



*Pharmacists Formulary*  
For  
**Minor Ailments Scheme**



**April 2017**

# Pharmacists Formulary for Minor Ailments Index.

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Welcome to the Pharmacists Formulary for the Minor Ailments Scheme. This formulary is based on the MAS National Formulary in conjunction with the Borders Joint Formulary (BJF). The BJF is an evidence-based formulary based on local expert opinion and practice in NHS Borders and may differ from licensed product indications.

Items marked as (NF) or **Non Formulary** should **only** be prescribed / dispensed if the BJF approved alternative is not available or has been ineffective.

## Pricing guide and Pricing Rules

(Further details are available from [Community Pharmacy Scotland](#))

All MAS prescriptions are priced using the rules in place for the pricing of GP10 prescriptions.

The MAS specification sets out the formulary available to you:

- All P and GSL medicines which are not blacklisted
- Dressings and appliances from Part 2 of the tariff
- Selected items from Part 3 of the tariff
- Any Prescription Only Medicines agreed suitable and which are underpinned by PGD's.

All prescribing should be in line with local and national NHS prescribing policy and guidance.

Take care with some brands of eye drops classed as devices (eg Carbomer) – only those listed in Part 3 of the drug tariff are allowed.

The easiest way to tell the difference between medicinal products and medical devices is to look for a CE mark which signifies that the item is a medical device. The CE mark can normally be found on the packaging of a device, on the instruction leaflet and on the device itself (where practical). Devices must appear in Part 3 of the drug tariff to be allowed.

## Formulary Compliance

Individual contractor compliance with formulary is now available for the health board to access via PRISMS. NHS Borders will monitor formulary compliance periodically and update the PRISMS queries as and when the formulary changes. Contractors are reminded that unless a relevant Patient Group Direction is in force that the actual product supplied to a patient must be licensed as available for 'over the counter sale'.

In order to ensure that payment will be made for medicines prescribed under MAS, you need to pay special attention to the prescribing of those items which are available in both counter and dispensing packs (i.e. as P, GSL and POM products). Examples are Aciclovir cream or Mebeverine tablets. As you know the majority of items in Part 7 are held on file as POM packs and that is the default option which will be used for pricing. PSD initially introduced a number of smaller P packs into the tariff. However, PSD have now developed and introduced Part 7B in the drug tariff. This section has been developed in order to clarify the pricing of certain items when prescribed generically on CP2 forms. There are still a few products where the only option is to prescribe using the proprietary name for the product and for payment to be made on that basis. However, as payment should have been made for that product anyway, it should not generate additional cost to the NHS. Part 7B is not meant to be a 'white list' for MAS but should reduce the number of items disallowed on CP2 forms.

## Part 7B - [ADDITIONAL ITEMS FOR MINOR AILMENT SCHEME \(LINK\)](#)

- This list is provided solely to facilitate payment of the items listed below supplied on form CP2 as part of the Minor Ailment Service, when written using the generic title. All other items supplied on form CP2 will be subject to the usual pricing rules.
- These products will not be subject to the Broken Bulk provisions. Contractors are reminded of the legal provisions of supply under part 3 of the Medicines Act 1968, and of any qualifications on supply as listed in the 'Medicines, Ethics & Practice Guide' published annually by RPSGB.
- Contractors are reminded that unless a relevant Patient Group Direction is in force that the actual product supplied to a patient must be licensed as available for 'over the counter sale'.
- Prices are set against product prices for counter lines.

**There are still a few MAS formulary medicines with a version in Part 7 only, where we would advise you to prescribe either a generic “P” pack which is clearly distinguishable as a “P” medicine, or if necessary a non black-listed proprietary product in order to secure payment.**

- The DT packs shown in the table below are POM packs even though there are P packs available. PSD uses these DT packs for pricing as they are the only packs held on file for these generics.
- You cannot prescribe POM packs unless there is a PGD in place.
- Prescribe a generic OTC pack, or a non black-listed proprietary product.

Generic	Form	Strength	Tariff pack
Cetirizine	Solution	5mg/5mL	200mL
Clotrimazole	Vaginal Tabs	500mg	1
Fluconazole (PGD in place)	Caps	150mg	1
Chloramphenicol (PGD in place)	Eye Drops	0.5%	10ml

## Items Prescribable under MAS from Parts 2 and 3 of the Drug Tariff

### Part 2 Dressings

Pharmacists may prescribe all products in Part 2 of the Drug Tariff, other than those marked as GP10a only. Refer to the NHS Borders Formulary, Wound Management section for further information in dressing selection.

### Part 3 Appliances

The following appliances are **allowed** on a MAS prescription form:

- Bug Buster Head Lice detection and eradication kit
- Portia Head Lice Comb
- Nitty Gritty Nit Comb
- Sodium Chloride (saline) nasal drops 10mL
- Sodium Bicarbonate ear drops 10mL
- Saliva preparations

Refer to Part 3 of the drug tariff for other items which are allowed – items marked with a small diamond shape are allowed.

*Part E: Commonly Disallowed Items – non Drug Tariff*

The latest full list of blacklisted medicines can be found on the [CPS website](#).

<b>Item which has been disallowed</b>	<b>Reason for disallowing</b>	<b>Allowed item</b>
Anusol HC ointment	Anusol HC Ointment is a POM Anusol Plus HC is the P pack	Anusol Plus HC ointment
Anusol HC suppositories	Anusol HC suppositories are a POM. Anusol Plus HC suppositories are the P pack	Anusol Plus HC supps
Clobetasone cream 0.05% 30g	30g pack is a POM	15g pack
Daktacort cream	The term HC which is the P pack has been omitted	Daktacort HC cream
Emergency Hormonal Contraception Products (EHC)	Not allowed under MAS	None
Ibuprofen syrup	Syrup = Brufen which is a POM	Ibuprofen suspension
Ketoprofen gel 2.5% 30g	Unless the 30g P pack is clearly endorsed, pricing defaults to the DT 100g POM pack	Ketoprofen gel 2.5% 30g P pack (A branded product)
Liquid Paraffin/White soft Paraffin (Loveridge)	Version is not held on file by PSD	Liquid Paraffin/White soft Paraffin
Mebendazole chewable tabs ('Own brand')	This is a price file problem. Own brands tend not to be on PSD's file	A branded P product
Mebendazole suspension 30ml	The Janssen product is a POM	A branded P product
Nicotine Replacement Therapy Products (NRT)	Not allowed under MAS	None
Paracetamol caplets 500mg 32	The version held on file is a POM	Tablets or capsules
Terbinafine cream 30g	POM pack prescribed	A branded 7.5g or 15g P pack

## Section 1 Gastro-Intestinal

### Indigestion

#### When to refer to GP

Pain is severe or radiating  
Blood in Vomit or Stools  
Pain worsens on effort  
Persistent Vomiting  
Treatment has failed (no improvement in symptoms after 5 days)  
Adverse drug reaction is suspected  
Associated weight loss  
Children  
Alarm symptoms: Difficulty in swallowing

#### Antacids

Co-magaldrox SF suspension 195/200/5ml (prescribe as *Mucogel* or *Maalox* if unavailable) 500ml

#### Alginates

Peptac liquid 500ml

#### H2 receptor agonists

Ranitidine is an appropriate first step-up treatment from antacids, for dyspepsia/GORD.

Ranitidine tablets 75mg 6, 12

**NOTE:** Prescribe as: *Gavilast-P*, *Numark Excess Acid Relief*, *Numark Indigestion Relief*, *Ranzac* or *Zantac 75 Relief*

### Infant Colic

#### First choice – no treatment

As colic almost always improves on its own, medical treatment is not routinely recommended. Information on how to advise parents is available [here](#).

#### Second choice:

Infacol liquid (NF) 50ml

## Constipation

**NOTE: The use of laxatives in children should be discouraged unless recommended by a doctor.** The choice of treatment for constipation depends on the severity of the presentation and other factors including drug history, diet and lifestyle.

- Diet and lifestyle issues are the first options to be considered.
- Treatment should be individualised to patients' requirements and circumstances.
- The severity of constipation should be considered before commencing treatment and treatment should be reviewed once normal bowel habit is restored.
- It may be appropriate to continue treatment if the precipitor is immobility, drug induced or other continuing factor.

### Counselling Point:

Ensure adequate fluid intake & advise not to be taken immediately before going to bed.

#### When to refer to GP

Persistent change in bowel habit  
Presence of abdominal pain, vomiting, bloating  
Blood in Stools  
Prescribed Medication suspected of causing symptoms  
Failure of OTC medication  
(no relief of symptoms within 7 days)

### Bulk forming laxatives

Ispaghula Husk sachets 3.5g

30 / 60

### Stimulant laxatives

#### First choice:

Senna syrup 7.5mg/5ml

100ml

Senna tablets 7.5mg

20, 60

**NOTE:** Senna - Prescribe pack of 20 or 60 and endorse in pack size box or PSD will price from larger cost effective pack

#### Second choice:

Bisacodyl tablets 5mg

20 or 60

Glycerin suppositories 1g (Infant)

12

Glycerin suppositories 2g (Child)

12

Glycerin suppositories 4g (Adult)

12

### Osmotic laxatives

#### First choice:

Lactulose solution

300ml or 500ml

(Suitable for children from 1 year – short-term use only)

#### Second choice:

Laxido Orange oral powder

30

## Diarrhoea

### When to refer to GP

Children <1 year: Diarrhoea of Duration > 1 day  
Children <3 years: Diarrhoea of Duration > 2 days  
Adults and Children: Diarrhoea of Duration > 3 days  
In severe cases referral should be considered immediately  
Association with Severe Vomiting and Fever  
Suspected drug-induced reaction to prescribed medicine  
History of Change of Bowel Habit  
Presence of Blood and Mucus in Stools  
Drowsiness/Confusion

### Oral rehydration therapy (first choice)

Dioralyte sachets

6 / 20

### Antimotility drugs (second choice)

In adults and children over 12 years. Maximum strength 2mg, maximum individual dose 4mg and maximum daily dose 12mg. Avoid in acute diarrhoea (i.e. through infection.) Rehydration salts may be appropriate to replace fluid & salt loss in diarrhoea.

Loperamide capsules 2mg

12

## Haemorrhoids

### When to refer to GP

Duration of longer than 3 weeks  
Presence of blood in stools  
Change of bowel habit (persisting alteration from normal bowel habit)  
Suspected drug induced constipation  
Associated abdominal pain/vomiting  
Children

### Soothing haemorrhoidal preparations

Anusol cream	23g
Anusol ointment	25g
Anusol suppositories	12

### Compound haemorrhoidal preparations with corticosteroid

Anusol Plus HC ointment	15g
Anusol Plus HC suppositories	12

**NOTE:** Anusol HC Supp 12 Pack is a POM and is disallowed. Anusol HC Oint 30g is a POM and is disallowed.



## Mouth Ulcers / Teething

Current practice is to encourage self-care.

Local treatment aims to:

- Protect ulcerated area.
- Relieve pain.
- Reduce inflammation.
- Control secondary infection.

### Oral ulceration and inflammation

#### **First choice:**

Orabase paste	30g
Benzydamine mouthwash 0.15%	300ml
Benzydamine spray 0.15%	30ml

#### **Second choice:**

Choline Salicylate gel (NF)*	15g
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### Teething

#### **First choice:**

Self-care – useful information can be found [here](#).

#### **Second choice:**

Dentinox teething gel (NF)	15g
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\*The MHRA has recommended that topical products containing choline salicylate should not be used by children and adolescents under the age of 16 years.

### Mouthwashes

Chlorhexidine mouthwash 0.2%	300ml
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#### **When to refer to GP or Dentist**

Recurrent bouts of infection  
Hoarseness of more than three weeks duration  
Difficulty in swallowing (dysphagia)  
Failed medication (no improvement in symptoms after 7 days)

### **Accessing Emergency Dental Treatment**

Patients presenting in pharmacy, out of hours, who require emergency dental treatment can be referred through the current 'Professional to Professional' service on 01896 827011

From home, patients can phone the NHS 24 helpline on 111 during non-surgery hours.

A Dental Enquiry Telephone Line is available for unregistered patients with dental pain/problems and for dental information. Emergency slots are available every day throughout the Borders for emergency treatment. This service is available from 8.30am till 6.00pm, Monday to Friday. The number to contact for this service is 0845 300 0930.

## Oral Thrush

### When to refer to GP or Dentist

Duration of longer than 3 weeks  
Associated weight loss  
Involvement of other mucous membranes  
Rash  
Suspected Adverse Drug Reaction  
Child under 4 months

### Oropharyngeal Anti-Infective Drugs

Miconazole Oral gel (NF)

15g

It is recognised that this is the only product available for use by community pharmacists to recommend for oral thrush and prescribing may be unavoidable.

Caution: Miconazole can enhance the anticoagulant effect of warfarin and should never be sold to patients taking warfarin. There are other, much safer, options to treat oral thrush in patients taking oral anticoagulants which will require referral to a Prescriber to obtain.

**NOTE:** Pack must be 15g. 80g is a POM.

## Section 2 Respiratory

### Hay Fever

#### When to refer to GP

Wheezing or shortness of breath  
Tightness in the chest  
Persistent pain in ears or sinuses  
Failed medication (no improvement in symptoms after 10 days)  
Suspected drug allergy

#### Antihistamines

The drugs on this list can only be supplied as P medicines. Check the licensing of the product you are dispensing.

##### **First choice – Non-sedating antihistamines.**

Cetirizine tablets 10mg	30
Cetirizine oral solution 5mg/5ml	200ml

##### **Second choice - Sedating antihistamines.**

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

Chlorphenamine tablets 4mg	30
Chlorphenamine syrup 2mg/5ml	150ml

#### **NOTE:**

**Cetirizine** – Prescribe as 30 pack if clinically appropriate.

#### Other anti-inflammatory preparations

##### **First choice:**

Sodium Cromoglycate eye drops 2% (prescribe as <i>Opticrom Allergy</i> )	5ml / 10ml
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##### **Second choice:**

Otrivine Antistin eye drops ( <i>use when immediate relief is required</i> )	10ml
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**NOTE: Sodium Cromogliclate** - Opticrom aqueous drops is a POM of 13.5ml and is not allowed. Prescribe as P pack (5ml or 10ml).

### Steroid Nasal Spray

##### **First choice:**

Beclometasone nasal spray* (prescribe as brand or supplier)	100 or 180 dose
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##### **Second choice:**

Fluticasone (Pirinase) nasal spray*	60 dose
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**\*NOTE:** 200 dose pack of Beclometasone spray is a POM and is disallowed. Prescribe a proprietary P or GSL pack (e.g. 100 or 180 dose Beconase Allergy). Fluticasone 120 dose is a POM therefore prescribe the 60 dose pack (eg Pirinase)

## Cough and Nasal Congestion.

There is limited evidence to support the use of cough preparations.

### When to refer to GP

Sputum yellow, green, rusty or blood stained  
Chest Pain  
Shortness of breath  
Wheezing  
Whooping cough or croup  
Recurrent nocturnal cough  
Suspected Adverse Drug Reaction e.g. to ACE  
Failed medication (no improvement in symptoms after 10 days)

### Aromatic inhalations

Menthol crystals

5g

**WARNING** – Boiling water should not be used to avoid risk of scalding.

### Cough Suppressants

Pholcodine linctus 5mg/5ml

200ml

Pholcodine Paediatric SF linctus (NF)

Up to 200ml

### Expectorants and demulcent cough preparations

Simple SF linctus

200ml

Simple Paediatric SF linctus (NF)

Up to 200ml

### Systemic nasal decongestants

Pseudoephedrine elixir 30mg/5ml (NF) (>6 years)

100ml

Pseudoephedrine tablets 60mg (NF) (>12 years)

12

### Topical nasal decongestants

Sodium Chloride 0.9% drops

10ml

Xylometazoline nasal drops 0.1% (NF)

10ml

Xylometazoline nasal spray 0.1% (NF)

10ml

Xylometazoline Paediatric nasal drops 0.05% (NF)

10ml

## Sore Throat

### When to refer to GP

Recurrent bouts of infection  
Hoarseness of more than three weeks duration  
Difficulty in swallowing (dysphagia)  
Failed medication (no improvement in symptoms after 7 days)

Current practice is to encourage self-care.

Local treatment aims to:

- Protect the ulcerated area.
- Relieve pain & reduce inflammation.
- Control secondary infection.

### Sprays

Benzydamine spray 0.15%

30ml

## Section 3 Central Nervous System

### Pain

#### Musculoskeletal Disorders - When to refer to GP

Suspected fracture  
Possible adverse reaction – falls, bruising  
Head injury  
Medication failure  
Arthritis  
Severe back pain  
Back pain (and/or pins and needles/numbness) radiating to leg

#### Non-opioid analgesics

##### First choice:

Paracetamol tablets 500mg ( <i>claim the DT pack of 32</i> )	32
Paracetamol SF suspension 120mg/5ml	100ml, 200ml
Paracetamol SF suspension 250mg/5ml	200ml

##### Second choice:

Paracetamol Soluble tablets 500mg	24
Co-Codamol tablets 8/500mg ( <i>2<sup>nd</sup> line agent after Paracetamol</i> )	32
Ibuprofen tablets 200mg ( <i>Endorse with the MAS pack of 24</i> )	24
Ibuprofen tablets 400mg ( <i>Endorse with the MAS pack of 24</i> )	24
Ibuprofen SF suspension 100mg/5ml	100ml

**NOTE:** Paracetamol – Claim the DT pack of 32.  
Warning ..... Ibuprofen Syrup is a POM.

#### Headache - When to refer to GP

Headache associated with injury/trauma  
Severe headache of more than 4 hours duration  
Suspected Adverse Drug Reaction  
Headache in children under 12 years  
Severe occipital headache (across the back of the head)  
Headache which is worse in the morning and improves  
Associated drowsiness, visual disturbances or vomiting  
Neck stiffness

#### Anti-migraine drugs

Migraleve Pink (NF)

12 / 24

Migraleve Yellow tablets should **not** be prescribed – use Co-Codamol 8/500mg tablets instead.

## **Rubefacients and other topical antirheumatics**

Balmosa

40g

Transvasin

40g / 80g

### **Dysmenorrhoea - When to refer to GP**

Presence of abnormal vaginal discharge

Abnormal bleeding

Severe inter-menstrual pain (mittelschmerz) and bleeding

Failure of medication (no improvement after 2 cycles of treatment)

Pain with a late period (Possibility of an early pregnancy)

Presence of fever

## **Travel Sickness**

### **Drugs used in nausea and vertigo**

#### **First choice:**

Cinnarizine tablets 15mg

15

#### **Second choice:**

Hyoscine Hydrobromide tablets 0.15mg (Prescribe as *Joyrides* or *Kwells Kids*) (NF)

12

Hyoscine Hydrobromide tablets 0.3mg (Prescribe as *Kwells*) (NF)

12

## Section 4 Infection

### Fungal Infections

#### Vaginal Candidiasis

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.

##### When to refer to GP

Recurrent infection  
Failed medication  
Pregnancy  
<16 years or >60 years

#### First choice:

Clotrimazole Pessary 500mg +/- Clotrimazole 1% Cream (2% cream in combi pack) 1 pack  
(Use combi pack if prescribing both)

#### Second choice:

Fluconazole capsules 150mg\* +/- Clotrimazole 1% Cream 1 pack

(\*Use POM pack of Fluconazole as per PGD and prescribe cream separately if required)

Useful information for patients can be accessed [here](#).

### Athlete's Foot

##### When to refer to GP

Severe, affecting more than between toes  
Signs of bacterial infection  
Unresponsive to appropriate treatment  
Involvement of toenails

#### Anti-fungal preparations

#### First choice:

Clotrimazole cream 1% 20g

#### Second choice:

Terbinafine cream (Lamisil AT) 7.5g or 15g

Information for patients can be accessed [here](#).

## Viral Skin Infection

### When to refer to GP

Babies and young children  
Failure of an established sore to resolve  
Severe or worsening sore  
History of frequent cold sores  
Sore lasting longer than 10 days  
Painless sore  
Patients with atopic eczema  
Eye affected  
Uncertain diagnosis  
Immunocompromised patients

### Cold Sores

Aciclovir cream 5%

2g

**NOTE:** Aciclovir cream – The 10g is a POM and is disallowed.

## Warts and Verrucae

### When to refer to GP

Changed appearance of lesions: size, colour  
Bleeding  
Itching  
Genital warts  
Facial warts  
Immunocompromised patients  
Diabetics  
Peripheral Neuropathy

### Preparations for warts and calluses.

Current practice is to encourage self-care.

- These preparations are contra-indicated in facial or genital warts.
- The skin surface should be rubbed with a file or pumice stone, and the surrounding skin protected, before each application. If application becomes painful, treatment should be withheld for a few days then recommenced.

Helpful information for patients can be found [here](#).

### First choice

Salicylic acid (Salactol) paint

10ml

### Second choice

Salatac Gel (NF)

8g



## Parasitic Infection

### Threadworms

#### When to refer to GP

Infection other than threadworm suspected  
Recent travel abroad  
Medicine Failure

All family members should be treated at the same time, even if they have no symptoms, to prevent re-infection. Minor ailments should only be used for family members entitled to use the service.  
Mebendazole can be used for adults and children over 2 years old.

Mebendazole suspension 100mg/5ml	30ml
Mebendazole tablets 100mg	1 or 4

Hygiene measures can be found [here](#).

### Head Lice

If a course of treatment (two applications, one week apart) fails to cure, a different insecticide should be used for the next treatment. Refer to [NICE guidelines 2015](#) for treatment and management advice. Alcoholic lotions can cause burning and stinging and exacerbate eczema and asthma. For wet combing method, four sessions spaced over 2 weeks (days 1, 5, 9 and 13).

#### First choice:

Portia Head Lice Comb	1
Wet combing (Bug buster kit, Nitty Gritty)	1

#### Second choice:

Dimeticone lotion 4% (Prescribe as <i>Hedrin</i> )	50ml / 100ml
Malathion liquid 0.5% (Prescribe as <i>Derbac M</i> ) (NF)	50ml / 200ml

### Scabies

#### First choice:

Permethrin ( <i>Lyclear Dermal cream</i> ) (>2 years)	30g
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#### Second choice:

Malathion liquid 0.5% (Prescribe as <i>Derbac M</i> ) (>6 months) (NF)	50ml / 200ml
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## Section 5 Urinary Tract Disorders

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### Uncomplicated Urinary Tract Infection

An NHS Borders Patient Group Direction (PGD) exists to allow management of acute uncomplicated urinary tract infection in non-pregnant females over 16 years and under 65 years of age in NHS Borders by appropriately trained pharmacists within Community Pharmacies.

Trimethoprim 200mg tablets , one tablet twice a day, (Quantity 6)

(A useful leaflet can be accessed [here.](#))

Complicated urinary tract infections, male patients and females who are outwith the PGD should be referred appropriately.

### Alkalinisation of Urine

#### When to refer to GP

- All children
- Fever, nausea, vomiting
- Loin pain or tenderness
- Haematuria
- Vaginal discharge
- Duration longer than 2 days
- Pregnancy
- Recurrent cystitis
- Failure of medication

### Urinary – Cystitis

#### First choice

No treatment. Self-care advice can be found [here.](#)

#### Second choice

Potassium Citrate solution (NF)

200ml

## Section 6 Skin

### Acne

#### When to refer to GP

Severe acne, acne causing scarring  
Failed medication (no improvement in 2 months)  
Suspected drug induced acne

#### First choice:

Benzoyl Peroxide 10% Aquagel 40g

#### Second choice:

Dermol 500 Lotion 500ml

### Eczema / Allergy

#### Emollients (moisturisers)

- Emollients soothe, smooth and hydrate the skin and are indicated for all dry scaling disorders.
- To achieve most benefit from an emollient, it should be applied regularly, particularly 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

#### When to refer to GP

Once only trial of emollient,  
if no improvement refer

#### Emollients

##### First choice – ointment base

White soft paraffin 50% / Liquid paraffin 50% Ointment 500g  
Emollin Spray 150ml or 240ml

##### Second choice – ointment base

Hydromol ointment 125g or 500g  
Diprobase Ointment 50g or 500g

##### First choice – cream base

Aquamax cream 100g or 500g

##### Second choice – cream base

Diprobase Cream 50g or 500g  
QV Cream 100g or 500g  
Cetraben Cream 50g, 150g or 500g

##### First choice – lotion

QV Lotion 250ml or 500ml

##### First choice – gel

Doublebase Gel 100g or 500g

**Soap Substitute**

Emulsifying Ointment 100g or 500g

**Emollient Bath/Shower Additives****First choice:**

Hydromol Bath & Shower Emollient 350ml or 500ml

**Second choice:**

QV Wash 250ml or 500ml  
Doublebase Emollient Shower Gel 200g

**Barrier Preparations****First choice:**

Zinc and Castor Oil 500g

**Second choice:**

Conotrane cream 100g /500g

**Topical antipruritics**

- Crotamiton is useful for post-scabies itch.
- Emollient preparations may be useful for pruritus due to dry skin.

Calamine Aqueous cream (NF) 100g  
Crotamiton cream (Prescribe as *Eurax*) 30g / 100g

**Topical corticosteroids**

For use in irritant dermatitis, contact allergic dermatitis, insect bite reaction and mild to moderate eczema.

- Topical corticosteroids should be applied thinly 1-2 times daily.
- To minimise the risk of side effects, the smallest effective amount should be used, reducing strength and frequency of application as the condition settles. The risk of systemic side effects increases with prolonged use on thin, inflamed or raw skin surfaces, use in flexures, or use of more potent corticosteroids.
- Topical corticosteroids should not be used on infected skin unless the infection is being treated.
- Palms and soles may require potent or very potent steroids.

An emollient should be prescribed routinely with a corticosteroid preparation.

**First choice:**

Hydrocortisone cream 1% 15g  
Hydrocortisone ointment 1% 15g

**Second choice:**

Clobetasone cream 0.05% (Prescribe as *Eumovate Eczema & Dermatitis*) 15g

**Shampoos and scalp preparations****First choice:**

Ketoconazole shampoo (Prescribe as Dandruff or Anti-Dandruff formula) 60ml / 100ml

**Second choice:**

Capasal shampoo 250ml  
T-Gel shampoo 125ml / 250ml

**Preparations for boils**

Magnesium Sulphate paste (NF) 25g / 50g

## Section 8 Eyes

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### Tear deficiency, ocular lubricants and astringents

#### **First choice - drops**

Hypromellose eye drops 0.3%	10ml
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#### **Second choice - drops**

Carbomer eye drops (Prescribe as <i>Viscotears</i> or <i>Clinitas Carbomer Gel</i> )	10g
Polyvinyl Alcohol eye drops 1.4% ( <i>Liquifilm</i> )	15ml
Celluvisc 1% Eye Drops (where a Preservative Free product is required)	30 x 0.4ml

#### **Ointment**

Lacrilube Eye Ointment	3.5 or 5g
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### **Antibacterial eye preparations**

Refer patients to NHS Borders 'Eye Infections' leaflet which can be found [here](#).

Chloramphenicol eye drops 0.5% (PGD to dispense POM pack)	10ml
Chloramphenicol Eye Ointment	4g

If required a 'Pharmacy – Optometry Referral Form' can be found [here](#).

## Section 9 Ear

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### **Ear Wax**

Removal of ear wax - Proprietary preparations may have constituents, which irritate the skin, and offer no advantage over simple products like almond oil.

Olive oil	10ml
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## Section 10 Homeopathy

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Homeopathic preparations are **NOT** prescribable under MAS within NHS Borders.

