the BNF.

### **Mild otitis externa**

	<b>Pack size</b>
Acetic Acid 2% Ear Drops	5mL

#### **Good practice points**

- Has mild antifungal and antibacterial activity, may be useful in treatment of swimmers ear. Severe cases should be referred to the patients GP.

### **Mouth ulcers and oral inflammation**

	<b>Pack size</b>
Benzydamine 0.15% Mouthwash	300mL
Benzydamine 0.15% Spray	30mL
Chlorhexidine 0.2% Mouthwash	300mL
Choline Salicylate Gel	15g
Hydrocortisone 2.5mg Pellets	20
Orabase <sup>®</sup> Protective Paste	30g

#### **Good practice points**

- Refer to GP if ulceration is very painful or if recurrences are frequent and severe.
- Choline Salicylate Gel is not suitable for children under 16 years of age.

### **Oral thrush**

	<b>Pack size</b>
Miconazole 2% w/w Oral Gel	15g

#### **Good practice points**

- Miconazole is absorbed to the extent that it interacts with warfarin enhancing the anticoagulant effect, please check and refer to GP if patient is on warfarin.

## ***Dressings***

### **Minor injury**

	<b>Pack size</b>
Absorbent, perforated plastic film faced dressing	1
Absorbent perforated dressing, with border	1
Permeable non-woven adhesive tape 1.25cm or 2.5cm	1 x 5m

### **Minor Sprains**

	<b>Pack size</b>
Elasticated Tubular Bandage BP size B to G	Up to 1m



## Appendix 1: Minor Ailments Service Formulary Product Request Form

### MAS FORMULARY PRODUCT REQUEST FORM – MINOR AILMENTS SERVICE FORMULARY

Forms should be returned to: Pharmacy Primary Care Department, Gilbert Bain Hospital, Lerwick, ZE10TB OR [shet-hb.Pharmacy@nhs.net](mailto:shet-hb.Pharmacy@nhs.net)

Please complete sections 1-12 and provide as much information as possible about predicted use.

FOR OFFICE USE ONLY		Recommendation of FG
Reference No:	Date received	
1.a Name of Product	2. Formulation(s) tablets etc	3. Strength(s) and pack size(s)
1.b Brand Name		
1.c Manufacturer		
4. How many patients per month would receive this from your pharmacy if it were included in the MAS formulary		
5. Why is the product required and any comments (e.g. indications for use, age group )		
6.a Do you envisage this will replace a product currently on the Minor Ailments Service Formulary?		YES / NO
6.b If YES which product(s)		
7. Name of pharmacist	10. Address	
8. Signature		
9. Date		
11. Contact telephone no.	12. e-mail address	
<b>PLEASE DO NOT WRITE IN THIS SECTION. FOR FORMULARY PHARMACIST USE ONLY.</b>		
Consultation: Pharmacy Champions <input type="checkbox"/> Pharmacy Medicines Unit <input type="checkbox"/> CHP pharmacists <input type="checkbox"/> Date		
Brief summary of comments – place in Minor Ailments Service Formulary		
<b>Recommendation of formulary pharmacist</b> 1. <input type="checkbox"/> Recommended for formulary inclusion 2. <input type="checkbox"/> Not recommended for formulary inclusion 3. <input type="checkbox"/> Further consideration required		
Name	Date	

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