Fife Minor Ailments Service Formulary

Edition 5 for use in Community Pharmacy

May 2015

Kenny Bell, Kenny Craig, Ishtiaq Mohammed, Alec Murray

Table of Contents

Introduction

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.

NHS Fife 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, if formulary options are considered clinically inappropriate, other P and GSL medicines can be used for the treatment of minor ailments, using the professional judgement of the pharmacist.

The Fife Formulary should be used in conjunction with the Fife Joint Formulary and Fife-wide approved guidance to ensure consistent patient care irrespective of the care setting used to access treatrment.

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

- If appropriate, recommended first and second line options
- 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.

Patient eligibility for MAS

Patients who are registered with a GP in Scotland and meet one of the following criteria –

- aged 60 years or over;
- under 16 years of age;
- 16-18 year olds in full-time education;
- those with income related exemptions;
- those with medical, maternity or war pension exemption certificates.

Excluded patients – care home residents or temporary residents.

Medicines included in MAS

A national formulary for the MAS based on the BNF is the reference point for payment purposes for products provided under MAS.

Medicines which are available for prescribing by community pharmacists include:

- All Pharmacy (P) and General Sales List (GSL) medicines 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).

Medicines excluded from MAS

The following items are excluded from the MAS formulary:

- POMs (other than chloramphenicol eye drops 0.5%, chloramphenicol eye ointment 1% and fluconazole 150mg capsules via local PGD)
- Blacklisted items.
- P and GSL medicines that are not considered suitable for treating minor ailments e.g. Nicotine replacement therapy, emergency hormonal contraception, orlistat, simvastatin, iron, folic acid.

  N.B. The list above of products not suitable for prescribing via MAS is not exhaustive and prescribers may be required to justify the supply of any medicines that are non-formulary or are prescribed for chronic symptoms/ conditions.
- Prescribers are advised to refer to indvidual product licenses to ensure the product is supplied in line with the specific product license.
- Homeopathic products

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

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 must be prescribed by generic name.

To ensure correct payment:

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

Requests for addition to the MAS Formulary

Request for additions to the formulary should be made by contacting the NHS Fife Clinical Effectiveness Pharmacist on (01383) 565376

Useful contacts

- NHS Fife Pharmacy Champions
  http://www.communitypharmacy.scot.nhs.uk/nhs_boards/NHS_Fife/contacts.html
- For all ePharmacy MAS enquiries, contact the ePharmacy helpdesk (0131) 275 6600.
- NHS Fife IM&T facilitator Dawn Balfour **dbalfour@nhs.net (01592) 226928**
- For any stationery supplies contact Primary Care Supplies, Primary Care Department, Cameron Hospital, Windygates (01592) 226766 and request Pharmaceutical Monthly Order Form or e-mail Fife-UHB.PrimaryCareSuppliesOrders@nhs.net
- Relevant paperwork can also be accessed from the Community Pharmacy website http://www.communitypharmacy.scot.nhs.uk/documentation.html.

Summary of Products Listed in the NHS Fife MAS Formulary

1. Gastrointestinal System

Dyspepsia (Indigestion)
Co-magaldrox suspension (Mucogel®)
Gastro-Oesophageal Reflux (Heartburn)
Acidex®
Gaviscon Advance® liquid
Gaviscon Advance® tablets
Gaviscon® Infant sachet
H2-Receptor antagonists
Ranitidine 75mg tablets
Infant colic
Simeticone
Irritable Bowel Syndrome (IBS)/ Antispasmodics
Hyoscine butylbromide 10mg tablets
Mebeverine 135mg tablets
Peppermint oil capsules
Acute diarrhoea
Oral rehydration salt sachets
Dioralyte®
Antimotility drugs
Loperamide 2mg
Constipation
Acute constipation
Senna or bisacodyl tablets
Glycerin or bisacodyl suppositories
Chronic constipation
Ispaghula husk sachets
Macrogols (Laxido®) or lactulose
Bulk-forming laxatives
Ispaghula husk sachets
Stimulant laxatives
Bisacodyl tablets
Bisacodyl suppositories
Glycerin suppositories
Senna liquid
Senna tablets
Osmotic laxatives
Macrogols (Laxido®)
Lactulose solution
Haemorrhoids
Soothing haemorrhoidal preparations
Anusol® cream
Anusol® ointment
Anusol ®suppositories
Compound haemorrhoidal preparations with corticosteroids
Anusol® Plus HC ointment
Anusol® Plus HC suppositories

2 Respiratory system

Allergy
Antihistamines
Non-Sedating Antihistamines
Cetirizine tablets, oral solution
Loratidine tablets, syrup
Sedating Antihistamines
Chlorphenamine tablets, oral solution
Cough and nasal congestion
Aromatic inhalations
Menthol crystals
Pholcodine SF linctus
Simple SF linctus
Simple paediatric SF linctus
Systemic nasal decongestants
Pseudoephedrine tablets, liquid

3. Central Nervous system

Drugs used in nausea related to Migraine
Prochlorperazine 3mg buccal tablets (Buccastem M®)
Analgesics and Antipyretics
Paracetamol 500mg tablets
Paracetamol oral suspension SF
Ibuprofen tablets
Ibuprofen oral suspension
Migraine and associated symptoms
Analgesics with anti-emetics
Migraleve® Pink tablets
5 HT_1 Agonists
Sumatriptan 50mg tablets

4. Infections

Management of Threadworms
Mebendazole 100mg tablets, suspension
Vaginal candidiasis (thrush)
Clotrimazole 500mg vaginal pessary
Clotrimazole 1% or 2% cream
Clotrimazole 10% vaginal cream
Oral antifungal drugs
Fluconazole 150mg capsule*
Drugs used in Cystitis
Potassium citrate oral solution
Potassium citrate eff. Tablets, potassium or sodium citrate sachets

5. Musculoskeletal and joint disease

Paracetamol 500mg tablets
Paracetamol oral suspension SF
Ibuprofen tablets
Ibuprofen oral suspension
Topical NSAIDs
Ibuprofen 5% and 10% gel

6 Eye

Bacterial conjunctivitis
Antibacterials
Chloramphenicol eye drops 0.5%*
Chloramphenicol eye ointment *
Eye symptoms associated with hay fever
Sodium cromoglicate 2% eye drops
Tear deficiency / ocular lubricants
Hypromellose 0.3% eye drops
Hypromellose 0.3% eye drops P/F (Lumecare®)
Carbomer 980 gel 0.2% (Clinitas®)
Carbomer 980 gel 0.2% P/F (Viscotears®)
Polyvinyl alcohol (Liquifilm®)
VitA-POS® eye ointment
Simple eye ointment

7. Ear, Nose and oropharynx

Removal of Ear Wax
Olive oil or almond oil in a suitable dropper bottle
Sodium bicarbonate 5% ear drops
Ear Infection (Otitis Externa)
Ear Calm® Spray
Drugs used in nasal allergy – corticosteroids
Nasal Steroid
Beclometasone nasal spray
Fluticasone propionate nasal spray
Topical nasal decongestants
Sodium chloride 0.9% nasal drops
Xylometazoline 0.1% drops/spray
Xylometazoline 0.05% paediatric drops
Oral Ulceration and Inflammation
Benzocaine containing gel or liquid
Benzydamine 0.15% oral rinse
Benzydamine 0.15% spray
Chlorhexidine 0.2% mouthwash
Choline salicylate gel
Hydrocortisone 2.5mg pellets
Lidocaine containing gel or liquid
Oral Thrush
Miconazole oral gel

8. Skin

Soap Subsitutes
Dermol ® wash
Doublebase® emollient wash gel
Hydromol® ointment
QV® gentle wash

Emollient bath/shower additives
Bath
Hydromol® bath and shower emollient
QV® bath oil
Oilatum® junior
Dermol ®600

Shower
Hydromol® bath and shower emollient
Doublebase® emollient shower gel
Oilatum ® shower emollient (gel)
Dermol® 200 shower emollient

Emollient ointments (useful at night time or when using occlusive dressings)
Hydromol® ointment
Hydrous ointment
Liquid Paraffin 50% and white soft paraffin 50% ointment
QV® intensive ointment

Emollient creams (preferable for use during the daytime)
Oilatum® cream
QV® cream, lotion
Aveeno® cream (ACBS)
Cetraben® cream
Doublebase® gel
Doublebase® dayleve gel
E45® cream

Barrier preparations

Dimeticone
Conotrane ®
Metanium ®

Zinc preparations
Sudocrem ®
Zinc and castor oil ointment

Antipruritic preparations
Crotamiton 10% cream ±hydrocortisone
Crotamiton 10% lotion
Calamine aqueous cream, lotion

Topical corticosteroids
Hydrocortisone 1% cream ,1% ointment
Clobetasone 0.05% cream (Eumovate® eczema and dermatitis cream)

Acne
Products containing benzoyl peroxide

Warts and Verrucae
Salicylic acid preparations, e.g. Occlusal®, Salactol®, Bazuka®, Verrugon®

Shampoos and scalp preparations

Coal Tar Preparations
Alphosyl® 2 in 1
Capasal®
Sebco®
T/Gel ®

Other Scalp Preparations
Dermax ®
Ketoconazole shampoo
Selsun®

Cradle Cap
Olive oil

Fungal skin infections
Clotrimazole 1% cream
Miconazole 2% cream
Terbinafine cream

Cold Sores
Aciclovir 5% cream

Head lice
Dimeticone
Malathion aqueous liquid

Accessories
Bug Buster® head lice detection and eradication kit
Nitty Gritty® Nit comb
Scabies
Permethrin dermal cream
Malathion aqueous liquid
Boils
Magnesium sulphate paste
Impetigo
Hydrogen peroxide 1% (Crystacide®)

9. Wound Care

Crepe bandage
Melolin®
Premierpore® (use instead of Mepore®)
Inadine®
Irripods® (use instead of Steripods®)
Micropore®
Gauze swabs 4-ply non sterile
Comfifast® (use instead of Tubifast®)
Comfigrip® (use instead of Tubigrip®)

10 Homeopathic Products

The supply of homeopathic products via MAS is not recommended. There is insufficient evidence to demonstrate that homeopathic products are effective

* = POM Pack via PGD

1. Gastrointestinal System

Dyspepsia (Indigestion)

Co-magaldrox suspension (Mucogel®)

Gastro-Oesophageal Reflux (Heartburn)

Acidex®

Gaviscon® Advance liquid

Gaviscon® Advance tablets

Child

Gaviscon Infant® sachets

H2-Receptor antagonists

Ranitidine 75mg tablets

Good practice Points

Also see –

- NHS Fife Guidance on Management of Dyspepsia
- NICE CG 184 - Dyspepsia and gastro-oesophageal reflux disease Investigation and management of dyspepsia, symptoms suggestive of gastro-oesophageal reflux disease, or both
- NICE Guideline 1 – GORD: recognition, diagnosis and management in children and young people (Jan. 15).
- Normal lifestyle advice is necessary, e.g encouraging weight loss, smoking cessation, reducing alcohol intake.
- Liquid antacids are more effective than tablets.
- Compound alginates preparations are less powerful antacids than co-magaldrox (Mucogel®) but may be more effective for heartburn
- Ranitidine should only be used short term. If problems persist, refer to GP. .

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 form working. Check if the heartburn remedy would interfere with other medicines.

When to advise the patient to contact their GP

- Symptoms suggestive of underlying disease, e.g. progressive difficulty in swallowing, progressive unintended weight loss or sudden onset ofsymptoms, 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

Simeticone

Good practice Points

- Colic is common in babies and usually resolves within 4 months.
- Evidence of benefit of simeticone containing products is uncertain.
- 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 may be made on up to 3 occasions
- **NOTE:** The supply of lactase drops (Colief®) for the relief of symptoms related to lactose intolerance is not recommended via MAS. Colief® is not a licensed medicine and is only prescribable via the NHS if it meets strict ACBS criteria (see BNF Appendix 2.5 for further details). Parents should be referred to the GP for assessment of cows milk protein allergy and lactose intolerance.

Irritable Bowel Syndrome (IBS)/ Antispasmodics

Hyoscine butylbromide 10mg tablets

Mebeverine 135mg tablets

Peppermint oil capsules

Good practice Points

- These products should not be supplied if the patient is presenting with IBS symptoms for the first time.
- For general cramping Buscopan Cramps® may be prescribed for short –term use.

When to advise the patient to contact their GP

- Patients with new onset of symptoms or worsening symptoms.
- Symptoms suggestive of underlying disease e.g. blood in stools, unexplained weight loss, major change in bowel habit, anaemia-like symptoms.
- Unresponsive to appropriate treatment.

Acute diarrhoea

Oral rehydration salt sachets

Dioralyte®

Antimotility drugs

Loperamide 2mg

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.
- 'Medicine Sick Day Rules' - Review medicines which should be temporarily stopped during bouts of diarrhoea or vomiting e.g ACE inhibitors, angiotensin receptor blockers, diuretics, metformin or NSAIDs. Advise patient to restart the medicine 24-48 hours after eating and drinking normally. If in any doubt refer to GP.
- Review medicines whose efficacy may be affected by a bout of diarrhoea e.g. oral contraceptives, warfarin.

When to advise the 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 diarhhoea

Constipation

Acute constipation

First choice: **Senna or bisacodyl tablets**
Second choice: **Glycerin or bisacodyl suppositories**

Chronic constipation

First choice: **Ispaghula husk sachets**
Second choice: **Macrogols (Laxido®)**
Lactulose

Bulk-forming laxatives

Ispaghula husk sachets

Stimulant laxatives

Bisacodyl tablets
Bisacodyl suppositories
Glycerin suppositories
Senna liquid
Senna tablets

Osmotic laxatives

First choice: **Macrogols (Laxido®)**
Second choice: **Lactulose solution**

Good practice Points

- Also see NHS Fife guidance on the Management of Constipation in Adults
  http://www.fifeadtc.scot.nhs.uk/media/2063/ff-appendix-1c.pdf
- 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.
- Macrogols are preferred to lactulose as they are less expensive and less likely to cause flatulence.

Examples of Counselling Points

- Eat more fibre.
- Drink more fluids, and advise to reduce consumption of tea, coffee, cola or alcohol.
- 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 the patient to contact their GP

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

Haemorrhoids

Soothing haemorrhoidal preparations

Anusol® cream
Anusol® ointment
Anusol® suppositories

Compound haemorrhoidal preparations with corticosteroids

Anusol Plus HC® ointment
Anusol Plus HC® suppositories

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 containing 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 the 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 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.

2. Respiratory system

Allergy

Antihistamines

Non-Sedating Antihistamines

First choice: **Cetirizine tablets, oral solution**

Second choice: **Loratidine tablets, syrup**

Sedating Antihistamines

Chlorphenamine tablets, oral solution

For the treatment of allergy related nasal or eye symptoms **see section 6 on Eye and section 7 on Ear, nose and oropharynx.**

Good practice Points

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

Examples of Counselling Points

- For hayfever, start taking before season starts and continue throughout.
- Avoid going out when the pollen count is high.

When to advise the patient to contact their GP

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

Cough and nasal congestion

Aromatic inhalations

Menthol crystals

Good practice Points

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

Cough

Also see NHS Fife Antibiotic Guidance for the Treatment of Community Managed Infections

Pholcodine SF linctus

Simple SF linctus

Simple paediatric SF linctus

Good practice Points

- None of the remedies available for the management of cough (cough suppressants, expectorants or demulcents) are proven to provide any significant benefit. All recommended liquids should be sugar-free if at all possible.
- Pholcodine linctus is 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 weeks.
- Smokers can suffer more with their coughs; advice can be given on smoking cessation.

When to advise the patient to contact their GP

- Persistent cough with alarm symptoms, e.g. weight loss, fluid retention, wheezing.
- Cough lasting 3 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).

Systemic nasal decongestants

Pseudoephedrine tablets, liquid

Good practice Points

- The total quantity of pseudoephedrine that can be supplied at one time is restricted to a total of 720mg due to concerns about its abuse in production of amphetamine-like agents.
- Systemic decongestants provide short-term relief of congestive symptoms (3-10 hours).
- Systemic decongestants are considered less suitable for prescribing by the BNF as they are less effective than short-term use of nasal sprays /drops.

3. Central nervous system

Drugs used in nausea related to migraine

Prochlorperazine 3mg buccal tablets (Buccastem M®)

Examples of Counselling Points

- Prochlorperazine may cause drowsiness.

Analgesics and Antipyretics

Also see NHS Fife Guidance on Management of Chronic Non-Malignant Pain

Mild Pain

Paracetamol or Ibuprofen

Mild to Moderate Pain

Paracetamol + Ibuprofen

Paracetamol 500mg tablets
Paracetamol oral suspension SF 120mg/5ml
Paracetamol oral suspension SF 250mg/5ml
Ibuprofen 200mg, 400mg tablets
Ibuprofen oral suspension 100mg/5ml

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 and are not recommended in the BNF or the Fife Formulary.
- Compound analgesics may produce opioid side-effects and complicate treatment if a patient has taken an overdose.
- Paracetamol or ibuprofen suspension are only licensed for use in post-immunisation pyrexia in infants 2 months and older.
- Paracetamol or ibuprofen should not be given pre-immunisation. Post-immunisation only if the infant develops pyrexia and seems distressed.

Examples of Counselling Points

- Rest is essential to allow the injury to recover.
- For sprains and strains, cold packs should be applied to reduce swelling and bruising for the first 72 hours. After this heat therapy should be applied to improve healing.
- The area should be elevated if possible to remove fluid from area of injury.

When to advise the 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

Migraine and associated symptoms

Analgesics with anti-emetics

Migraleve® Pink tablets

Anti-emetics

See prochlorperazine entry above

5 HT_1 Agonists

Sumatriptan 50mg tablets

Good practice Points

- 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.
- For the appropriate supply of sumatriptan in the management of migraine see RPS Guidance on OTC Sumatriptan.
- Migraleve® Pink contains buclizine, paracetamol and codeine and may be useful in patients who present with a migraine with nausea.
- Migraleve® Yellow tablets are equivalent to co-codamol 8/500mg tablets and are not recommended.

4. Infections

Management of Threadworms

Mebendazole

Mebendazole 100mg tablets, suspension

Good Practice Points

- To prevent reinfection, all household members should be treated at the same time even if asymptomatic.
- If reinfection occurs, a second dose of mebendazole should be taken after 2 weeks.

Examples of Counselling Points

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

When to advise the patient to contact their GP

- Infection other than threadworm suspected.
- Recent travel abroad.
- Medication failure.
- Pregnancy.
- Children aged less than 2 years.

Vaginal candidiasis (thrush)

Clotrimazole 500mg vaginal pessary

Clotrimazole 1% or 2% cream

Clotrimazole 10% vaginal cream

Oral antifungal drugs

Fluconazole 150mg capsule*

* 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, 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 the 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.

Drugs used in Cystitis

Also see NHS Fife Antibiotic Guidance for the Treatment of Community Managed Infections

First choice:	**Potassium citrate oral solution**
Second choice:	**Potassium citrate eff. tablets Potassium or sodium citrate sachets**

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 and can increase urinary acidity.
- High strength cranberry juice capsules have been shown to help prevent urinary tract infections. (Cranberry juice should be avoided in patients taking warfarin).

When to advise the 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.
- Patient with hypertension or taking ACE inhibitors, potassium sparing diuretics.

5. Musculoskeletal and joint disease

Also see section 3 – Analgesics

Mild Pain

First choice: **Paracetamol or Ibuprofen**

Mild to Moderate Pain

First choice: **Paracetamol + Ibuprofen**

Non-steroidal anti-inflammatory drugs (NSAIDs)

Ibuprofen 200mg tablets

Ibuprofen 400mg tablets

Ibuprofen oral suspension 100mg/5ml

Good practice Points

- The combination of a NSAID and low dose aspirin may increase the risk of gastro-intestinal side effects and should be avoided if possible.
- Rest is essential to allow the injury to recover.
- For sprains and strains, cold packs should be applied to reduce swelling and bruising for the first 72 hours. After this heat therapy should be applied to improve healing.
- The area should be elevated if possible to remove fluid from area of injury.

Examples of Counselling Points

- NSAIDs must be taken with or after food.

Topical NSAIDs

Ibuprofen 5% and 10% gel

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.

6. Eye

Bacterial conjunctivitis

First choice: **General lid hygiene advice**

Second choice: **Chloramphenicol**

Antibacterials

Chloramphenicol eye drops 0.5%*
Chloramphenicol eye ointment *

* National PGD in place to allow supply of POM packs.

Good practice Points

- Most cases of acute bacterial conjunctivits 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 3 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.
- Patients presenting with styes should be advised to apply a hot compress to the eye lid.
- There is no benefit in using propamidine, dipbropropamidine (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 the RPS website www.rpharms.com/support-pdfs/otcchloramphenicoleyedropsguid.pdf

Examples of Counselling Points

- Keep the product in the fridge (chloramphenicol eye drops).
- Once opened the eye drops / ointment should be discarded after 28 days.

When to advise the 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

Also see section 2 – oral anithistamines and section 7 – nasal sprays

Sodium cromoglicate 2% eye drops

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 / ocular lubricants

First choice:	**Hypromellose 0.3% eye drops**
	Hypromellose 0.3% eye drops P/F (Lumecare®)
	Carbomer 980 gel 0.2% (Clinitas®)
	Carbomer 980 gel 0.2% P/F (Viscotears®)
	Polyvinyl alcohol (Liquifilm®)
	VitA-POS® eye ointment
Second choice:	**Simple eye ointment**

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. Preservative–free (P/F) formulations are recommended in patients who frequently use eye drops (>6 times per day).
- Simple eye ointment is an alternative to VitA-POS® ointment, as Simple eye ointment is more expensive it should only be used in patients with known lanolin allergy.

When to advise the patient to contact their GP/ Optometrist

- If condition lasts longer than 2 weeks or patient requires frequent instillation of an ocular lubricant
- Pains or signs of infection, i.e. purulent discharge.

7. Ear, Nose and oropharynx

Removal of Ear Wax

Olive oil (in a suitable dropper bottle)
Almond oil (in a suitable dropper bottle)
Sodium bicarbonate 5% ear drops

Ear Infection (Otitis Externa)

Ear Calm® Spray

Good practice Points

- Some proprietary products e.g. Cerumol®, Otex® contain organic solvents which may irritate the meatal skin. These products are considered less suitable for prescribing by the BNF and should not be prescribed. Almond oil or olive oil is just as effective, less expensive and less likely to cause irritation.
- 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.

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.

Drugs used in nasal allergy – corticosteroids

For the management of allergy also see section 2 oral anithistamines and section 6 eye.

Nasal Steroid

First choice: **Beclometasone nasal spray**
Second choice: **Fluticasone propionate nasal spray**

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.
- Advise patients once symptoms are under control reduce to minimum effective dose

Topical nasal decongestants

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

Good practice Points

- Systemic nasal decongestants e.g pseudoephedrine are not recommended
- Sodium chloride 0.9% nasal drops can relieve nasal congestion by helping liquefy nasal secretion and may be helpful in infants.
- Topical nasal decongestants can lead to rebound congestion on withdrawal and should be used short-term (usually for no longer than 7 days).
- Paediatric xylometazoline drops can be used in children aged 6-12 years for a maximum duration of 5 days.
- Patients with uncontrolled hypertension should be referred to a GP.

Oral Ulceration and Inflammation

Benzocaine containing gel or liquid
Benzydamine 0.15% oral rinse
Benzydamine 0.15% spray
Chlorhexidine 0.2% mouthwash
Choline salicylate gel
Hydrocortisone 2.5mg pellets
Lidocaine containing gel or liquid

Good practice Points

- For the management of sore throats, simple oral analgesics e.g. paracetamol or ibuprofen should be considered in preference to specific sore throat products.
- 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 the patient to contact their GP or Dental Practitioner

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

Oral Thrush

Miconazole oral gel 20mg/g

Good practice Points

- Miconazole oral gel is is not licensed in children under 4 months of age.
- In patients using inhaled corticosteroids, advise patient to rinse mouth with water after use of inhaler.
- For the mangagement of breastfeeding mothers who present with thrush see NHS Fife guidance.

Examples of Counselling Points

- Treatment should be continued for 48 hours after the lesions have healed.
- If patient uses an inhaled corticosteroid, advise patient to rinse mouth after use. Check inhaler technique.
- If patient wears dentures, advise to leave dentures out as much as possible until infection has cleared.

When to advise the patient to contact their GP

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

Lozenges and sprays - Not recommended

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

For the management of sore throats, simple oral analgesics e.g. paracetamol or ibuprofen should be considered in preference to specific sore throat products.

8. Skin

Soap Subsitutes

Doublebase® Emollient wash gel (fragrance free)
Hydromol ®Ointment (fragrance free)
QV® Gentle wash (fragrance free)
Dermol ® wash (fragrance free contains antimicrobial)

Emollient bath/shower additives

Bath - First choice:	**Hydromol® bath and shower emollient (fragrance free)**
Bath - Second Choice	**QV® bath oil (fragrance free)**
	Oilatum® junior (fragrance free)

Bath preparations containing antimicrobial/antiseptic

Dermol 600® (fragrance free, contains antimicrobial)

Shower - First choice:	**Hydromol® bath and shower emollient (fragrance free)**
Shower - Second Choice	**Doublebase® emollient shower gel (fragrance free)**
	Oilatum® shower emollient gel (fragrance free)

Shower preparations containing antimicrobial/antiseptic

Dermol 200® Shower emollient (fragrance free, contains antimicrobial)

Good practice Points

- Fragrance Free preparations are preferable to avoid irritation or sensitivity.
- Preparations containing antimicrobials are useful where an antiseptic would be of benefit.
- Aqueous cream is no longer recommended as a soap subsitute or for use as an emollient. Aqueous cream contains sodium lauryl sulphate whch can damage the skin barrier.
- Emollient bath additives make the bath slippy and patients should be warned of the risk of falling.

Emollient ointments (useful at night time or when using occlusive dressings)

First Choice	**Hydromol® ointment**
	Hydrous ointment
Second Choice	**Liquid paraffin 50% and white soft paraffin 50% ointment**
	QV® intensive ointment

Emollient creams (preferable for use during the daytime)

First Choice	**Oilatum® cream**
	QV® cream, lotion
Second Choice	**Aveeno® cream (ACBS)**
	Cetraben® cream
	Doublebase® gel
	Doublebase® dayleve gel
	E45® cream

Good practice Points

- Aveeno® Cream should only be prescribed in line with ACBS recommendadtions. See BNF.
- Emollients should be applied in the direction of hair growth.
- Patients should be informed of the potential fire hazard when using paraffin based emollients.
- 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.
- In general use creams on moist areas or day time use and ointments for dry scaly conditions and night time use.

Barrier preparations

Dimeticone Preparations

First Choice	**Conotrane®**
Second Choice	**Metanium®**

Zinc Preparations

	Sudocrem®
	Zinc and castor oil ointment

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.

Antipruritic preparations

Crotamiton 10% cream ±hydrocortisone

Crotamiton 10% lotion

Calamine aqueous cream, lotion

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.

Topical corticosteroids

First choice:	**Hydrocortisone 1%**
Mildly potent	**Hydrocortisone 1% cream , 1% ointment**
Moderately potent	**Clobetasone 0.05% cream (Eumovate® eczema and dermatitis cream)**

Good practice Points

- Topical corticosteroids are not recommended in urticaria, rosacea, acne or undiagnosed, possibly infective, disorders.
- Topical corticosteroids should not be supplied for application to the face or on broken skin. Refer to GP instead.
- 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.

Acne

Products containing benzoyl peroxide

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 the patient to contact their GP

- Acne in those <12 years of age.
- Severe/ extensive cases.
- Acne causing scarring.
- Failed medication (no improvement in 2 months).
- Suspected drug induced acne.

Warts and Verrucae

Salicylic acid preparations

Occlusal® (Salicylic acid 26%)

Salactol® (Salicylic acid 16.7% + lactic acid 16.7%)

Bazuka® (Salicylic acid 12% + lactic acid 4%)

Verrugon® (Salicylic acid 50%)

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 the patient to contact their GP

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

Shampoos and scalp preparations

Coal Tar Preparations

Alphosyl 2 in 1®
Capasal®
Sebco®
T/Gel ®

Other Scalp Preparations

Selsun®
Ketoconazole shampoo
Dermax® (benzalkonium chloride 0.5%)

Cradle Cap

Olive oil

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 requires no specific treatment and usually clears up on its own after a number of weeks or months. Cradle cap in infants can be treated with olive oil. Advise parent to gently massage a small amount of olive oil into the scalp at night to help to soften and loosen the scales. In the morning use a soft baby brush or cloth to gently remove any loose particles and then wash the hair with a baby shampoo. It's important not to pick at the scales because it may cause an infection.

Fungal skin infections

Clotrimazole 1% cream ± hydrocortisone
Miconazole 2% cream ± hydrocortisone
Terbinafine cream

Good practice Points

- Refer to individual product literature to advise length of treatment with antifungal creams.
- 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 corpis (ringworm).
- Terbinafine is not licensed for children under 16 years.
- Combination of an imidazole and corticosteroid is only indicated for the treatment of athlete's foot and fungal infections of skin folds associated with inflammation.
- The use of amorolfine lacquer (Curanail®) for the management of fungal nail infections is not recommended as part of MAS. Patients should be referred to a GP for appropriate treatment.

When to advise the 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

Cold Sores

Aciclovir 5% cream

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 the 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.

Head lice

First choice: **Dimeticone**
Second choice: **Malathion aqueous liquid 0.5%**

Accessories

Bug Buster® head lice detection and eradication kit
Nitty Gritty® nit comb

Scabies

First choice: **Permethrin dermal cream**
Second choice: **Malathion aqueous liquid 0.5%**

Good practice Points

- For head 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.
- **Permethrin crème rinse (Lyclear®) is not recommended for the treatment of head lice due to the limited contact time.**

- 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.

Boils

Magnesium sulfate paste

Impetigo

Hydrogen peroxide 1% (Crystacide®)

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.

9. Wound care

- Dressings listed in Part 2 of the Drug Tariff may be supplied via MAS.
- Products supplied should be in line with those listed in the NHS Fife Wound Formulary

Examples of the most commonly prescribed products via MAS are -

Crepe bandage
Melolin®
Premierpore® (use instead of Mepore®)
Inadine®
Physiotulle® (use instead of Jelonet®)
Irripods® (use instead of Steripods®)
Micropore®
Gauze swabs 4-ply non sterile
Comfifast® (use instead of Tubifast®)
Comfigrip® (use instead of Tubigrip®)

10. Homeopathic Products

The supply of homeopathic products via MAS is **not recommended**.

There is insufficient evidence to demonstrate that homeopathic products are effective.