

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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> See up to date GGC formulary for treatment of common infection 	Can use non abx treatment as detailed under nasal congestion below
ALLERGY/HAYFEVER	<ul style="list-style-type: none"> Fexofenadine 120mg Budesonide 64mcg nasal spray (Rhinocort) Mometasone 50mcg nasal spray Azelastine nasal spray 140mcg(Rhinolast) 	
EARS (OTITIS MEDIA/OTITIS EXTERNA)	<ul style="list-style-type: none"> For OTITIS MEDIA see up to date GGC antibiotic guidance for treatment of common infections OTITIS EXTERNA <ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Chloramphenicol eye ointment (children <2 years) 	
FUNGAL NAIL INFECTION	<ul style="list-style-type: none"> Amorolfine Terbinafine oral tabs 	*be aware of monitoring required for terbinafine oral tabs

GASTRO	<ul style="list-style-type: none"> • PPIs <ul style="list-style-type: none"> - Omeprazole - Lansoprazole • H2 antagonists <ul style="list-style-type: none"> - Check availability • Antispasmodics <ul style="list-style-type: none"> - Hyoscine butylbromide 10mg - Mebeverine 135mg tabs 	
HAEMORRHOIDS	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Naseptin • Bactroban 	
NASAL CONGESTION	<ul style="list-style-type: none"> • Xylometazoline 0.1% nasal spray • Sterimar nasal spray 	Sterimar is Non GGC formulary but only used if no other suitable alternative (more effective than drops)
ORAL THRUSH	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • NSAID's (oral) <ul style="list-style-type: none"> - Naproxen - Diclofenac • NSAID's (topical) <ul style="list-style-type: none"> - Piroxicam gel - Movelat gel • Compound Analgesics <ul style="list-style-type: none"> - Co-Codamol 30/500 - Co-Dydramol 10/500 	
SHINGLES	<ul style="list-style-type: none"> • Aciclovir 800mg tabs • Axasin (post herpetic neuralgia) 	
SICKNESS	<ul style="list-style-type: none"> • Prochlorperazine oral/ buccal 	

SOFT TISSUE INFECTION	<ul style="list-style-type: none"> • See up to date GGC formulary for treatment of common infection 	
SKIN	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • For abx treatment see up to date GGC formulary for treatment of common infection 	Symptomatic relief available via PF
UTI	<ul style="list-style-type: none"> • For abx treatment see up to date GGC formulary for treatment of common infection 	*be aware of indications requiring MSSU
VAGINAL THRUSH	<ul style="list-style-type: none"> • Clotrimazole 2% cream • Clotrimazole 500mg pessary • Fluconazole 150mg capsule 	Treat on PF+ for patients who are diabetic, over 60, not responded to OTC treatment

Acne vulgaris: management

NICE guideline [NG198] Published: 25 June 2021

Updated Pharmacy First Plus Formulary:

Condition	Treatment	Notes
<p>ACNE (Mild to Moderate)</p>	<p>Start with combination product:</p> <p>(1) BPO + adapalene (Epiduo 0.1/2.5%) X pregnancy √ BF</p> <p>or</p> <p>(1) BPO + clindamycin (Duac 3% + 1%) √ with caution in pregnancy and BF</p> <p>or</p> <p>(2) tretinoin + clindamycin (Treclin) X in pregnancy and X in BF</p> <ul style="list-style-type: none"> • 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. 	<p>Note – Pharmacy First Approved List product: Benzoyl Peroxide 5 % is no longer recommended by NICE as monotherapy</p> <p>Note – refer to product literature for contraindications and suitability in pregnancy/breastfeeding and in patients of childbearing age.</p> <p>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</p>