Fife Minor Ailments Service Formulary

For use in community Pharmacy

Date: February 2011  Edition 4
Approved by: NHS Fife Area Drug and Therapeutics Committee
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INTRODUCTION

NHS FIFE MINOR AILMENT SERVICE (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 and other P and GSL medicines can be used for the treatment of minor ailments using the professional judgement of the pharmacist.

The formulary is arranged according to BNF category and includes the following information;
- Recommended first and second line options
- Drug entries are listed alphabetically
- Suggested quantities to be prescribed
- 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.

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.

PATIENT ELIGIBILITY FOR MINOR AILMENT SERVICE
- Patients who are exempt from prescription charges and are registered with a Scottish GP
- Excluded patients – resident in a care home, are temporary residents or have a pre-payment certificate.

MEDICINES INCLUDED IN MINOR AILMENT SERVICE
A national formulary for the Minor Ailment Service (MAS) based on the BNF is the reference point for payment purposes for products provided under the MAS.

Medicines which are available for prescribing by community pharmacists include:
- All Pharmacy (P) and General Sales List (GSL) medicines in the Scottish Drug Tariff 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 10ml, Saliva preparations
- Prescription Only Medicines (POMs) which are underpinned by a series of national core / local Patient Group Directions (PGDs).
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 are prescribed by generic name.

To ensure correct payment:
- Prescribe by generic name
- Ensure you have dispensed and endorsed the correct OTC pack size

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

Medicines Excluded from MAS

The following items are excluded from the MAS formulary:
- POMs (other than chloramphenicol eye drops 0.5% and fluconazole 150mg capsules via local PGD)
- Nicotine replacement therapy
- Emergency hormonal contraception
- Orlistat (ALLI®)
- Simvastatin
- Azithromycin (Clamelle®)
- Blacklisted items. The latest list of blacklisted medicines can be found on the Community Pharmacy Scotland website [www.communitypharmacyscotland.org.uk](http://www.communitypharmacyscotland.org.uk) and then searching for black listed and disallowed items.

Contractors are advised to monitor up to date advice from Community Pharmacy Scotland.
Requests for Addition to the MAS Formulary

Request for additions to formulary should be made by completing the submission form found at the back of this formulary and submitting to the NHS Fife Clinical Effectiveness Pharmacist.

USEFUL CONTACTS

Any comments regarding the formulary and queries about inclusions or omissions should be directed to the appropriate Pharmacy Champion, see http://www.communitypharmacy.scot.nhs.uk/documents/nhs_boards/life/Allocation_of_Champions.pdf for the up to date listing.

Pharmacy Champions

<table>
<thead>
<tr>
<th>Contact Name</th>
<th>E-mail Address</th>
<th>Telephone No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michelle Collinson</td>
<td><a href="mailto:michellecollinson@nhs.net">michellecollinson@nhs.net</a></td>
<td>01383 626069</td>
</tr>
<tr>
<td>Niall Dewar</td>
<td><a href="mailto:nialldewar@nhs.net">nialldewar@nhs.net</a></td>
<td>01592 260925</td>
</tr>
<tr>
<td>Amanda Dellar</td>
<td><a href="mailto:amanda.dellar@nhs.net">amanda.dellar@nhs.net</a></td>
<td>01383 726125</td>
</tr>
<tr>
<td>Rhona Jack</td>
<td><a href="mailto:rhonajack@nhs.net">rhonajack@nhs.net</a></td>
<td>01337 828345</td>
</tr>
<tr>
<td>Raymond Kelly</td>
<td><a href="mailto:raymond.kelly@nhs.net">raymond.kelly@nhs.net</a></td>
<td>01337 858222</td>
</tr>
<tr>
<td>Allan Shields</td>
<td><a href="mailto:allanshields@hotmail.co.uk">allanshields@hotmail.co.uk</a></td>
<td>01592 652910</td>
</tr>
</tbody>
</table>

IM&T Facilitator
Dawn Balfour
Tel. 01592 226928
Fax 01592 714240
Email dbalfour@nhs.net

For all ePharmacy Minor Ailment Service (MAS) enquiries, contact Practitioner Services Department (PSD) on 0131 275 6600

For all technical enquiries, please contact your PMR supplier.

For any stationary supplies contact Primary Care Supplies, Primary Care Department, Cameron Hospital, Windygates Tel. 01592 226766 and request Pharmaceutical Monthly Order Form
Section 1 Gastrointestinal

**Indigestion**

<table>
<thead>
<tr>
<th>First Choice : Co-magaldrox SF (Maalox® or Mucogel®)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Second Choice : Gaviscon® Advance Products</td>
</tr>
</tbody>
</table>

**Antacids**

<table>
<thead>
<tr>
<th>Product</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastrocote® tablets</td>
<td>100</td>
</tr>
<tr>
<td>Gaviscon® Advance liquid</td>
<td>Up to 500ml</td>
</tr>
<tr>
<td>Gaviscon® Advance tablets</td>
<td>60</td>
</tr>
<tr>
<td>Gaviscon® Infant sachets</td>
<td>15 twin sachets</td>
</tr>
<tr>
<td>Maalox® suspension</td>
<td>500ml</td>
</tr>
<tr>
<td>Mucogel® suspension</td>
<td>500ml</td>
</tr>
</tbody>
</table>

**H₂-receptor antagonists**

<table>
<thead>
<tr>
<th>Product</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ranitidine 75mg tablets</td>
<td>6,12</td>
</tr>
</tbody>
</table>

**Good Practice Points**

- Normal lifestyle advice is necessary e.g. weight loss, smoking, alcohol
- Liquid antacids are more effective than tablets.
- Ranitidine should only be used short term. If problems persist refer to GP.
- Compound alginate preparations are less powerful antacids than co-magaldrox but may be more effective for heartburn.

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

When to advise patient to contact their GP

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

<table>
<thead>
<tr>
<th>Product</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infacol®</td>
<td>50ml</td>
</tr>
</tbody>
</table>

**Good Practice Points**

- Colic usually resolves within 4 months
- 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 of Infacol® may be made on up to 3 occasions

1.4 Acute diarrhoea

First Choice : oral rehydration salt sachets
Second Choice : loperamide

<table>
<thead>
<tr>
<th>Drug</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral rehydration salt sachets e.g. Dioralyte®</td>
<td>6/20</td>
</tr>
</tbody>
</table>

Antimotility Drugs

<table>
<thead>
<tr>
<th>Drug</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loperamide 2mg Capsules</td>
<td>8,12</td>
</tr>
</tbody>
</table>

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.

When to advise 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 diarrhoea

1.6 Constipation

Acute

First Choice : senna or bisacodyl tablets
Second Choices : glycerin or bisacodyl supps

Chronic

First Choice : ispaghula husk sachets
Second Choices : senna or lactulose

1.6.1 Bulk Forming Laxatives

<table>
<thead>
<tr>
<th>Drug</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ispaghula Husk sachets</td>
<td>10/30</td>
</tr>
</tbody>
</table>

1.6.2 Stimulant laxatives

<table>
<thead>
<tr>
<th>Drug</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bisacodyl tablets</td>
<td>20</td>
</tr>
<tr>
<td>Bisacodyl suppositories</td>
<td>12</td>
</tr>
<tr>
<td>Glycerin suppositories</td>
<td>12</td>
</tr>
<tr>
<td>Senna liquid</td>
<td>100ml</td>
</tr>
<tr>
<td>Senna tablets</td>
<td>20</td>
</tr>
</tbody>
</table>
1.6.4 Osmotic Laxatives

<table>
<thead>
<tr>
<th>Laxative</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lactulose solution</td>
<td>Up to 500ml</td>
</tr>
<tr>
<td>Laxido® Orange</td>
<td>Up to 30 sachets</td>
</tr>
</tbody>
</table>

**Good Practice Points**
- 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.

**Examples of Counselling Points**
- Drink more fluids but no tea, coffee, cola or alcohol. Eat more fibre.
- 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 patient to contact their GP
- Persistent change in bowel habit
- Presence of abdominal pain, vomiting, bloating
- Blood in stools or melaena
- Prescribed medication suspected of causing symptoms
- No relief of symptoms within 7 days

1.7 Haemorrhoids

**First Choice:** Anusol®

**Second Choices:** Anusol Plus HC®

1.7.1 Soothing haemorrhoidal preparations

<table>
<thead>
<tr>
<th>Anusol® preparation</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cream</td>
<td>23g</td>
</tr>
<tr>
<td>Ointment</td>
<td>25g</td>
</tr>
<tr>
<td>Suppositories</td>
<td>12</td>
</tr>
</tbody>
</table>

1.7.2 Compound haemorrhoidal preparations with corticosteroids

<table>
<thead>
<tr>
<th>Anusol Plus HC® preparation</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ointment</td>
<td>15g</td>
</tr>
<tr>
<td>Suppositories</td>
<td>12</td>
</tr>
</tbody>
</table>

**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 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 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 / elderly)
• Duration of 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

Section 3 Respiratory

Allergy

3.4.1 Antihistamines

Non sedating antihistamines

<table>
<thead>
<tr>
<th>First Choice</th>
<th>cetirizine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Second Choice</td>
<td>loratadine</td>
</tr>
</tbody>
</table>

Sedating antihistamines

| First Choice  | chlorphenamine |

<table>
<thead>
<tr>
<th></th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non sedating</td>
<td></td>
</tr>
<tr>
<td>Cetirizine 10mg tablets</td>
<td>7/30</td>
</tr>
<tr>
<td>Cetirizine oral solution 5mg/5ml</td>
<td>Up to 200ml</td>
</tr>
<tr>
<td>Loratadine 10mg tablets</td>
<td>7/30</td>
</tr>
<tr>
<td>Loratadine syrup 5mg/5ml</td>
<td>100ml</td>
</tr>
<tr>
<td>Sedating</td>
<td></td>
</tr>
<tr>
<td>Chlorphenamine 4mg tablets</td>
<td>28/30</td>
</tr>
<tr>
<td>Chlorphenamine oral solution 2mg/5ml</td>
<td>150ml</td>
</tr>
</tbody>
</table>

Also see sections 12.2.1 Nasal allergy and 11.4.2 Eye - Other anti-inflammatory products

Good Practice Points

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

Examples of Counselling Points

For hayfever, start taking before season starts and continue throughout. Advise to go to GP for regular prescription if required.
Avoid going out when the pollen count is high.

When to advise patient to contact their GP
• Wheezing or shortness of breath, tightness of chest
• Persisting painful ear or sinuses
• Purulent conjunctivitis
• No improvement in symptoms after 10 days

Cough and Nasal Congestion

3.8 Aromatic inhalations

<table>
<thead>
<tr>
<th></th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Menthol crystals</td>
<td>5g</td>
</tr>
</tbody>
</table>
Examples of Counselling Points
Ensure correct directions for use are given and that awareness is raised over the dangers of using boiling water.

3.9 Cough preparations

First Choice: no treatment

Good Practice Points
- None of the remedies available for the management of cough (cough suppressants, expectorants or demulcents) are proven to provide any benefit.

<table>
<thead>
<tr>
<th>Product</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Simple SF linctus</td>
<td>200ml</td>
</tr>
<tr>
<td>Simple Paediatric SF linctus</td>
<td>Up to 200ml</td>
</tr>
<tr>
<td>Pholcodine SF linctus</td>
<td>200ml</td>
</tr>
</tbody>
</table>

Good Practice Points
- All recommended liquids should be sugar-free if at all possible.
- Pholcodine linctus may be 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 3-4 weeks.
- Smokers can suffer more with their coughs; advice can be given on smoking cessation.

When to advise patient to contact their GP
- Persistent cough with alarm symptoms e.g. weight loss, fluid retention, wheezing
- Cough lasting 4 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)

3.10 Systemic nasal decongestants

Also see section 12.2.2 Topical Nasal decongestants

<table>
<thead>
<tr>
<th>Product</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pseudoephedrine 60mg tablets</td>
<td>12*</td>
</tr>
</tbody>
</table>

*MHRA has restricted the quantity of pseudoephedrine to a total of 720mg due to concerns about its abuse in production of amphetamine-like agents.

Good Practice Points
- Systemic decongestants provide short-term relief of congestive symptoms (3-10 hours).
- Systemic decongestants are considered less suitable for prescribing by the BNF.
Section 4 Central nervous system

4.6 Drugs used in nausea and vertigo

<table>
<thead>
<tr>
<th>Good Practice Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anti-emetics should be prescribed only when the cause of vomiting is known otherwise they may delay diagnosis, particularly in children.</td>
</tr>
<tr>
<td>The drug should be chosen according to the aetiology of vomiting e.g. prochlorperazine buccal for nausea associated with migraine, cinnarizine for travel sickness.</td>
</tr>
<tr>
<td>Nausea during the 1st trimester of pregnancy does not generally require drug therapy.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Examples of Counselling Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anti-emetics may cause drowsiness</td>
</tr>
<tr>
<td>Anti-emetics used to treat motion sickness are best taken prophylactically.</td>
</tr>
</tbody>
</table>

When to advise patient to contact their GP
- Severe nausea and vomiting during pregnancy
- Prolonged vomiting of unknown cause
- Vomiting lasting more than 48 hours and not responding to treatment
- Adverse drug reaction due to an anti-emetic
- Problems with swallowing (dysphagia)

4.7 Analgesia

**Mild Pain**

First Choice: paracetamol or ibuprofen

**Mild to moderate pain**

First Choice: paracetamol + ibuprofen

4.7.1 Non-opioid analgesics

<table>
<thead>
<tr>
<th>Compound analgesics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Migraleve Pink tablets</td>
</tr>
<tr>
<td>Up to 96</td>
</tr>
<tr>
<td>Up to 200ml</td>
</tr>
<tr>
<td>Up to 200ml</td>
</tr>
</tbody>
</table>

Also see section 10.1.1 Non-steroidal anti-inflammatory drugs

4.7.4 Antimigraine drugs

Analgesics with anti-emetics

<table>
<thead>
<tr>
<th>Good Practice Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is significant potential for accidental overdose. Prescribers should be aware that patients may be taking other analgesic preparations (prescribed, OTC or “borrowed”)</td>
</tr>
<tr>
<td>Paracetamol is preferable to ibuprofen in the elderly.</td>
</tr>
</tbody>
</table>
• Co-codamol 8/500mg tablets are no more effective than paracetamol. Only a maximum of 32 tablets can be supplied.
• Compound analgesics may produce opioid side-effects and complicate treatment if a patient has taken an overdose.
• 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.
• Migraleve® Yellow tablets are equivalent to co-codamol 8/500mg tablets and are not cost-effective to prescribe.

Examples of Counselling Points for traumatic injury
Rest is essential to allow the injury to recover.
Cold packs should be applied to reduce swelling and bruising
The area should be elevated if possible to remove fluid from area of injury.

When to advise 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

Section 5 Infections

Impetigo See section 13.11.6
See section 7.2.2 for treatment of vaginal and vulval infections

5.5.1 Drugs for Threadworms

<table>
<thead>
<tr>
<th>First Choice : mebendazole</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mebendazole 100mg tablets (Ovex®)</strong></td>
</tr>
<tr>
<td><strong>Piperazine with sennosides oral powder (Pripsen®)</strong></td>
</tr>
</tbody>
</table>

**Good Practice Points**
• Mebendazole is recommended first choice treatment.
• Mebendazole is not licensed for children under two years; piperazine salts are less effective but licensed for this age group.
• Personal hygiene before eating and after toileting should be emphasised.
• All family members should be treated at the same time even if they have no symptoms.
• If re-infection is suspected, a second dose can be given 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 patient to contact their GP
• Infection other than threadworm suspected
• Recent travel abroad
• Medication failure
• Pregnancy
Section 7 Obstetrics, gynaecology & urinary tract disorders

7.2 Vaginal candidiasis (thrush)

First Choice: clotrimazole pessary ± clotrimazole cream
Second Choices: oral fluconazole

7.2.2 Vaginal and vulva infections

<table>
<thead>
<tr>
<th>Product</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clotrimazole 500mg vaginal pessary</td>
<td>1</td>
</tr>
<tr>
<td>Clotrimazole 2% cream</td>
<td>20g</td>
</tr>
<tr>
<td>Clotrimazole 10% vaginal cream</td>
<td>5g</td>
</tr>
</tbody>
</table>

Oral antifungal drugs

<table>
<thead>
<tr>
<th>Product</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fluconazole 150mg capsule*</td>
<td>1</td>
</tr>
</tbody>
</table>

* 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 inserted high into the vagina, 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 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

7.4.3 Drugs used in urological pain

<table>
<thead>
<tr>
<th>Product</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Choice: Potassium citrate oral solution</td>
<td>200ml</td>
</tr>
<tr>
<td>Second Choice: Potassium citrate eff. Tablets / Potassium/sodium citrate sachets</td>
<td>12/ 6</td>
</tr>
</tbody>
</table>

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 can irritate the bladder.
Cranberry juice products have been shown to help prevent urinary tract infections.

When to advise patient to contact their GP
- All men and children
- Women aged over 60
- Associated fever, nausea & vomiting, loin pain or tenderness
- Haematuria
- Vaginal discharge
- Recurrent cystitis or duration longer than 2 days
- Pregnancy

**Section 9 Nutrition and blood**

9.2.1 Oral rehydration therapy

<table>
<thead>
<tr>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral rehydration salts</td>
</tr>
</tbody>
</table>

**Section 10 Musculoskeletal and joint diseases**

**Mild Pain**

- **First Choice**: paracetamol or ibuprofen

**Mild to moderate pain**

- **First Choice**: paracetamol + ibuprofen

**10.1.1 Non-steroidal anti-inflammatory drugs (NSAIDs)**

<table>
<thead>
<tr>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ibuprofen 200mg tablets</td>
</tr>
<tr>
<td>Ibuprofen 400mg tablets</td>
</tr>
<tr>
<td>Ibuprofen oral suspension 100mg/5ml</td>
</tr>
</tbody>
</table>

See section 4.7.1 for paracetamol containing products

**Good Practice Points**

- Relative contra-indications to NSAIDs include heart failure, hypertension, renal impairment, peptic ulceration, caution in asthma; absolute contra-indications include proven hypersensitivity to aspirin or any NSAID.
- The combination of a NSAID and low dose aspirin may increase the risk of gastrointestinal side effects and should be avoided if possible.

**Examples of Counselling Points**

NSAIDs must be taken with or after food.

**10.3.2 Rubefacients and other topical antirheumatics**

<table>
<thead>
<tr>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ketoprofen 2.5% gel</td>
</tr>
<tr>
<td>Salicylate containing gels (Algesal®; Movetar®, Transvasin®)</td>
</tr>
</tbody>
</table>
Good Practice Points
- Ketoprofen gel should only be used for the short term acute treatment of sprains and strains.
- Ketoprofen should not be used in chronic inflammation or if patient on oral NSAIDs.

Section 11 Eye

Bacterial conjunctivitis

First Choice: Lid hygiene
Second Choice: chloramphenicol

11.3.1 Antibacterials

<table>
<thead>
<tr>
<th></th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chloramphenicol eye drops 0.5%*</td>
<td>Up to 2 x10ml</td>
</tr>
<tr>
<td>Chloramphenicol eye ointment</td>
<td>Up to 2 x 4g</td>
</tr>
</tbody>
</table>

* National PGD in place to allow supply of 10ml POM Pack

Good Practice Points
- Most cases of acute bacterial conjunctivitis 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 5 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.
- There is no benefit in using propamidine, dipropramidine (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 guidance on chloramphenicol eye drops can be found on the RPS website www.rpharms.com/support-pdfs/otcchlorampheneyedropsguid.pdf

Examples of Counselling Points
- Keep the eye drops in the fridge
- Once opened the eye drops should be discarded after 28 days

When to advise 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
- sodium cromoglicate

11.4.2 Other anti-inflammatory preparations

<table>
<thead>
<tr>
<th></th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sodium cromoglicate 2% eye drops</td>
<td>5/10ml</td>
</tr>
</tbody>
</table>

See section 3.4.1 for systemic antihistamines

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**

<table>
<thead>
<tr>
<th>First Choice</th>
<th>Second Choice</th>
</tr>
</thead>
<tbody>
<tr>
<td>hypromellose eye drops</td>
<td>Carbomers (drops) or Lacri-Lube® (ointment)</td>
</tr>
</tbody>
</table>

11.8.1 Tear deficiency, ocular lubricants and astringents

<table>
<thead>
<tr>
<th></th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypromellose 0.3% eye drops</td>
<td>10ml</td>
</tr>
<tr>
<td>Lacri-Lube® eye ointment</td>
<td>3.5/5g</td>
</tr>
<tr>
<td>Carbomers (Liquiviso®/Viscotears®)</td>
<td>10g</td>
</tr>
</tbody>
</table>

**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.

When to advise patient to contact their GP
- If condition lasts longer than 2 weeks
- Pain or signs of infection i.e. purulent discharge

**Section 12 Ear, nose and oropharynx**

12.1.3 Removal of ear wax

<table>
<thead>
<tr>
<th>First choice: Olive / Almond oil or sodium bicarbonate 5% ear drops</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Olive / Almond oil in suitable dropper bottle</td>
<td>Up to 50ml</td>
</tr>
<tr>
<td>Sodium bicarbonate 5% ear drops</td>
<td>10ml</td>
</tr>
<tr>
<td>Cerumol®</td>
<td>11ml</td>
</tr>
<tr>
<td>Otex®</td>
<td>8ml</td>
</tr>
</tbody>
</table>

**Good Practice Points**
- Ear wax should only be removed only 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.
- Some proprietary preparations containing organic solvents can irritate the meatal skin, and in most cases simple remedies e.g. olive oil or almond oil are just as effective and less likely to cause irritation.
- All proprietary products are considered less suitable for prescribing by the BNF.

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.

12.2.1 Drugs used in nasal allergy - corticosteroids

<table>
<thead>
<tr>
<th></th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Choice: Beclometasone nasal spray</td>
<td>100 or 180 doses</td>
</tr>
<tr>
<td>Second Choice: Fluticasone nasal spray (Flixonase® Allergy)</td>
<td>60 doses</td>
</tr>
</tbody>
</table>
See section 3.4.1 for treatment with systemic antihistamines

**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.

### 12.2.2 Topical nasal decongestants

<table>
<thead>
<tr>
<th>Product</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sodium chloride 0.9% nasal drops</td>
<td>10ml</td>
</tr>
<tr>
<td>Xylometazoline 0.1% drops / spray</td>
<td>10ml</td>
</tr>
<tr>
<td>Xylometazoline 0.05% paediatric drops</td>
<td>10ml</td>
</tr>
</tbody>
</table>

See section 3.10 for systemic nasal decongestants

**Good Practice Points**
- Sodium chloride 0.9% nasal drops may relieve nasal congestion by helping liquefy nasal secretions.
- Topical nasal decongestants can lead to rebound congestion on withdrawal and should be used short-term (usually for no longer than 7 days).

### 12.3.1 Drugs used for oral ulceration and inflammation

**First Choice**: benzydamine + chlorhexidine

**Second Choice**: hydrocortisone pellets for mouth ulcers

<table>
<thead>
<tr>
<th>Product</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benzydamine 0.15% oral rinse</td>
<td>300ml</td>
</tr>
<tr>
<td>Benzydamine 0.15% spray</td>
<td>30ml</td>
</tr>
<tr>
<td>Chlorhexidine 0.2% mouthwash</td>
<td>300ml</td>
</tr>
<tr>
<td>Choline salicylate gel</td>
<td>15g</td>
</tr>
<tr>
<td>Hydrocortisone 2.5mg pellets</td>
<td>20</td>
</tr>
<tr>
<td>Lidocaine containing teething gel e.g. Dentinox®</td>
<td>Up to 15g</td>
</tr>
</tbody>
</table>

**Good Practice Points**
- 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 form 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 patient to contact their GP or Dental practitioner
- Duration of longer than 3 weeks or frequent recurrence
- Very painful
- Associated weight loss
- Involvement of mucous membranes
- Rash
- Suspected adverse drug reaction
- Diarrhoea
12.3.2 Oropharyngeal anti-infective drugs

<table>
<thead>
<tr>
<th></th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Miconazole oral gel 24mg/ml</td>
<td>15g</td>
</tr>
</tbody>
</table>

*Good Practice Points*
- Miconazole oral gel is no longer recommended in those aged under 4 months
- Treatment should be continued for 48 hours after the lesions have healed

When to advise patient to contact their GP
- Baby under 4 months old
- Duration longer than 3 weeks
- Associated weight loss
- Involvement of other mucous membranes
- Rash
- Suspected adverse drug reaction
- Diarrhoea

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

Section 13 Skin

**Emollient ointments**
- **First Choice**: emulsifying ointment
- **Second Choice**: Epaderm®

**Emollient creams**
- **First Choice**: Diprobase®
- **Second Choice**: Doublebase®

13.2.1 Emollients

<table>
<thead>
<tr>
<th></th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aqueous cream</td>
<td>100/500g</td>
</tr>
<tr>
<td>Diprobase®</td>
<td>Up to 500g</td>
</tr>
<tr>
<td>Doublebase®</td>
<td>Up to 500g</td>
</tr>
<tr>
<td>E45®</td>
<td>Up to 500g</td>
</tr>
<tr>
<td>Epaderm®</td>
<td>Up to 500g</td>
</tr>
<tr>
<td>Emulsifying ointment</td>
<td>500g</td>
</tr>
<tr>
<td>Oilatum cream</td>
<td>40g/150g/500ml</td>
</tr>
</tbody>
</table>

*Good Practice Points*
- 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
- Once only trial of emollient, if no improvement or need to use regularly then refer to GP
13.2.1 Emollient bath additives

<table>
<thead>
<tr>
<th>Emollient Product</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balneum®</td>
<td>200ml</td>
</tr>
<tr>
<td>Cetraben®</td>
<td>500ml</td>
</tr>
<tr>
<td>Dermol 600® (fragrance free, contains an antimicrobial)</td>
<td>600ml</td>
</tr>
<tr>
<td>Diprobath® (fragrance free)</td>
<td>500ml</td>
</tr>
<tr>
<td>Oilatum®</td>
<td>500ml</td>
</tr>
</tbody>
</table>

**Good Practice Points**
- Aqueous cream and emulsifying ointment are preferred as soap substitutes. Patients should be advised to wet the skin first, wash with cream or ointment, and then rinse off.
- Emollient bath additives make the bath slippery and patients should be warned of the risk of falling.

13.2.2 Barrier Preparations

<table>
<thead>
<tr>
<th>Barrier Preparation</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zinc &amp; castor oil cream</td>
<td>50/100g</td>
</tr>
<tr>
<td>Conotrane®</td>
<td>Up to 500g</td>
</tr>
<tr>
<td>Metanium®</td>
<td>30g</td>
</tr>
<tr>
<td>Sudocrem®</td>
<td>Up to 400g</td>
</tr>
</tbody>
</table>

**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.
- Barrier preparations should be applied liberally after each nappy change.

13.3 Topical local anaesthetics and antipruritic preparations

<table>
<thead>
<tr>
<th>Topical Preparation</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crotamiton 10% cream</td>
<td>30g</td>
</tr>
<tr>
<td>Crotamiton 10% lotion</td>
<td>100ml</td>
</tr>
</tbody>
</table>

**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.

13.4 Topical corticosteroid

**First Choice: Hydrocortisone 1%**

<table>
<thead>
<tr>
<th>Corticosteroid</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hydrocortisone 1% cream</td>
<td>15g</td>
</tr>
<tr>
<td>Clobetasone 0.05% cream (Eumovate® eczema and dermatitis cream)</td>
<td>15g</td>
</tr>
</tbody>
</table>

**Good Practice Points**
- Topical corticosteroids are not recommended in urticaria, rosacea, acne or undiagnosed, possibly infective disorders.
- 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

13.6.1 Topical Preparations for acne

<table>
<thead>
<tr>
<th>Products containing benzoyl peroxide 2.5, 5 or 10% e.g. PanOxyl®, Quinoderm®</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>40g/50g</td>
<td></td>
</tr>
</tbody>
</table>

**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 patient to contact their GP
- Acne in the very young
- Severe/extensive cases
- Acne causing scarring
- Failed medication (no improvement in 2 months)
- Suspected drug induced acne

13.7 Preparations for warts and calluses

<table>
<thead>
<tr>
<th>Salicyclic acid preparations e.g. Occlusal®, Salactol® solution</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>10ml</td>
<td></td>
</tr>
</tbody>
</table>

**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 patient to contact their GP
- Changed appearance of lesions: colour, size
- Bleeding or itching
- Genital or facial warts
- Immuncompromised patients

13.9 Shampoos and scalp preparations

**First Choice :** Coal tar preparations e.g. T/Gel®
**Second Choice :** Ketoconazole preparations e.g. Nizoral® Dandrazol®

<table>
<thead>
<tr>
<th>Nizoral® or Dandrazol®</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>60 /100ml</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>T/Gel®</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>125ml</td>
<td></td>
</tr>
</tbody>
</table>

**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 seborrhoic dermatitis of the scalp.
• Cradle cap in infants should be treated with olive oil.

13.10.2 Antifungal Preparations

<table>
<thead>
<tr>
<th>First Choice: clotrimazole</th>
<th>Second Choice: terbinafine cream</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clotrimazole 1% cream +/- hydrocortisone</td>
<td>20g</td>
</tr>
<tr>
<td>Miconazole 2% cream +/- hydrocortisone</td>
<td>30g</td>
</tr>
<tr>
<td>Terbinafine cream (Lamisil® AT cream)</td>
<td>7.5g</td>
</tr>
</tbody>
</table>

**Good Practice Points**
- Treatment with antifungal cream should be continued for 14 days after symptoms resolve.
- Patients should be advised on good foot hygiene and measures to prevent reinfection.
- The licences for OTC terbinafine differ depending on preparation. All versions licensed for tinea pedis (athlete’s foot) and tinea cruris (Jock itch). Spray and gel are licensed for tinea corporis (ringworm).
- Terbinafine is not licensed for children aged under 16 years.
- Combination of an imidazole and corticosteroid is only indicated for the treatment of athletes foot and fungal infections of skin folds associated with inflammation

When to advise 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

13.10.3 Antiviral Preparations

| Aciclovir 5% cream | 2g |

**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 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
13.10.4. Parasiticidal Preparations

Head lice

<table>
<thead>
<tr>
<th>First Choice</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dimeticone</td>
<td>50/150ml</td>
</tr>
<tr>
<td>Second Choice</td>
<td></td>
</tr>
<tr>
<td>Malathion liquid</td>
<td>50/200ml</td>
</tr>
</tbody>
</table>

Scabies

<table>
<thead>
<tr>
<th>First Choice</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permethrin dermal cream</td>
<td>30g</td>
</tr>
<tr>
<td>Second choice</td>
<td></td>
</tr>
<tr>
<td>Malathion liquid</td>
<td></td>
</tr>
</tbody>
</table>

Good Practice Points

• For 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.
• For scabies, lotions/creams should be applied to the whole body, talking 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 the NHS Fife Formulary.

13.10.5 Preparations for minor cuts and abrasions/boils

<table>
<thead>
<tr>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Magnesium sulphate paste</td>
</tr>
</tbody>
</table>

13.11.6 Oxidisers and dyes

<table>
<thead>
<tr>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hydrogen peroxide 1% (Crystacide®)</td>
</tr>
</tbody>
</table>

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.
Minor Ailments Service Formulary Summary

Summary of Preparations by BNF Classification

1.1 Indigestion / Infant Colic

• Co-magaldrox SF 195/220 Suspension (Maalox®, Mucogel®) (500 ml)
• Gastrocote® tablets (100)
• Gaviscon® Advance Liquid (up to 500ml)
• Gaviscon® Advance Tablets (60)
• Gaviscon® Infant sachets (15 twin sachets)
• Ranitidine 75mg tablets (6,12)
• Simeticone liquid 40 mg/ml (Infacol®) (50 ml)

1.4 Acute Diarrhoea

• Oral Rehydration Salts sachets (6,20)
• Loperamide capsules 2 mg (8, 12)

1.6.1 Bulk forming laxatives

• Ispaghula Husk 3.4g/3.5 g sachet (10, 30)

1.6.2 Stimulant laxatives

• Bisacodyl tablets (20)
• Bisacodyl supps. (12)
• Glycerin 1g Supps (Infant) (12)
• Glycerin 2g Supps (Child) (12)
• Glycerin 4g Supps (Adult) (12)
• Senna tablets 7.5 mg (20)
• Senna syrup 7.5mg/5ml (100ml)

1.6.4 Osmotic laxatives

• Lactulose solution (up to 500 ml)
• Laxido® Orange (up to 30 sachets)

1.7.1 Soothing haemorrhoidal preparations

• Anusol® Cream (23 g)
• Anusol® Ointment (25 g)
• Anusol® Suppositories (12)

1.7.2 Compound haemorrhoidal preparations with corticosteroids

• Anusol Plus HC® Ointment (15 g)
• Anusol Plus HC® Suppositories (12)

3.4.1 Antihistamines

• Cetirizine tablets 10 mg (7,30)
• Cetirizine oral solution 5 mg/5 ml (up to 200 ml)
• Loratadine 10mg Tablets (7, 30)
• Loratadine syrup 5mg/5ml (100ml)
• Chlorphenamine tablets 4 mg (28,30)
• Chlorphenamine oral solution 2 mg/5 ml (150 ml)

3.8 Aromatic Inhalations

• Menthol Crystals (5 g)

3.9 Cough Preparations

• Simple SF Linctus (200ml)
• Simple Paediatric SF Linctus (up to 200ml)
• Pholcodine SF linctus (200ml)

3.10 Systemic Nasal Decongestants
• Pseudoephedrine 60mg Tablets (12)

4.6 Drugs used in Nausea and Vertigo
• Cinnarizine 15mg tablets (Stugeron®) (15)
• Domperidone 10mg tablets (Motilium®) (10)
• Promethazine 3mg buccal tablets (Buccastem M®) (8)

4.7 Analgesics
Non-opioid analgesics
• Paracetamol tablets 500mg (up to 96)
• Paracetamol oral suspension SF 120mg/5mL (up to 200 ml)
• Paracetamol oral suspension SF 250mg/5mL (up to 200 ml)
Weak opioids
• Co-codamol 8/500 tablets (32)
• Migraleve® Pink tablets (12,24)

5.2 Antifungal Drugs
• Fluconazole 150mg Capsules (1) – for vaginal candidiasis only

5.5.1 Drugs for Threadworms
• Mebendazole tablets 100 mg (Ovex®) (1 per infected person)
• Piperazine Oral Powder (Pripsens®) (2)

7.2.2 Vaginal and Vulval Infections
• Clotrimazole Pessary 500mg (1)
• Clotrimazole cream 2% (20g)
• Clotrimazole vaginal cream 10% (5g)

7.4.3 Drugs used in Urological Pain
• Potassium citrate oral solution (200ml)
• Potassium Citrate effervescent tablets (Effercitra te®) (12)
• Sodium Citrate / potassium citrate Sachets (6)

9.2.1.2 Oral Rehydration Therapy
• Oral Rehydration Salts sachets (6/20)

10.1.1 Non-Steroidal Anti-Inflammatory Drugs
• Ibuprofen tablets 200 mg (24)
• Ibuprofen tablets 400 mg (24)
• Ibuprofen suspension 100 mg/5 ml (100 ml)

10.3.2 Rubefacients and other Topical Anti-rheumatics
• Ketoprofen gel (30g)
• Movelat® (40g, 80g)
• Algesal® cream (50g)
• Transvasin® cream (40g, 80g)

11.3.1 Anti-Bacterials
• Chloramphenicol eye drops 0.5% (up to 2x10ml)
• Chloramphenicol eye ointment (up to 2x4g)

11.4.2 Other Anti-Inflammatory Preparations
• Sodium cromoglicate eye drops 2% (5ml/10 ml)

11.8.1 Tear Deficiency, Ocular Lubricants and Astringents
• Hypromellose eye drops 0.3% (10 ml)
• Liquid Paraffin Eye Ointment (Lacri-Lube®) (3.5g / 5g)
• Carbomers (Liquivisc® / Viscotears®) eye drops 0.2% (10 g)

12.1.3 Removal of Ear Wax
• Olive oil / Almond oil + dropper bottle (up to 50ml)
  • Sodium bicarbonate ear drops 5% (10ml)
• Cerumol® Ear Drops (11ml)
  • Otex® ear drops (8ml)

12.2.1 Nasal Allergy
• Beclometasone Nasal Spray (100, 180 doses)
• Fluticasone Nasal Spray (Flixonase Allergy®) (60 doses)

12.2.2 Topical Nasal Decongestants
• Xylometazoline nasal drops 0.1% (10 ml)
• Xylometazoline nasal spray 0.1% (10 ml)
• Xylometazoline paediatric drops 0.05% (10 ml)
• Sodium Chloride Nasal Drops 0.9% (10ml)

12.3.1 Drugs for Oral Ulceration and Inflammation
• Benzydamine oral rinse 0.15% (300 ml)
• Benzydamine spray 0.15% (30 ml)
• Chlorhexidine mouthwash 0.2% (300 ml)
• Triamcinolone oral paste 0.1% (5 g)
• Choline Salicylate Dental Gel BP (15g)
  • Hydrocortisone 2.5mg pellets (20)
• Lidocaine Teething Gel (eg Dentinox® Teething Gel prescribed by non-blacklisted brand name) (up to 15g)

12.3.3 Oropharyngeal Anti-Infective Drugs
• Miconazole oral gel 24 mg/ml (15 g)

13.2 Emollient and Barrier Preparations
• Aqueous cream (100g, 500g)
  • Diprobase® cream (up to 500g)
• Doublebase® gel (up to 500g)
  • E45® cream (up to 500g)
• Epaderm® emollient (up to 500g)
  • Emulsifying ointment (500g)
• Oilatum® cream (40g/150g/500ml)

13.2.1.1 Emollient Bath Additives
• Balneum® (200ml)
• Cetraben® (500ml)
• Dermol 600 (600ml)
• Diprobat® (500ml)
• Oilatum® Emollient (500 ml)

13.2.2 Barrier Preparations
• Zinc & Castor Oil cream (50g,100g)
  • Conotrane® cream ( up to 500g)
• Metanium® ointment (30g)
  • Sudocrem® (up to 400g)

13.3 Topical Local Anaesthetics and Anti-pruritics
• Crotamiton (Eurax®) Cream (30g)
• Crotamiton (Eurax®) Lotion (100ml)

13.4 Topical Corticosteroids
• Hydrocortisone cream 1% (15g)
• Clobetasone 0.05% cream (Eumovate® eczema and dermatitis cream) (15g)

13.6.1 Topical Preparations for Acne
• Benzoyl peroxide 2.5%, 5%, 10% (Panoxyl®) (40 g), Quinoderm® (50g)

13.7 Preparations for Warts and Calluses
• Salactol® Paint (10ml)
• Occlusal® Application (10 ml)

13.9 Shampoos and Scalp Preparations
• Coal Tar preparations (T/Gel®) (125ml)
• Ketoconazole shampoo 2% (60ml, 100 ml)

13.10.2 Anti-Fungal Preparations
• Clotrimazole 1% +/- hydrocortisone cream (20 g)
• Miconazole 2% +/- hydrocortisone cream (30g)
• Terbinafine Cream (Lamisil AT® Cream) (7.5 g)

13.10.3 Anti-Viral Preparations
• Aciclovir cream 5% (2g)

13.10.4 Parasiticidal Preparations
• Dimeticone 4% Lotion (Hedrine®) (50ml, 150ml)
• Malathon aqueous liquid 0.5% (Derbac-M®) (50 ml, 200 ml)
• Permethrin dermal cream 5% (Lyclear® Dermal cream) (30 g)

Devices for Head Lice Prescribable under MAS:
• Bug Buster® head lice detection and eradication kit (1)
• Nitty Gritty® nit comb (1)

13.10.5 Preparations for Minor Cuts and Abrasions/Boils
• Magnesium Sulphate paste (25, 50g)

13.11.6. Oxidisers and Dyes
• Hydrogen peroxide cream 1% (Crystacide®) (10g)
## Minor Ailments Service Formulary Submission Form

Pharmacists wishing to request that a product be added to the Minor Ailments Formulary should complete the information below. The form should be returned to Clinical Effectiveness Pharmacist, Cameron House, Cameron Hospital, Windygates, Fife KY8 5RG. Please provide as much information as possible about the predicted use, and mark the envelope ‘MAS Request’.

**Please complete sections 1 – 11.**

<table>
<thead>
<tr>
<th>1.a. Name of product</th>
<th>2. Formulation(s) e.g. tablets etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.b. Brand of product</td>
<td>3. Strength(s) and pack size(s)</td>
</tr>
<tr>
<td>1.c. Manufacturer</td>
<td></td>
</tr>
</tbody>
</table>

| 4. How many patients per month would receive this from your pharmacy if it were included in the MAS formulary? |

| 5. Why is this product required and any comments (e.g. indications for use, age group)? |

<table>
<thead>
<tr>
<th>6.a. Do you envisage it would replace a product currently on the MAS formulary?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES / NO</td>
</tr>
</tbody>
</table>

| 6.b. If YES, which product(s) |

<table>
<thead>
<tr>
<th>7. Name of Pharmacist</th>
<th>10. Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Signature</td>
<td>Email:</td>
</tr>
</tbody>
</table>

| 9. Date | 11. Contact telephone no. |

### PLEASE DO NOT WRITE IN THIS SECTION

<table>
<thead>
<tr>
<th>Date received</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacy Champions</td>
<td>1. Recommended for formulary inclusion</td>
</tr>
<tr>
<td>P&amp;FD Group</td>
<td>2. Not recommended for formulary inclusion</td>
</tr>
<tr>
<td>PCDPs</td>
<td>3. Further consideration required</td>
</tr>
</tbody>
</table>