**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. Syndet  Avoid picking and scratching |