**Pharmacy First Plus Formulary Parkhead HC Pharmacy**

**\*(to be used when no treatment is available on Pharmacy First, alternative treatment is required which is not on Pharmacy First Formulary or prescribing on Pharmacy First is out with guidance)\***

**\*\*Not a definitive list\*\***

**FOR TREATMENT DIRECTIONS – ALWAYS CHECK UP TO DATE SPC INFORMATION**

|  |  |  |
| --- | --- | --- |
| **Condition** | **Treatment** | **Notes** |
| **ACNE** | * Adapalene or clindamycin/Benzoyl Peroxide) fixed combo products
* Clindamycin/tretinoin – /fixed combination 1st line
 | **Nice recommend fixed combinations as of June 2021 as 1st line – SEE NOTES BELOW** |
| **ACUTE SINUSITIS** | * See up to date GGC formulary for treatment of common infection
 | Can use non abx treatment as detailed under nasal congestion below |
| **ALLERGY/HAYFEVER** | * Fexofenadine 120mg
* Budesonide 64mcg nasal spray (Rhinocort)
* Mometasone 50mcg nasal spray
* Azelastine nasal spray 140mcg(Rhinolast)
 |  |
| **EARS****(OTITIS MEDIA/OTITIS EXTERNA)** | * For OTITIS MEDIA see up to date GGC antibiotic guidance for treatment of common infections
* OTITIS EXTERNA
* Otomize spray
* Gentamycin HC drops
* Clotrimazole 1% solution
 | NICE recommend treatment with both oral abx & topical in diabetic patients.All patients with oral abx for OTITIS EXTERNA must be followed up |
| **EYES** | * Chloramphenicol eye ointment (children <2 years)
 |  |
| **FUNGAL NAIL INFECTION** | * Amorolfine
* Terbinafine oral tabs
 | **\*be aware of monitoring required for terbinafine oral tabs** |
| **GASTRO** | * PPIs
* Omeprazole
* Lansoprazole
* H2 antagonists
* Check availability
* Antispasmodics
* Hyoscine butylbromide 10mg
* Mebeverine 135mg tabs
 |  |
| **HAEMORRHOIDS** | * Scheriproct oint/supps
* Proctosedyl oint/supps
 | * No proven clinical advantage of additional treatments over and above those available of PF but may choose to use where historical benefit has been seen in patient
 |
| **NASAL STAPH** | * Naseptin
* Bactroban
 |  |
| **NASAL CONGESTION** | * Xylometazoline 0.1% nasal spray
* Sterimar nasal spray
 | Sterimar is Non GGC formaulary but only used if no other suitable alternative (more effective than drops) |
| **ORAL THRUSH** | * Nystatin
* Miconazole oral gel 80g tube
* Fluconazole 50mg caps for 7 days
 | If treating with fluconazole – MUST follow up and be aware of drug interaction (statins)/QT prolongation.Avoid if EGFR <50 |
| **PAIN** | * NSAID’s (oral)
* Naproxen
* Diclofenac
* NSAID’s (topical)
* Piroxicam gel
* Movelat gel
* Compound Analgesics
* Co-Codamol 30/500
* Co-Dydramol 10/500
 |  |
| **SHINGLES** | * Aciclovir 800mg tabs
* Axasin (post herpetic neuralgia)
 |  |
| **SICKNESS** | * Prochlorperazine oral/ buccal
 |  |
| **SOFT TISSUE INFECTION** | * See up to date GGC formulary for treatment of common infection
 |  |
| **SKIN** | * Steroid ladder if more potent steroid is required
* Fucidin H
* Trimovate
* Dactacort
* Emollients (dermol, epaderm including bath/shower products)
 | Can be used to treat children < 10, face/genitals, infection, eczema requiring more potent steroid & emollient different to that available of PF formulary |
| **THROAT** | * For abx treatment see up to date GGC formulary for treatment of common infection
 | Symptomatic relief available via PF |
| **UTI** | * For abx treatment see up to date GGC formulary for treatment of common infection
 | \*be aware of indications requiring MSSU |
| **VAGINAL THRUSH** | * Clotrimazole 2% cream
* Clotrimazole 500mg pessary
* Fluconazole 150mg capsule
 | Treat on PF+ for patients who are diabetic, over 60, not responded to OTC treatment |

<https://www.nice.org.uk/guidance/ng198>

Acne vulgaris: management

NICE guideline [NG198] Published: 25 June 2021

**Updated Pharmacy First Plus Formulary:**

|  |  |  |
| --- | --- | --- |
| **Condition** | **Treatment** | **Notes** |
| **ACNE****(Mild to Moderate)** | Start with combination product:1. BPO + adapalene (Epiduo 0.1/2.5%)

X pregnancy √ BF**or** 1. BPO + clindamycin (Duac 3% + 1%)

√ with caution in pregnancy and BF**or**1. tretinoin + clindamycin (Treclin)

X in pregnancy and X in BF* Review at 4 weeks (or before if patient does not tolerate product)
* Advise on build up of use including short contact and wash off and/or alternate day use to build up tolerance to product
* If tolerated, continue for 12 weeks in total (provide appropriate supply) – can take 6-8 weeks for noticeable effect)
* Review after 12 weeks, can continue on maintenance treatment of good response.
* If no response, consider switch to alternative product from 1st line choice for a further 12 week treatment
* If inadequate response, refer to GP for consideration of oral antibiotic treatment- advise to continue topical treatment until reviewed by GP.
 | **Note –** Pharmacy First Approved List product: Benzoyl Peroxide 5 % is no longer recommended by NICE as monotherapy**Note –** refer to product literature for contraindications and suitability in pregnancy/breastfeeding and in patients of childbearing age.**Note –** ensure appropriate counselling on avoiding oil based sunscreen/make up.Consider twice daily wash with pH neutral or slightly acidic face wash e.g. SyndetAvoid picking and scratching |