



Community Pharmacy Minor Ailments Service Formulary

5th edition

August 2013

NHS Highland statement of guiding principles for prescribing

1. Prescribing should be based on safety, efficacy and cost-effectiveness.
2. Medicines should be prescribed only when they are necessary and, in all cases, the benefit of administering the medicine should be considered in relation to the risk involved.
3. The Highland Formulary should constitute the core of all prescribing. It is based upon current evidence, national guidance, local expertise and patient acceptability.
4. Cost-effectiveness matters. As a guiding principle, the most cost-effective medication should be prescribed for a patient. Specifically, prescribers should not prescribe drugs, medicines or appliances whose cost or quantity, in relation to any patient, is in excess of that which is reasonably necessary for the proper treatment of that patient. Such prescribing denies resource for other essential services.
5. The 'approved' (non-proprietary or generic) name of a medicine should be used unless there are important differences in formulation and/or bioavailability. Where a generic product is not considered suitable and it is desirable to recommend a particular brand of a drug, this is specified in the Highland Formulary.
6. Prescribers should always prescribe within their clinical competency.

Unnecessary or cost-ineffective prescribing cannot be justified:

- unnecessary prescribing exposes patients to risk without benefit
- cost-ineffective prescribing deprives patients in need of new, effective but expensive medicines with the potential to extend life and/or improve quality of life.

If you require a copy of the NHS Highland Community Pharmacy Minor Ailments Service Formulary in large print or other format, please contact the Formulary Assistant on 01463 706806 or email roberta.kerr2@nhs.net

Introduction - how to use this Formulary

The Minor Ailments Service (MAS) is one of the four core pharmaceutical care services in the Community Pharmacy contract. It provides NHS management of common clinical conditions and, in particular, aims to:

- improve access to consultations, advice and medicines for common illnesses
- promote care through the Community Pharmacy setting
- transfer care from GPs and nurses to pharmacists where appropriate
- help address health inequalities
- assist in managing the time demands on GPs and nurses in primary care.

Which patients are eligible?

The following patients are eligible for this service if they are registered with a GP in Scotland and are not resident in a Care Home: people aged 60 years or over, those under 16 years of age, 16-18 year olds in full time education, those with medical, maternity or war pension exemption certificates and those with income related exemptions.

Which medicines are included?

The following groups of medicines from the British National Formulary can be provided:

- pharmacy medicines (P) and general sales list medicines (GSL)
- selected items from Part 3 of the Scottish Drug Tariff.

All of the medicines listed in this 5th edition of the NHS Highland MAS Formulary are GSL or P or are included in Part 3 of the Scottish Drug Tariff, and their use is endorsed within the Highland Formulary. Appropriate amounts to prescribe are suggested.

Some prescription-only medicines (POMs) may be provided using NHS Highland Patient Group Directions (PGDs) to enable the provision of the more cost-effective POM versions of chloramphenicol eye drops 0.5% and fluconazole 150mg capsules under the MAS. These PGDs have been distributed to all community pharmacies in NHS Highland and can also be accessed on the NHS Highland [Intranet](#).

The NHS Highland MAS Formulary supports your right to use your professional judgement to determine what is clinically most appropriate for your patients and recognises your responsibility for that decision.

Supplies made as part of the MAS will be monitored by NHS Highland to assess levels of compliance with this Formulary. Data from this monitoring will be provided to contractors regularly and to the Formulary Subgroup of the NHS Highland Area Drug and Therapeutics Committee which manages the Highland Formulary.

Which medicines are excluded?

The following items are **excluded** from the MAS Formulary:

- POMs (other than chloramphenicol eye drops 0.5% and fluconazole 150mg capsules as described above)
- nicotine replacement therapy
- emergency hormonal contraception
- black-listed products.

For further information refer to www.communitypharmacy.scot.nhs.uk and for information on payments under MAS refer to the Community Pharmacy Scotland Formulary at www.communitypharmacyscotland.org.uk.

How to access the Highland Formulary

You will be able to use this brief Formulary most effectively if you do so in conjunction with the Highland Formulary, a copy of which has been sent to each community pharmacy in NHS Highland. The Highland Formulary contains a wealth of local clinical opinion and treatment guidance and can be used to promote consistent care to patients regardless of where they present for treatment. To access the Highland Formulary go to the NHS Highland Community Pharmacy

website page at the address above or search under 'Formulary' on the NHS Highland Intranet at <http://intranet.nhsh.scot.nhs.uk/> or website at <http://www.nhshighland.scot.nhs.uk/>.

We are confident that the medicines in this Formulary will meet the needs of the majority of patients under the MAS and we would be pleased to receive any comments that you might wish to make; comments may be general, there may be conditions that you feel that this Formulary should be extended to include, or you may wish to request that alternative or new medicines are added.

Comments on this Formulary can be made to:

Formulary Pharmacist
John Dewar Building
Inverness Retail & Business Park
Highlander Way
Inverness
IV2 7GE
Tel: 01463 706828

Formulary changes to 5th edition – August 2013

Additions

Section 1: Mebeverine tablets 135mg	Symptomatic relief of irritable bowel
Section 1: Glycerol suppositories 2g, 4g	Constipation
Section 1: Macrogol oral powder sachets (Laxido®)	Constipation
Section 3: Sumatriptan tablets 50mg	Treatment of acute migraine
Section 3: Cinnarizine tablets 15mg	Less sedative choice for travel sickness
Section 4: Miconazole nitrate spray powder 0.16%	Useful for fungal infection between the toes
Section 4: Amorolfine nail lacquer 5%	Topical treatment of mild nail infection
Section 4: Nitcomb	Head lice removal
Section 5: Hydrocortisone ointment 1%	Ointments are preferable for dry scaly conditions
Section 5: Menthol 1% in aqueous cream (<i>Arjun</i> ®)	Pruritus
Section 5: Crotamiton cream 10%	Pruritus of scabies

Deletions

Section 1: Simeticone liquid 40mg/mL	Evidence of benefit is uncertain
Section 4: Malathion alcoholic lotion 0.5%	Aqueous solution preferred since less irritant
Section 4: Bug Buster kit	Nitcomb is more cost-effective
Section 5: Benzoyl peroxide aq gel 2.5%, 10%	Discontinued
*Section 4: <i>Pripsen</i> ® oral powder sachets	Discontinued
Section 5: Diprobath bath additive	Discontinued

*amended September 2013

Acknowledgements

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Section 1 Gastro-intestinal

Indigestion, including dyspepsia & gastro-oesophageal reflux disease		Pack size
Mucogel[®] (Co-magaldrox SF) 195/220 suspension		500mL
Peptac [®] suspension		500mL
Gastrocote [®] tablets		20 or 100
Ranitidine tablets 75mg		6 or 12

Good practice points

- Alarm symptoms that warrant referral to a GP include: malaena or haematemesis; dysphagia; persistent vomiting; unintentional weight loss; symptoms of anaemia; recent onset of progressive symptoms; pain in chest accompanied by pain in arm and or jaw or breathlessness.
- Provide lifestyle advice including smoking cessation, weight loss and diet (eg caffeine, trigger foods eg fatty or spicy food, alcohol, raising the head of the bed).
- Liquids are more effective than tablets.
- Ranitidine should only be used short-term or 'as required' for minor ailments. If problems persist refer the patient to their GP.
- For further information see [Highland Formulary](#) Chapter 1 guidance 'Indigestion' and 'Reflux'.

Infant colic	Pack size
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Good practice points

- It is helpful to reassure parents that their baby is healthy, not rejecting them and that colic is common and will usually pass within a few months; consider suggesting parents access NHS 24 Self Help Guide 'Crying baby' at: <http://www.nhs24.com/SelfHelpGuide/DecisionTree/1091/1092?ref=AtoZ>
- Alarm symptoms that warrant referral to a GP include: persistent vomiting, pallor or fever accompanying colic, or failure to thrive which may be assessed by examining the general appearance, alertness and responsiveness of the baby.
- Various preparations are used to treat infantile colic but the evidence of benefit is uncertain.

Irritable bowel	Pack size
Mebeverine tablets 135mg	15

Good practice points

- An initial diagnosis for first-time symptoms should have been made by a doctor.
- Patients with moderate to severe disease, or with symptoms suggestive of underlying disease should be referred to their GP, eg blood in stools, unexplained weight loss, major change in bowel habit especially in middle age or elderly, anaemia-like symptoms.
- Advise to take 20 minutes before meals.

Diarrhoea	Pack size
Loperamide capsules 2mg	8 or 12
Oral rehydration salts, powder sachets	6

Good practice points

- The priority in acute diarrhoea, as in gastro-enteritis, is the prevention or reversal of fluid and electrolyte depletion. This is particularly important in infants and in frail and elderly patients.

Section 1 Gastro-intestinal (continued)

- Severe dehydration requires immediate admission to hospital and urgent replacement of fluid and electrolytes.
- Alarm symptoms that warrant referral to a GP include: persistent vomiting; GI bleed (melaena or haematemesis); drowsiness or confusion, and symptoms of moderate to severe dehydration; patient recently been abroad particularly if has high fever.
- Review medicines for those which should be stopped during vomiting/diarrhoea/fever ie ACE inhibitors, NSAIDs, diuretics, metformin.

Constipation: osmotic / bulk forming / stimulant laxatives	Pack size
Macrogol oral powder compound sachets 13.125grams/sachet (Laxido®)	20
Ispaghula husk 3-5g/sachet	30
Senna tablets 7.5mg	20
Senna syrup 7.5mg/5mL	150mL
Docusate sodium capsules 100mg	30
Docusate sodium solution 50mg/5mL	300mL
Lactulose solution 3.1 to 3.7g/5mL	300mL
Glycerol suppositories 2g, 4g	12

Constipation: Good practice points

- For constipation in children, lactulose is a common first choice, especially in infants; refer to guidance for parents, available at: <http://guidelines.nhshighland.scot.nhs.uk/paediatric/constipation/chronic%20constipation%20in%20childhood%20leaflet.pdf>.
- In adults, alarm symptoms that warrant referral to the GP include: new or worsening constipation without explanation; blood in the stools (unless haemorrhoids suspected); nausea and vomiting, and unintentional weight loss.
- In adults laxatives should generally be avoided except where straining will exacerbate a condition such as angina or where constipation is drug-induced. Advise on improved fluid intake, diet and exercise. Macrogol is a common first choice laxative.

Haemorrhoids: soothing preparations	Pack size
Anusol® cream	23g
Anusol® ointment	25g
Anusol® suppositories	12

Haemorrhoids: compound preparations with corticosteroids	Pack size
Anusol Plus HC® ointment	15g
Anusol Plus HC® suppositories	12

Haemorrhoids: Good practice points

- Alarm symptoms that may require referral to a GP include: haemorrhoids in children, blood in the stool or excessive bleeding causing the patient to worry, especially when accompanied by unintentional weight loss or change in bowel habit.
- Advise avoidance of straining by improving fluid and fibre intake, and maintenance of good toilet hygiene.
- Anusol Plus HC preparations are suitable for occasional short-term use, no longer than 7 days. They should not be used in pregnancy.

Section 2 Respiratory

Hayfever: Antihistamines, non-sedating	Pack size
Cetirizine tablets 10mg	30
Cetirizine oral solution 5mg/5mL	200mL
Loratadine tablets 10mg	7

Good practice points

- *Non-sedating antihistamines are unlikely to cause drowsiness in most individuals however advise patients that drowsiness can occur which may affect the performance of skilled tasks, eg driving.*
- *Provide advice to help manage symptoms, eg allergen avoidance (not always practical).*
- *Oral antihistamines are also useful for treating urticarial rashes, pruritus and insect bites and stings; refer to guidance on pruritus and urticaria in Chapter 13 of [Highland Formulary](#).*

Hayfever: Antihistamines, sedating	Pack size
Chlorphenamine tablets 4mg	30
Chlorphenamine oral solution 2mg/5mL	150mL

Good practice points

- *Drowsiness may affect performance of skilled tasks (eg driving) and the sedating effects are enhanced by alcohol.*
- *Refer patients suffering from wheezing, shortness of breath or a tight chest to a GP.*
- *Chickenpox: chlorphenamine is useful for the symptomatic relief of itch, also suggest application of a bland moisturiser such as Diprobase cream (section 5).*
Oral antihistamines are also useful for treating urticarial rashes, pruritus and insect bites and stings; refer to guidance on pruritus and urticaria in Chapter 13 of [Highland Formulary](#).

Hayfever: Allergic conjunctivitis	Pack size
Sodium cromoglicate eye drops 2% (various brands)	5mL or 10mL

Good practice points

- *Alarm symptoms: patients with suspected serious causes of 'red eye' should be referred to an Optometrist immediately, eg moderate to severe eye pain, reduced/blurred vision, sensitive to light.*
- *Advise patients that sodium cromoglicate eye drops usually take several days to take effect and instant relief should not be expected.*

Hayfever: Allergic rhinitis	Pack size
Beclometasone nasal spray 50 microgram/spray	200 doses

Good practice points

- *Beclometasone should only be prescribed for anyone aged 18 years of age or over.*
- *Advise patients that beclometasone nasal spray usually takes several days to take effect and instant relief should not be expected.*
- *Advise once symptoms controlled to reduce to the minimum dose at which effective control of symptoms is maintained.*

Section 2 Respiratory (continued)

Cough preparations	Pack size
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Good practice points

- *Alarm symptoms: for persistent cough lasting 4 to 6 weeks, the underlying cause should be established; refer to the GP.*
- *There is little evidence to support the use of cough suppressants.*
- *Use of cough preparations and analgesics containing opiates is discouraged because the respiratory depressant effect of opiates can be dangerous, particularly in COPD.*
- *If a dry cough, check for recent new medication eg ACE inhibitor.*

Nasal congestion	Pack size
Xylometazoline nasal spray 0.1%	10mL
Xylometazoline paediatric nasal drops 0.05%	10mL
Sodium chloride nasal drops 0.9%	10ml

Good practice points

- *Systemic nasal decongestants are **not recommended**.*
- *Topical nasal decongestants often cause rebound nasal congestion; advise use in adults for no longer than 7 days.*
- *In children aged 6 to 12 years the xylometazoline paediatric nasal drops may be used for a maximum duration of 5 days.*
- *Sodium chloride 0.9% as nasal drops may relieve nasal congestion by helping to liquefy nasal secretions and may be useful for infants.*

Section 3 Central nervous system

Pain: Analgesic, non-opioid / weak opioid	Pack size
Paracetamol tablets 500mg	32
Paracetamol SF suspension 120mg/5mL	100mL/200mL
Paracetamol SF suspension 250mg/5mL	100mL/200mL
Co-codamol tablets 8/500	32

Good practice points

- **Adults** with low body weight (less than 50kg), renal/hepatic impairment, chronic malnourishment, or chronic alcoholism: advise paracetamol dose reduction to 15mg/kg/dose up to four times daily (to a maximum of 3 grams/day).
- **Children:** advise paracetamol dose as per BNF for Children; refer to <http://www.medicinescomplete.com/mc/bnfc/current/PHP12322-paracetamol.htm>
- Co-codamol is second-line after paracetamol in adults. Advise on opioid side-effects in particular constipation and drowsiness; avoid alcohol; not for long term use.

Pain: Non-steroidal anti-inflammatory drugs	Pack size
Ibuprofen tablets 200mg	24
Ibuprofen tablets 400mg	24
Ibuprofen SF suspension 100mg/5mL	100mL
Ibuprofen topical gel 5%	50g

Good practice point

- Consider [BNF](#) contra-indications, cautions, concomitant use of medications known to increase the risk of GI bleeds, acute kidney injury and other drug interactions.

Travel sickness	Pack size
Hyoscine hydrobromide tablets/chewable tablets 150 micrograms	12
Hyoscine hydrobromide tablets 300 micrograms	12
Promethazine tablets 25mg	10
Promethazine elixir 5mg/5mL	100mL
Cinnarizine tablets 15mg	15

Good practice points

- Hyoscine is the most effective drug for travel sickness but is generally less well tolerated (antimuscarinic side effects) than the sedating antihistamines. Advise to take up to 30 minutes before start of journey.
- Promethazine is useful if a sedative effect is desired. Advise to take 2 hours before travel.
- Cinnarizine is slightly less sedative than promethazine. Advise to take 2 hours before travel.

Migraine	Pack size
Sumatriptan tablets 50mg	2

Good practice point

- Only use where clear diagnosis of migraine; refer to [RPS Practice Guidance:OTC Sumatriptan](#).

Section 4 Infections

Fungal infection: vaginal candidiasis	Pack size
Clotrimazole vaginal tablet 500mg	1
Clotrimazole cream 1%	20g
Clotrimazole vaginal cream 10%	5g
Fluconazole capsules 150mg*	1

Good practice point

- *Clotrimazole pessary is the most cost-effective treatment for vaginal candidiasis. Alternatives are intravaginal clotrimazole cream inserted high into the vagina, **or** a single dose of oral fluconazole* for which a PGD is available for the cost-effective POM pack – refer to introduction. If thrush is recurrent the partner may need to be treated.*
- *Topical antifungal creams are not always necessary but can be used to treat vulvitis and supplement the primary treatment.*
- *Consider advising that **clotrimazole preparations may damage latex condoms and diaphragms***

Fungal infection: localised skin and mild nail infection	Pack size
Clotrimazole cream 1%	20g
Terbinafine cream 1%	7.5g
Miconazole nitrate spray powder 0.16%	100g
Amorolfine nail lacquer 5%	3mL

Good practice points

- *Most localised fungal skin infections can be effectively treated with topical preparations.*
- *To prevent relapse, advise local antifungal skin treatment is continued for 1 to 2 weeks after the disappearance of all signs of infection.*
- *For fungal infection between the toes, miconazole spray powder may be easier to apply and more effective.*
- *For mild nail infection* in up to 2 nails topical amorolfine may be effective and avoid the need for GP referral and use of oral terbinafine with its severe side-effect profile; reinforce the importance of applying topical amorolfine as directed. Refer to [RPS Amorolfine quick reference guide](#). Duration of treatment varies, fingernails usually take 6 months and toenails 9 to 12 months.*

*Refer patients with diabetes to podiatrist/GP.

Viral infection: warts and verrucae	Pack size
Bazuka [®] gel 12%, 26%	5g

Good practice points

- *Advise that warts may regress on their own and treatment is required only if the warts are painful, unsightly, persistent or cause distress.*
- *Initially use the 12% preparation, but increase to 26% if there is no improvement after the first pack is finished.*
- *Advise nightly application to the wart and gentle rubbing of the wart surface with a file or pumice stone once weekly, also advise that treatment may need to be continued for up to 3 months.*
- *Advise user to apply carefully to wart and to protect surrounding skin eg with soft paraffin or specially designed plaster.*

Section 4 Infections (continued)

Viral infection: cold sores

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.

Threadworms	Pack size
(Ovex [®]) Mebendazole chewable tablets 100mg	1 or 4
(Ovex [®]) Mebendazole suspension 100mg/5mL	30mL

Good practice points

- Threadworm infestations can be managed by rigid domestic hygiene alone, however if necessary treat, including all household members at the same time, even if they have no symptoms, to prevent reinfection.
- Mebendazole is unsuitable for children under 2 years of age and pregnant women; advise rigid hygiene measures (<http://www.patient.co.uk/health/Threadworms.htm>). Children aged 6 months to 2 years may be referred to the GP if necessary for consideration of off-label prescription of mebendazole – see [BNF for Children](#).
- If reinfection occurs, a second dose of mebendazole may be needed after 2 weeks.
- Prescribe as Ovex[®] brand to ensure MAS payment for the P pack.

Headlice	Pack size
Dimeticone lotion 4%	50mL/150mL
Malathion aqueous liquid 0.5%	50mL/200mL
Nitcomb	1

Good practice points

- Consult NHS Highland guidance and leaflets on the treatment of [head lice](#), available via NHS Highland Intranet (search under 'head lice').
- Never use insecticides as a preventative measure for head-lice, as this promotes resistance. They should only be used when living lice have been found on the head. A second treatment is always needed after 7 days to kill lice emerging from surviving eggs.
- Dimeticone is a non-insecticide preparation available for head lice treatment.

Scabies	Pack size
Permethrin dermal cream 5%	30g
Malathion aqueous liquid 0.5%	200mL

Good practice points

- Consult NHS Highland guidance and leaflets on the treatment of [scabies](#), available via NHS Highland Intranet (search under 'scabies').
- A second treatment is always needed after 7 days. Treat all members of the household and close contacts simultaneously, once only. Refer children under 2 years old to the GP.
- Counsel patient that persistent itching can continue for some weeks after treatment.
- Crotamiton cream (section 5) may be useful for treatment of the persistent itch of scabies.

Section 5 Skin

Acne, topical preparations	Pack size
Benzoyl peroxide aqueous gel 5% (<i>Acnecide</i> [®])	60g

Good practice points

- Severe/extensive cases of acne should be referred to the GP.
- For mild acne, advise patients to introduce benzoyl peroxide gel gradually, starting once daily, increasing to twice daily. Emphasise that there must be some skin peeling if treatment is going to work, if problematic reduce the frequency of application to alternate days.
- For further information refer to Highland Formulary guideline 'Management of Acne' (at end of Chapter 13 Skin).

Eczema/Allergy: emollients	Pack size
<i>Diprobase</i> [®] cream	50g/500g
<i>Epaderm</i> [®] ointment	125g/500g
<i>Diprobase</i> [®] ointment	50g/500g
<i>Doublebase</i> [®] gel	100g/500g
Liquid and white soft paraffin ointment 50/50	250g
Yellow soft paraffin	500g

Good practice points

- Use emollients regularly and apply in the direction of hair growth.
- When applying along with a topical corticosteroid, it does not matter which agent is applied first, although ideally there should be a 15 to 30 minute gap between the 2 applications.
- In general ointment preparations are preferable for dry, scaly conditions, cream for moist areas and when their cooling effect is helpful and gels/lotions for the scalp.
- For further information refer to Highland Formulary guidelines 'Use of emollients', 'Management of eczema/dermatitis' and 'Management of pruritus' at the end of Chapter 13 Skin.
- Itch: application of a bland moisturiser such as *Diprobase* cream is useful for the symptomatic relief of itch from chickenpox etc (see also Section 2 for use of chlorphenamine).
- See also section 2 for oral antihistamines to treat urticarial rashes, pruritus, insect bites and stings.

Eczema/Allergy: emollient bath additives/shower gels	Pack size
<i>Oilatum</i> [®] emollient bath additive	250mL/500mL
<i>Balneum</i> [®] bath oil	200mL/500mL
<i>Emulsiderm</i> [®] liquid emulsion	300mL
<i>Dermol</i> [®] 200 shower emollient	200mL

Good practice points

- *Balneum* bath oil is the preferred choice for older people as it is less slippery.
- *Emulsiderm* is the first choice for minor skin infections. It is best added to bath water and applied to scaly/broken areas, lesions and flexural staphylococcal carrier sites, after bathing/showering and before drying.

Section 5 Skin (continued)

Eczema/Allergy: topical corticosteroids	Pack size
Hydrocortisone ointment 1%	15g
Hydrocortisone cream 1%	15g

Good practice points

- *Topical corticosteroids should be applied thinly, in the direction of hair growth, to the affected area for a maximum of 7 days.*
- *Corticosteroids should be applied maximum of twice daily.*
- *When applying along with an emollient, it does not matter which agent is applied first, although ideally there should be a 15 to 30 minute gap between the 2 applications.*
- *In general ointment preparations are preferable for dry, scaly conditions and cream for moist areas.*
- *For further information refer to Highland Formulary guideline 'Use of corticosteroids' at end of Chapter 13 Skin.*
- *Referral to the GP is recommended for children under 10 years of age, for pregnant women, or for application to the face, anogenital region, broken or infected skin (including cold sores, acne, and athlete's foot).*

Pruritus: creams	Pack size
Diprobase[®] cream	50g/500g
Menthol 1% in aqueous cream (Arjun [®])	100g
Crotamiton cream 10%	30g

Good practice points

- *Look carefully for the burrows of scabies; refer to Section 4 Infection.*
- *Avoid hot baths and showers and keep the environment cool.*
- *If the skin is dry apply liberal quantities of Diprobase cream; it may also help even when the skin does not feel dry.*
- *Diprobase cream is useful for the symptomatic relief of itch from chickenpox*
- *Menthol 1% in aqueous cream is a useful alternative topical antipruritic; prescribe as Arjun[®] brand to ensure payment under MAS.*
- *Crotamiton cream is useful for treatment of the persistent itch of scabies.*
- *Oral antihistamines (section 2) are also useful for treating pruritus.*
- *For further information refer to guidance on pruritus in Chapter 13 of [Highland Formulary](#).*

Nappy rash: barrier preparations	Pack size
Zinc and castor oil ointment	50g/100g
Conotrane [®] cream	100g/500g
Sudocrem [®] cream	60g/125g

Good practice points

- *For nappy rash, advise parents to change nappies frequently and let the child spend as much time as possible without the nappy on.*
- *Barrier preparations should be applied after each nappy change.*
- *An antifungal preparation, eg clotrimazole 1% cream, should be used if a fungal infection is suspected; refer to section 4.*

- For further information refer to Highland Formulary guideline 'Incontinence dermatitis' in Chapter 13 Skin.

Section 5 Skin (continued)

Dandruff: shampoos and scalp preparations	Pack size
Alphosyl 2 in 1 [®] (coal tar extract 5%) shampoo	250mL
Capasal [®] shampoo	250mL
Ketoconazole shampoo 2%	60mL

Good practice points

- Ketoconazole should be used at a maximum frequency of every 3 days.
- For further information refer to Highland Formulary Chapter 13 Skin guideline 'Management of psoriasis'.

Section 6 Eyes

Also see Section 2 for Sodium cromoglicate eye drops

Conjunctivitis	Pack size
Chloramphenicol eye drops 0.5%*	10mL
Chloramphenicol eye ointment 1%	4g

Good practice points

- *If asked to treat cases of conjunctivitis in patients aged 2 years and over, recommend simple eye cleansing measures (eg remove lash debris) in preference to chloramphenicol which has been shown to be no better than placebo. If there is no improvement after a few days consider a trial of chloramphenicol. Viral conjunctivitis is common and is self-limiting but may take several days to weeks to resolve.*
- *Chloramphenicol is indicated for the topical treatment of acute bacterial conjunctivitis in adults, the elderly and children aged 2 years and over, one drop into the infected eye every 2 hours for the first 48 hours and then every 4 hours for 3 days. Refer to [RPS Chloramphenicol quick reference guide](#).*
- *A PGD is available for cost-effective POM pack - refer to Introduction.*
- *Patients who present with photophobia, pain in the eye or suspected foreign object in the eye, or visual disturbances should be referred to an Optometrist.*
- *If both eyes are infected provide two bottles, individually labelled for each eye.*
- *Contact lenses should not be worn until symptoms have resolved and for 24 hours after treatment has been completed.*
- *Eye ointment is best suited for application before sleep as it may cause temporary visual disturbances.*

Allergic conjunctivitis	Pack size
Sodium cromoglicate eye drops 2% (various brands)	5mL or 10mL

Good practice points

- *Alarm symptoms: patients with suspected serious causes of 'red eye' should be referred to an Optometrist immediately, eg moderate to severe eye pain, reduced/blurred vision, sensitive to light.*
- *Advise patients that sodium cromoglicate eye drops usually take several days to take effect and instant relief should not be expected.*

Tear deficiency, ocular lubricants and astringents	Pack size
Hypromellose eye drops 0.3%	10mL
Carbomer 980 eye drops 0.2%	10g
Polyvinyl alcohol eye drops 1.4%	15mL
Polyvinyl alcohol single use eye drops 1.4% (preservative-free)	30x0.4mL
Carmellose single use eye drops 1% (preservative-free)	30x0.4mL
Liquid paraffin (<i>Lacri-Lube</i> [®]) eye ointment (preservative-free)	3.5g

Tear deficiency: Good practice points

- *Eye ointment is best suited for application before sleep as it may cause temporary visual disturbances.*
- *Dry eyes may be caused by medication eg antimuscarinic.*

Section 7 Ears

Removal of ear wax	Pack size
Olive oil ear drops	10mL
Sodium bicarbonate ear drops 5%	10mL

Good practice points

- Allow to warm to room temperature before use.
- Advise patients to lie with the affected ear uppermost for 5 to 10 minutes after a generous amount of the softening remedy has been introduced into the ear.
- Advise against using cotton buds as this can push the wax further into the ear and cause damage to the eardrum.

Section 8 Oral health

Oral ulceration and inflammation	Pack size
Benzydamine oral rinse 0.15%	200mL
Benzydamine spray 0.15%	30mL
Chlorhexidine mouthwash 0.2%	300mL
Hydrocortisone muco-adhesive buccal tablets 2.5mg	20

Good practice points

- Alarm symptoms: an unexplained mouth ulcer lasting for 3 weeks or more should be referred urgently to a GP to exclude oral cancer.
- Chlorhexidine mouthwash causes a reversible brown staining of the teeth and may be incompatible with some toothpastes; advise patients to leave at least 30 minutes between using mouthwash and toothpaste.

Teething

Good practice points

- Refer to <http://cks.nice.org.uk/teething#!topicsummary>
- Initial management consists of reassurance and advice on self-care measures, such as gentle rubbing of the gum and allowing the child to bite on a clean and cool object.
- Paracetamol or ibuprofen suspension can be considered for infants 3 months of age or older – see section 3.
- Treatments **not** recommended include choline salicylate gels, topical anaesthetics, and complementary therapies such as herbal teething powder.

Oral thrush	Pack size
Miconazole oral gel 24mg/mL	15g

Good practice points

- In infants, adjust the dose according to age.
- Check for possible interactions; miconazole is absorbed to the extent that potential interactions with drugs such as warfarin need to be considered.
- Continue treatment for 48 hours after lesions have healed.
- Ascertain if the patient is using a steroid inhaler and counsel eg rinse mouth after inhaler, check inhaler technique.
- Advise those wearing dentures to leave them out where possible.

Section 9 Vitamins

Prevention of neural tube defects	Pack size
Folic acid tablets 400 micrograms	90

Good practice points

- *Folic acid at a dose of 400 micrograms daily is taken to prevent the first occurrence of neural tube defects. It should be started as soon as pregnancy is planned or confirmed and continued until week 12 of pregnancy.*
- *Advise women wishing to become pregnant who have a BMI of 30 kg/m² or greater, have coeliac disease or diabetes or if taking antiepileptic medicines to consult their GP for prescription of the 5mg folic acid tablet.*

Summary of Minor Ailment Service Formulary preparations by BNF classification

The following medicines from the BNF can be provided on the Community Pharmacy Minor Ailments Service (MAS):

- pharmacy medicines (P) and general sales list medicines (GSL)
- selected items from Part 3 of the Scottish Drug Tariff.

Medicines listed below are included in the NHS Highland MAS Formulary which is available on the NHS Highland Intranet and website and on the Community Pharmacy website page for Highland. The medicines in this NHS Highland MAS Formulary should meet the needs of the majority of patients under the MAS.

Some prescription-only medicines (POMs) may be provided using NHS Highland Patient Group Directions (PGDs) to enable the provision of the more cost-effective POM versions of chloramphenicol eye drops and fluconazole 150mg capsules under the MAS. These PGDs are distributed to all community pharmacies in NHS Highland and can be accessed on the Community Pharmacy Services section on NHS Highland Intranet at <http://intranet.nhsh.scot.nhs.uk/> or www.communitypharmacy.scot.nhs.uk.

1.1 Antacids

- *Mucogel*[®] (Co-magaldrox SF) 195/220 suspension (500mL)
- Compound alginic acid preparations
Gastrocote[®] tablets (20 or 100)
Peptac[®] suspension (500mL)

1.2 Antispasmodics

- Mebeverine tablets 135mg (15)

1.3 Antisecretory drugs

- Ranitidine tablets 75mg (6 or 12)

1.4 Antimotility drugs

- Loperamide capsules 2mg (8 or 12)
- Oral rehydration salts, powder sachets (6)

1.6.1 Bulk forming laxatives

- Ispaghula husk 3.5g/sachet (30)

1.6.2 Stimulant laxatives

- Docusate sodium capsules 100mg (30)
- Docusate sodium solution 50mg/5mL (300mL)
- Glycerol suppositories 4g (12)
- Senna tablets 7.5mg (20)
- Senna syrup 7.5mg/5mL (150mL)

1.6.4 Osmotic laxatives

- Macrogol oral powder compound sachets 13.125grams/sachet (*Laxido*[®]) (20)
- Lactulose solution 3.1 to 3.7g/5mL (300mL)

1.7.1 Soothing haemorrhoidal preparations

- *Anusol*[®] cream (23g)
- *Anusol*[®] ointment (25g)
- *Anusol*[®] suppositories (12)

1.7.2 Compound haemorrhoidal preparations with corticosteroids

- *Anusol Plus HC*[®] ointment (15g)
- *Anusol Plus HC*[®] suppositories (12)

3.4.1 Antihistamines

- Cetirizine tablets 10mg (30)
- Cetirizine oral solution 5mg/5mL (200mL)

- Loratadine tablets 10mg (7)
- Chlorphenamine tablets 4mg (30)
- Chlorphenamine oral solution 2mg/5mL (150mL)

4.6 Drugs used in nausea and vertigo

- Cinnarizine tablets 15mg (15)
- Promethazine tablets 25mg (10)
- Promethazine elixir 5mg/5mL (100mL)
- Hyoscine hydrobromide tablets 150 micrograms (12)
- Hyoscine hydrobromide tablets 300 micrograms (12)

4.7 Analgesics

Non-opioid analgesics

- Paracetamol tablets 500mg (32)
- Paracetamol SF suspension 120mg/5mL (100mL/200mL)
- Paracetamol SF suspension 250mg/5mL (100mL/200mL)

Weak opioids

- Co-codamol tablets 8/500 (30)

Migraine

- Sumatriptan tablets 50mg (2)

5.2 Antifungal drugs

- Fluconazole 150mg capsules (1) (for vaginal candidiasis only)

5.5.1 Drugs for threadworms

- *Ovex*[®] (Mebendazole) tablets 100mg (1 or 4)
- *Ovex*[®] (Mebendazole) suspension 100mg/5mL (30mL)

7.2.2 Vaginal and vulval infections

- Clotrimazole vaginal tablet 500mg (1)
- Clotrimazole cream 1% (20g)
- Clotrimazole vaginal cream 10% (5g)

9.1.2 Drugs used in megaloblastic anaemias

- Folic acid tablets 400 micrograms (90)

9.2.1.2 Oral rehydration therapy

- Oral rehydration salts, powder sachets (6)

10.1.1 Non-steroidal anti-inflammatory drugs

- Ibuprofen tablets 200mg (24)
- Ibuprofen tablets 400mg (24)
- Ibuprofen suspension 100mg/5mL (100mL)

10.3.2 Topical non-steroidals

- Ibuprofen topical gel 5% w/w (30g)

11.3.1 Antibacterials

- Chloramphenicol eye drops 0.5% (10mL)
- Chloramphenicol eye ointment 1% (4g)

11.4.2 Other anti-inflammatory preparations

- Sodium cromoglicate eye drops 2% (various brands) (5mL or 10mL)

11.8.1 Tear deficiency, ocular lubricants and astringents

- Hypromellose eye drops 0.3% (10mL)
- Carbomer 980 eye drops 0.2% (10g)
- Polyvinyl alcohol eye drops 1.4% (15mL)
- Polyvinyl alcohol single use eye drops 1.4% (30x0.4mL)
- Carmellose single use eye drops 1% (30x0.4mL)
- Liquid paraffin (*Lacri-Lube*[®]) eye ointment (3.5g)

12.1.3 Removal of ear wax

- Olive oil ear drops (10mL)
- Sodium bicarbonate ear drops 5% (10mL)

12.2.1 Nasal allergy

- Beclometasone nasal spray 50 micrograms/spray (100 or 180 doses)

12.2.2 Topical nasal decongestants

- Xylometazoline nasal spray 0.1% (10mL)
- Xylometazoline paediatric nasal drops 0.05% (10mL)
- Sodium chloride nasal drops 0.9% (10mL)

12.3.1 Drugs for oral ulceration and inflammation

- Benzydamine oral rinse 0.15% (200mL)
- Benzydamine spray 0.15% (30mL)
- Chlorhexidine mouthwash 0.2% (300mL)
- Hydrocortisone muco-adhesive buccal tablets 2.5mg (20)

12.3.3 Oropharyngeal anti-infective drugs

- Miconazole oral gel 2mg/mL (15g)

13.2.1 Emollient and barrier preparations

- Liquid and white soft paraffin ointment 50/50 (250g)
- Yellow soft paraffin (500g)
- *Diprobase*[®] cream (50g, 500g)
- *Epaderm*[®] ointment (125g, 500g)
- *Diprobase*[®] ointment (50g, 500g)
- *Doublebase*[®] gel (100g, 500g)

- *Dermol*[®] 200 shower emollient (200mL)

13.2.1.1 Emollient bath additives

- *Oilatum*[®] emollient (bath additive 250mL, 500mL)
- *Balneum*[®] bath oil (200mL, 500mL)
- *Emulsiderm*[®] liquid emulsion (300mL)
- *Dermol*[®] 200 shower emollient (200mL)

13.2.2 Barrier preparations

- Zinc and castor oil ointment (50g, 100g)
- *Conotrane*[®] cream (100g, 500g)
- *Sudocrem*[®] cream (60g, 125g)

13.3 Topical local antipruritics

- *Arjun*[®] (Menthol 1% in aqueous cream) (100g)
- Crotamiton cream 10% (30g)

13.4 Topical corticosteroids

- Hydrocortisone ointment 1% (15g)
- Hydrocortisone cream 1% (15g)

13.6.1 Topical preparations for acne

- Benzoyl peroxide aqueous gel 5% (*Acnecide*[®]) (30g, 60g)

13.7 Preparations for warts and callouses

- *Bazuka*[®] gel 12%, 26% (5g)

13.9 Shampoos and scalp preparations

- *Alphosyl 2 in 1*[®] (coal tar extract 5%) shampoo (125mL)
- *Capasal*[®] shampoo (250mL)
- Ketoconazole shampoo 2% (60mL)

13.10.2 Antifungal preparations

- Amorolfine nail lacquer 5% (3mL)
- Clotrimazole cream 1% (20g)
- Miconazole nitrate spray powder 0.16% (100g)
- Terbinafine cream 1% (7.5g)

13.10.4 Parasitocidal preparations

- Dimeticone lotion 4% (50mL/150mL)
- Malathion aqueous liquid 0.5% (50mL/200mL)
- Permethrin dermal cream 5% (30g)
- Nitcomb (1)