



# Local Minor Ailment Service Formulary

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## INTRODUCTION

## Minor Ailment Service

The Minor Ailment Service (MAS) allows patients, who are exempt from prescription charges, to register with and use a community pharmacy as the first port of call for the treatment of common illnesses on the NHS. The pharmacist will advise, treat or refer the patient according to their needs.

The items which will be reimbursed under MAS are:

- All P and GSL medicines provided that they are not blacklisted
- Dressings and appliances available in Part 2 of the Drug Tariff
- Selected items such as Nitty Gritty® combs, Sodium Bicarbonate Ear Drops and Sodium Chloride Nasal Drops from part 3 of the Drug Tariff

All drugs provided as part of MAS will be reimbursed at Drug Tariff prices, and community pharmacies will not receive a dispensing fee for the prescription. Any item dispensed out with the above list is not reimbursable.

NRT products or emergency hormonal contraception should not be supplied under MAS; contractors will not be reimbursed for any supplies made on CP2 forms as they form part of the Public Health Service and should be supplied using CPUS forms. Orlistat and simvastatin are also not allowed on CP2 forms as the conditions for which they are licensed over the counter are not considered as minor ailments.

Repeat supplies of products for minor illnesses may be required from time to time. This is condition dependent and is at the discretion of the pharmacist but consideration should be given to conditions which may last several weeks or months but are time-limited e.g. hay fever, infant colic or teething.

## Local MAS formulary

To help improve compliance, the MAS formulary has been reviewed and amended. Some of these are a result of changes made to the new joint formulary and preferred list or changes in public health policies. Changes are summarised below -

- Revision of teething and mouth ulcer products in line with recent MHRA advice
- Updated advice on head lice treatment
- Updated advice on the use of cough and cold remedies in children

PDF copies will be made available for download from the Community Pharmacy Development Team intranet site (NHS GG&C contractors only) at

<http://www.staffnet.ggc.scot.nhs.uk/Acute/Division%20Wide%20Services/Pharmacy%20and%20Prescribing%20Support%20Unit/Community%20Pharmacy/Pages/default.aspx>

Alternatively, unlimited access can be made from the following addresses-

[www.ggcformulary.scot.nhs.uk](http://www.ggcformulary.scot.nhs.uk) or

[www.communitypharmacy.scot.nhs.uk](http://www.communitypharmacy.scot.nhs.uk) from NHS Greater Glasgow and Clyde page.

Adherence with the formulary will ensure that contractors are correctly remunerated for supplies made on CP2 forms. Pharmacists are encouraged to prescribe generically, but ensure correct endorsement for P products supplied (see individual entries for details). The formulary entries in coloured text refer to how the medicine should be written on the prescription, with additional information regarding what product and pack size to supply and how to endorse below each entry.

For all queries regarding MAS, please contact the Pharmacy Team in QPH on 0141 201 5528.

## Minor Ailment Service and Drug Tariff Part 7b items

The Drug Tariff will be amended from June 2009 to clarify payment for some generic items. The drugs included are listed below.

Item	Form	Strength	Pack
Amorolfine Nail	Lacquer	5%	3ml
Beclometasone	Nasal Spray	50 microgram	100 & 180 doses
Domperidone	Tablets	10mg	10
Fluticasone	Nasal Spray	0.05%	60 doses
Hyoscine Butylbromide	Tablets	10mg	20
Ibuprofen	Tablets	200mg & 400mg	24
Ketoconazole	Shampoo	2%	60ml & 120ml
Ketoprofen	Gel	2.5%	30g
Loperamide	Tablets	2mg	12
Loperamide	Caps	2mg	8 & 12
Loratadine	Tablets	10mg	7
Mebeverine	Tablets	135mg	15
Omeprazole	Tablets	10mg	14
Paracetamol	Tablets	500mg	32
Prochlorperazine	Tablets	3mg	8
Pseudoephedrine	Oral Sol	30mg/5ml	100ml
Pseudoephedrine	Tablets	60mg	12
Ranitidine	Tablets	75mg	6 & 12
Sodium Cromoglicate	Eye Drops	2%	5ml & 10ml
Sumatriptan	Tablets	50mg	2
Terbinafine	Cream	1%	7.5g
Triamcinolone Acetonide	Paste	0.1%	5g

## 1. GASTRONINTESTINAL

### 1.1 INDIGESTION

#### 1.1.1 ALUMINIUM AND MAGNESIUM CONTAINING ANTACIDS See section 1.1.1 of the BNF for further information.

##### **CO-MAGALDROX SF SUSPENSION 195/220/5ml**

Supply and endorse as Mucogel<sup>®</sup>. Supply 500ml.

##### **ALUMINIUM HYDROXIDE LIQUID**

Supply 500ml.

#### 1.1.2 COMPOUND ALGINATES AND PROPRIETARY INDIGESTION PREPARATIONS

##### **PEPTAC<sup>®</sup> LIQUID**

Peppermint and aniseed flavours. Supply 500ml pack.

##### **RANITIDINE 75mg TABLETS**

Available in pack sizes of 6 or 12 tablets.

### 1.2 INFANT COLIC

See section 1.1.1 of the BNF for further information.

##### **INFACOL<sup>®</sup> LIQUID**

Supply 50ml pack.

### 1.3 CONSTIPATION

#### 1.3.1 BULK-FORMING LAXATIVES

See section 1.6.1 for further information.

##### **ISPAGHULA HUSK 3.4g/3.5g**

Supply in packs of 30 or 60 sachets.

Ensure adequate fluid intake. Not to be taken immediately before going to bed.

- 1.3.2 **STIMULANT LAXATIVES**  
See section 1.6.2 of the BNF for further information.

**SENNA SYRUP 7.5mg/5ml**

Supply 100ml pack.

**SENNA TABLETS 7.5mg**

Supply pack of 30 tablets.

**DOCUSATE SODIUM CAPSULES**

Supply pack of 30 capsules.

**DOCUSATE LIQUID**

Supply 300ml pack.

**BISACODYL 10mg SUPPOSITORIES**

Supply pack of 12 suppositories.

**BISACODYL 5mg TABLETS**

Supply pack of 28 tablets.

**GLYCERIN 4g (ADULT) SUPPOSITORIES**

Supply pack of 12 suppositories.

- 1.3.3 **OSMOTIC LAXATIVES**  
See Section 1.6.4 of the BNF for further information.

**LACTULOSE SOLUTION**

Supply 300ml/500ml pack.

- 1.4 **DIARRHOEA**

- 1.4.1 **ANTIMOTILITY DRUGS**

**LOPERAMIDE 2mg CAPSULES**

Supply in packs of 8 or 12 capsules

In adults and children over 12 years. Maximum strength 2mg, maximum dose 4mg and maximum daily dose 12mg.

- 1.4.2 **ORAL REHYDRATION THERAPY**  
See section 9.2.1.2 of the BNF for further information.

**DIORALYTE<sup>®</sup> ORAL POWDER**

Supply in packs of 20 sachets.

- 1.5 **HAEMORRHOIDS**

- 1.5.1 **SOOTHING HAEMORRHOIDAL PREPARATIONS**  
See section 1.7.1 of the BNF for further information.

**ANUSOL<sup>®</sup> CREAM**

Supply 23g pack.

**ANUSOL<sup>®</sup> OINTMENT**

Supply 25g pack.

**ANUSOL<sup>®</sup> SUPPOSITORIES**

Supply pack of 12 suppositories.

**PREPARATION-H<sup>®</sup> OINTMENT**

Supply 25g pack.

**GERMOLOIDS<sup>®</sup> OINTMENT**

Supply 25ml pack.

**GERMOLOIDS<sup>®</sup> SUPPOSITORIES**

Supply pack of 12 suppositories.

- 1.5.2 **COMPOUND HAEMORRHOIDAL PREPARATIONS WITH CORTICOSTEROIDS**  
See section 1.7.2 of the BNF for further information.

**ANUSOL PLUS HC<sup>®</sup> OINTMENT**

Supply 15g pack.

**ANUSOL PLUS HC<sup>®</sup> SUPPOSITORIES**

Supply pack of 12 suppositories.

- 1.6 **MOUTH ULCERS AND TEETHING**  
See section 12.3.1 of the BNF for further details

**BENZYDAMINE 0.15% MOUTHWASH**

Supply 300ml pack.

**BENZYDAMINE 0.15% SPRAY**

Supply 30ml pack.

**CHLORHEXIDINE 0.2% MOUTHWASH**

Supply 300ml pack.

**LIDOCAINE 0.1% AND CETALKONIUM CHLORIDE  
0.33% TEETHING GEL**

Supply and endorse as Bonjela<sup>®</sup> Teething Gel. Supply  
15g pack.

**LIDOCAINE HYDROCHLORIDE 0.33% AND  
CETYLPYRIDINIUM CHLORIDE 0.10%**

Supply and endorse as Calgel<sup>®</sup> Teething Gel. Supply 10g  
pack.

**LIDOCAINE HYDROCHLORIDE 2%,  
CHLOROCRESOL 0.1% AND CETYLPYRIDINIUM  
CHLORIDE 0.02% GEL**

Supply and endorse as Anbesol Adult Strength Gel.  
Supply 10g pack

- 1.7 **ORAL THRUSH**  
See section 12.3.2 of the BNF for further information.

**MICONAZOLE ORAL GEL**

Supply 15g pack.

## 2. RESPIRATORY

### 2.1 HAY FEVER

#### 2.1.1 NON-SEDATING ANTIHISTAMINES

See section 3.4.1 of the BNF for further information.

##### **CETIRIZINE 10mg TABLETS**

Supply up to pack of 30 tablets.

##### **CETIRIZINE SOLUTION 1mg/1ml ORAL SOLUTION**

Supply 70ml, 100ml or 200ml packs.

##### **LORATADINE 10mg TABLETS**

Supply up to pack of 30 tablets.

##### **LORATADINE 5mg/5ml SYRUP**

Supply 100ml pack.

#### 2.1.2 SEDATING ANTIHISTAMINES

See section 3.4.1 of the BNF for further information.

Drowsiness may affect performance of skilled tasks (e.g. driving); sedating effects enhanced by alcohol.

##### **CHLORPHENAMINE 4mg TABLETS**

Supply pack of 30 tablets.

##### **CHLORPHENAMINE 2mg/5ml SYRUP**

Supply 150ml pack.

#### 2.1.3 OTHER ANTI-INFLAMMATORY PREPARATIONS

##### **SODIUM CROMOGLICATE 2% EYE DROPS**

Supply as either a 5ml or 10ml pack.

#### 2.1.4 STEROID NASAL SPRAYS

See section 12.2.1 of the BNF for further information.

##### **BECLOMETASONE NASAL SPRAY**

Supply either 100 or 180 dose pack.

## 2.2 COUGH AND NASAL CONGESTION

The MHRA has issued advice for healthcare professionals regarding the use of over-the-counter cough and cold preparations in children aged 6 years and younger (available from their website [www.mhra.gov.uk](http://www.mhra.gov.uk) )

### 2.2.1 DECONGESTANTS

#### **SODIUM CHLORIDE 0.9% NASAL DROPS**

Supply 10ml pack.

### 2.2.2 AROMATIC INHALATIONS

See section 3.8 of the BNF for further information.

#### **MENTHOL CRYSTALS**

Supply 5g pack.

### 2.2.3 COUGH SUPPRESSANTS

See section 3.9.1 of the BNF for further information.

It is recommended that any cough preparations supplied are done so in original patient packs as opposed to the packing down from stock bottles.

#### **PHOLCODINE LINCTUS 5mg/5ml**

Supply 200ml pack.

#### **PAVACOL-D<sup>®</sup>**

This preparation should be restricted to use in diabetic patients only. Supply 300ml pack.

### 2.2.4 EXPECTORANTS AND DEMULCENT COUGH PREPARATIONS

See section 3.9.2 of the BNF for further information.

#### **SIMPLE SF LINCTUS**

Supply 200ml pack.

#### **SIMPLE PAEDIATRIC SF LINCTUS**

Supply up to a 200ml pack

2.2.5 **TOPICAL NASAL DECONGESTANTS**  
See section 12.2.2 of the BNF for further information.

**XYLOMETAZOLINE 0.1% NASAL DROPS**

Excluding Otrivine®. Supply 10ml pack.

**XYLOMETAZOLINE 0.1% NASAL SPRAY**

Excluding Otrivine®. Supply 10ml pack.

**XYLOMETAZOLINE 0.05% PAEDIATRIC NASAL DROPS**

In line with recent MHRA guidance, these preparations should not be used in children under the age of 2 years, and only used under the age of 6 years on the advice of a pharmacist.

Excluding Otrivine®. Supply 10ml pack.

**SORE THROAT**

Consider the use of simple analgesics (see section 3.1.1) in patients presenting with sore throat ahead of sore throat preparations which have no compelling evidence of efficacy.

**BENZYDAMINE 0.15% SPRAY**

Supply 30ml pack.

## CENTRAL NERVOUS SYSTEM

### 3.1 PAIN

#### 3.1.1 NON-OPIOID ANALGESICS

See section 4.7.1 and 10.1.1 of the BNF for further information.

#### **PARACETAMOL 500mg TABLETS**

Supply up to 32 tablet pack.

#### **PARACETAMOL SF 120mg/5ml SUSPENSION**

Supply 100ml pack.

#### **PARACETAMOL SF 250mg/5ml SUSPENSION**

Supply 100ml pack.

#### **CO-CODAMOL 8/500 TABLETS**

Second line agent after paracetamol.  
Supply up to 32 tablet pack.

#### **IBUPROFEN 200mg TABLETS**

Supply up to 48 tablet pack.

#### **IBUPROFEN 400mg TABLETS**

Supply up to 48 tablet pack.

#### **IBUPROFEN SF 100mg/5ml SUSPENSION**

Supply 100-150ml pack.

#### **ANTIMIGRAINE PREPARATIONS**

Treat using a non-opioid analgesic as listed above.

#### 3.1.2 TOPICAL ANALGESICS

See section 10.3.2 of the BNF for further information.

#### **TRANSVASIN<sup>®</sup> HEAT RUB CREAM**

Supply up to 80g pack.

#### **MOVELAT<sup>®</sup> GEL**

Supply 125g pack.

#### **MOVELAT<sup>®</sup> CREAM**

Supply 125g pack

### **TRAVEL SICKNESS**

See section 4.6 of the BNF for further information.

#### **CINNARIZINE 15mg TABLETS**

Supply pack of 20 tablets.

#### **PROMETHAZINE TEOCLATE 25mg TABLETS**

Supply and endorse as Avomine<sup>®</sup>. Supply pack of 56 tablets.

#### **PROMETHAZINE HYDROCHLORIDE 5mg/5ml SF ELIXIR**

Supply pack of 100ml.

3.2

### **NAUSEA AND VOMITING**

See section 4.6 of the BNF for further information.

#### **DOMPERIDONE 10mg TABLETS**

Supply pack of 10 tablets.

## 4. INFECTION

### 4.1 FUNGAL INFECTIONS

#### 4.1.1 VAGINAL CANDIDIASIS

See section 5.2 and section 7.2.2 of the BNF for further information.

##### **FLUCONAZOLE 150mg CAPSULE**

Supply pack of 1 capsule and endorse as brand supplied.

This product can be sold to the public for vaginal candidiasis in women aged 16-60 years, in a container or packaging containing not more than 150mg and labelled to show a maximum dose of 150mg.

##### **CLOTRIMAZOLE 500mg VAGINAL TABLETS**

Supply pack of 1 vaginal tablet.

##### **CLOTRIMAZOLE 1% CREAM**

Supply 20g pack.

##### **CLOTRIMAZOLE 2% CREAM**

Supply 20g pack.

##### **CLOTRIMAZOLE 10% VAGINAL CREAM**

Supply 5g pack. Endorse and supply as Canesten® Internal Cream.

#### 4.1.2 ATHLETE'S FOOT

Also see section 6.2.6 for antifungal products combined with topical corticosteroids.

##### **CLOTRIMAZOLE 1% CREAM**

Supply 20g pack.

##### **MICONAZOLE 2% CREAM**

Supply 30g pack.

##### **MICONAZOLE SPRAY POWDER**

Supply and endorse as Daktarin Aktiv® spray powder.  
Supply 100g pack.

##### **TERBINAFINE 1% CREAM**

Only to be used if other treatments are ineffective.  
Supply 7.5g pack.

## 4.2 VIRAL INFECTIONS

### 4.2.1 COLD SORES

See section 13.10.3 of the BNF for further information.

#### **ACICLOVIR 5% CREAM**

Only supply and endorse as aciclovir cream 5%, 2g.

### 4.2.2 WARTS AND VERRUCAE

See section 13.7 of the BNF for further information.

#### **OCCLUSAL<sup>®</sup>**

Supply 10ml pack.

#### **SALATAC<sup>®</sup> GEL**

Supply 8g pack. Please note: Occlusal<sup>®</sup> remains the 1<sup>st</sup> line preparation for warts and verrucae.

## 4.3 PARASITIC INFECTION

### 4.3.1 THREADWORM

See section 5.5.1 of the BNF for further information.

All family members should be treated at the same time, even if they have no symptoms, to prevent re-infection.

#### **PIPERAZINE 4g ORAL POWDER**

Supply and endorse as Pripsen<sup>®</sup>. Supply 2 sachet pack.

#### **MEBENDAZOLE 100mg CHEWABLE TABLETS**

Endorse as Ovex<sup>®</sup> tablets. Supply 2 tablet pack.

#### **MEBENDAZOLE 100mg/5ml SUSPENSION**

Endorse as Ovex<sup>®</sup> suspension. Supply 30ml pack.

#### 4.3.2 HEAD LICE

See section 13.10.4 of the BNF for further information.

The Greater Glasgow and Clyde Head Lice Service recommend that the customer shows evidence of head lice infection before the product is prescribed. In the past it has been noticed that in many cases people think they have head lice when often this is not the case.

##### **MALATHION 0.5% LIQUID (aqueous based)**

Supply and endorse as Derbac M<sup>®</sup>. Supply as 50ml or 200ml pack.

##### **DIMETICONE 4% LOTION**

Supply and endorse as Hedrin<sup>®</sup>. Supply 50ml pack. Hedrin<sup>®</sup> does not contain a chemical insecticide, but works by encapsulating the head lice, preventing them from functioning.

#### 4.3.3 SCABIES

See section 13.10.4 of the BNF for further information.

##### **PERMETHRIN 5% DERMAL CREAM**

Supply and endorse as Lyclear dermal cream<sup>®</sup>. Supply 30g pack.

## 5. URINARY TRACT DISORDERS

### 5.1 ALKALINISATION OF URINE

See section 7.4.3 of the BNF for further information

#### **POTASSIUM CITRATE 3g GRANULES**

Supply 6 sachet pack.

## 6. SKIN

### 6.1 ACNE

See section 13.6.1 of the BNF for further information.

#### **BENZOYL PEROXIDE 2.5% AQUEOUS GEL**

Supply and endorse as PanOxyl<sup>®</sup> Aquagel. Supply 40g pack.

#### **BENZOYL PEROXIDE 5% AQUEOUS GEL**

Supply and endorse as PanOxyl<sup>®</sup> Aquagel. Supply 40g pack.

#### **BENZOYL PEROXIDE 10% AQUEOUS GEL**

Supply and endorse as PanOxyl<sup>®</sup> Aquagel. Supply 40g pack.

### 6.2 ECZEMA/ALLERGY

#### 6.2.1 EMOLLIENTS

See section 13.2.1 of the BNF for further information.

#### **AQUEOUS CREAM BP**

Supply 500g pack.

#### **EMULSIFYING OINTMENT BP**

Supply 500g pack.

#### **LIQUID AND WHITE SOFT PARAFFIN OINTMENT NPF**

Supply 500g pack.

The Skin Chapter of the main GGC Formulary is to be reviewed in 2011 and the choice of branded emollients may be subject to change. Advice on suitable preparations for the MAS Formulary will be circulated once this review has been concluded.

#### 6.2.2 EMOLLIENT BATH ADDITIVES

See section 13.2.1.1 of the BNF for further information.

#### **OILATUM<sup>®</sup> EMOLLIENT BATH ADDITIVE**

Supply 250ml or 500ml pack.

#### **HYDROMOL<sup>®</sup> EMOLLIENT BATH ADDITIVE**

Supply 150ml or 350ml pack.

- 6.2.3 **BARRIER PREPARATIONS**  
See section 13.2.2 of the BNF for further information.

**SUDOCREM® CREAM**

Supply 60g or 125g pack.

**ZINC AND CASTOR OIL OINTMENT BP**

Supply 50g or 100g pack.

- 6.2.4 **TOPICAL ANAESTHETICS AND ANTIPRURITICS**  
See section 13.3 of the BNF for further information.

**CALAMINE AQUEOUS CREAM**

Supply 100g pack.

**CROTAMITON 10% CREAM**

Supply and endorse as Eurax® cream. Supply 30g or 100g pack.

**CROTAMITON 10% LOTION**

Supply and endorse as Eurax® lotion. Supply 100ml pack.

- 6.2.5 **TOPICAL CORTICOSTEROIDS**

**HYDROCORTISONE 1% CREAM**

Supply 15g pack.

**CLOBETASONE BUTYRATE 0.05% CREAM**

Supply and endorse as Eumovate®. Supply 15g pack.

6.2.6 **TOPICAL CORTICOSTEROIDS WITH ADDITIONAL INGREDIENTS**

See section 13.4 of the BNF for further information.

**CANESTEN HC<sup>®</sup>**

For the treatment of fungal infection of skin fold with inflammation. Supply 15g pack.

**DAKTACORT HC<sup>®</sup>**

For the treatment of candidal intertrigo. Supply 15g pack.

**EURAX HC<sup>®</sup>**

For the treatment of contact dermatitis and insect bites. Supply 15g pack.

6.3 **SHAMPOOS AND SCALP APPLICATIONS**

See section 13.9 of the BNF for further information.

**ALPHOSYL 2 IN 1<sup>®</sup> SHAMPOO**

Supply 125ml or 250ml pack.

**POLYTAR<sup>®</sup> LIQUID**

Supply 150ml or 250ml pack.

**CAPASAL<sup>®</sup> SHAMPOO**

Supply 250ml pack.

**KETOCONAZOLE 2% SHAMPOO**

For the treatment of seborrhoeic dermatitis of the scalp. Supply either 60ml or 100ml pack.

**SELENIUM SULPHIDE 2.5% SHAMPOO**

Supply and endorse as Selsun<sup>®</sup>. Supply 50ml pack.

6.4 **PREPARATIONS FOR BOILS**

See section 13.10.5 of the BNF for further information.

**MAGNESIUM SULPHATE PASTE BP**

Supply 50g pack.

6.5 **IODINE**

See section 13.11.4 of the BNF for further information.

**POVIDONE-IODINE 10% OINTMENT**

Supply and endorse as Betadine<sup>®</sup> Ointment. Supply 20g pack.

7 **VITAMINS**

7.1 **VITAMIN SUPPLEMENTATION FOR PREGNANCY**

See section 9.1.2 of the BNF for further information.

**FOLIC ACID 400microgram TABLETS**

For use by females during pregnancy (only until 12<sup>th</sup> week of gestation). Supply 90 tablets.

## 8 EYE

### 8.1 DRY EYES AND TEAR DEFICIENCY

See section 11.8.1 of the BNF for further information.

#### **HYPROMELLOSE 0.3% EYE DROPS**

Supply 10ml pack.

#### **LACRI-LUBE<sup>®</sup> EYE OINTMENT**

Only to be supplied if hypromellose has been ineffective.

Supply 3.5g or 5g pack.

#### **CARBOMER 980 (POLYACRYLIC ACID) 0.2%**

Supply and endorse by brand name (e.g. Viscotears<sup>®</sup> or GelTears<sup>®</sup>). Only to be supplied if hypromellose has been ineffective.

Supply 3.5g or 5g pack.

### 8.2 ANTIBACTERIAL EYE PREPARATIONS

See section 11.3.1 of the BNF for further information.

#### **CHLORAMPHENICOL 0.5% EYE DROPS**

Supply 10ml pack.

Use for children under aged 1 and above is covered by a Patient Group Directive for which it needs to be prescribed generically and a POM pack supplied. The P pack is licensed for children aged 2 years and above.

#### **CHLORAMPHENICOL 1% EYE OINTMENT**

Supply 4g pack.

## 9 EAR

### 9.1 REMOVAL OF EAR WAX

See section 12.1.3 of the BNF for further information.

Preparations containing almond oil are not included in the MAS Formulary because of the risk of anaphylaxis to patients with nut and almond allergies.

#### **OLIVE OIL EAR DROPS**

Olive oil packaged in a suitable container.  
Supply 10ml, 25ml or 50ml pack.

#### **CERUMOL<sup>®</sup> EAR DROPS**

Supply 11ml pack.

#### **SODIUM BICARBONATE 5% EAR DROPS**

Supply 10ml pack.

10 **HOMEOPATHY**

Unlicensed homeopathic preparations are not allowed to be prescribed via the Minor Ailment Service. Though there are some licensed preparations available, which are prescribable, but they are not included in the Formulary in accordance with Area Drug and Therapeutics Committee guidance.

11 **DRESSINGS AND FIRST AID**

Items included within part 2 of the drug tariff are available on CP2 forms as part of MAS, for example, dressings for first aid treatment.

The GGC Wound Dressing Formulary offers guidance on the use of appropriate dressings and should be adhered to where possible.

## APPENDIX 1: FORMULARY APPEALS

The Greater Glasgow and Clyde Minor Ailment Service (MAS) Formulary is reviewed bi-annually to ensure it reflects current local guidelines and best clinical practice.

If a medicine has been omitted from this Formulary and it is felt that there is appropriate evidence for it to be included, community pharmacists have the right to appeal to request the addition of a medicine to the Formulary subject to the following conditions:

1. The medicine is included in the main Greater Glasgow and Clyde Formulary (all community pharmacies receive a copy each year)
2. The medicine is available as a  medicine
3. The appealing pharmacist is contracted to NHS Greater Glasgow and Clyde

The following form may be copied and used to submit an appeal. It will not be considered unless accompanied by part 2 of the form (declaration of interests in the pharmaceutical industry)

REQUEST FOR A MEDICINE TO BE ADDED TO THE MAS LOCAL  
FORMULARY

Approved name:	
Brand name:	
Formulation:	
Strength:	
Pack size:	

<b>Supporting statement</b> (why the medicine offers benefit over existing MAS Formulary choices)

<b>Form completed by:</b>	
Name: (block capitals)	
Designation:	
Pharmacy: (Name and address)	
Other details: (e.g. email or phone no.)	

THIS IS PART 1 OF 2

**Declaration of Interests in the Pharmaceutical Industry**

Name: (block capitals)	
Pharmacy name:	
Manufacturer of appeal medicine	

I wish to declare that I have an interest in the above  
pharmaceutical company(ies):

YES	NO
-----	----

If YES, please provide details of your interest:

**CURRENT *PERSONAL* INTERESTS**

Nature of interest: (e.g. shares, fees, consultancy, salary, grants etc)
---

**NON-PERSONAL INTERESTS**  
(which have arisen during the last 12 months)

Nature of interest: (e.g. shares, fees, consultancy, salary, grants etc)
---

**ADDITIONAL INFORMATION:**

- o Personal interests include any payments/gifts/interests to yourself as an individual
- o Non-personal interests include those of your employer
- o Specific interests relate directly to the medicine you are appealing
- o Non-specific interests relate to the company and/or any of their other products
- o Please include here any information which, whilst not strictly a personal or non-personal interest, may nevertheless be perceived to cause a conflict of interest.
- o Please also include details of any personal interests in the pharmaceutical industry held by partners or any adult members of your immediate household. (Names of household members do not need to be declared and only the type of interest (e.g. stocks, shares) and company name need be stated.

**This information is correct to the best of my knowledge and belief.**

Signed:  Date:

Please forward the completed form to:  
Roy Foot, Lead Pharmacist, Formulary & Prescribing Interface,  
Prescribing Team, Queens Park House,  
Victoria Infirmary, Langside Road, Glasgow, G42 9TT  
Or via email to Roy.foot@nhs.net

**THIS IS PART 2 OF 2**



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