



**NHS Scotland  
Directors of Pharmacy**



## **Scottish Unlicensed Medicines Advisory Board**

# **NHS Scotland Formulary of Pre-Labelled Medicines for Unscheduled Care**

**Third Edition  
October 2018**



## **FOREWORD**

This is the 3<sup>rd</sup> edition of the NHS Scotland Formulary for Pre-labelled Medicines for Unscheduled Care. This edition has been revised following input from a wide range of contributors in NHS Scotland. As we are all aware, unwarranted variation can be harmful to healthcare and to patients. This may be due to increased resource use or variable clinical outcomes. In an area such as unscheduled care where by the very nature of the work, preplanning is more difficult, it is important and challenging to put in place systems and processes to streamline activity. Part of the work of the Scottish Unlicensed Medicines Advisory Board (SUMAB) is to promote and facilitate rationalisation of manufactured, over-labelled and repackaged medicines. This formulary is an important part of this work.

On behalf of the Scottish Unlicensed Medicines Advisory Board (SUMAB), I want to recognise the work of a wide range of specialist groups and individuals to produce this revision. My thanks, in particular, go to Simon Bath, who has co-ordinated the response to proposed changes. We hope you find this revision helpful and commend it to you.

***Professor Angela Timoney***

Chair  
Scottish Unlicensed Medicines Advisory Board (SUMAB)



## **INTRODUCTION**

The First Edition of this Formulary was published in September 2009 and for the first time, a document was available that reflected a national approach to the provision of pre-labelled medicines for unscheduled care.

The Second and now the Third Editions have built on the approach taken with the First Edition adopting comments from individual Health Boards and incorporating revised national guidelines.

The Working Group was conscious of the large range of different presentations being requested by Health Boards and have rationalised a number of the sections to take account of:

- medicines that are commonly used in emergency situations;
- medicines listed in the previous editions that have not been required;
- national contract arrangements to ensure the particular products listed represent value for money;
- licensed pre-labelled products that are now available;
- standardisation of presentation of pre-labelled medicines both in terms of pack size and labelling.

The Second Edition contained an Appendix outlining the Management of Infection Guidance for Primary Care however it has been agreed that as this Guidance is constantly changing and updated, a link to the Guidance is contained in Appendix 1 rather than replicate the Guidance in this Third Edition.

Compliance with this Formulary will also aid initiatives such as the Management of Infection Guidance for Primary Care, National Therapeutic Indicators for Primary Care and Quality Indicators for Out-of-Hours Services (Appendix 1).

Finally, it is recognised that the information contained in this document needs to be shared widely across the service and to that end the document is to be held and circulated electronically.

We recognise that national treatment guidelines are constantly changing and review of the Formulary will be undertaken within 2 years. It is therefore important that any omissions or changes in practice are highlighted and communicated to the Chair of this Working Group so that future editions reflect current practice.

***Dr Baxter W. Millar***

Chair  
Unscheduled Care Formulary Working Group



# **CONTENTS**

<b><u>BNF Category</u></b>	<b><u>Page</u></b>
Gastro-Intestinal System	8
Cardiovascular System	8
Respiratory System	8
Central Nervous System	9
Anti-Infectives	10
Obstetrics, Gynaecology & Urinary Tract Disorders	12
Musculoskeletal & Joint Disease	12
The Eye	12
Appendix 1 – Useful Reference Sources	13
Appendix 2 – Membership of the Working Group	14
Acknowledgements	15

## ***Gastro-Intestinal System***

### **Drug and presentation**

**Bisacodyl E/C Tablets 5mg x 4**

**Dioralyte Sachets x 6**

**Hyoscine Butylbromide Tablets 10mg x 10**

**Laxido Sachets x 20**

**Loperamide Capsules 2mg x 20**

**Metoclopramide Tablets 10mg x 14**

**Omeprazole Capsules 20mg x 7**

**Peptac Liquid x 500ml**

**Prochlorperazine Tablets 5mg x 28**

**Prochlorperazine Buccal Tablets 3mg x 10**

**Senna Tablets 7.5mg x 20**

**Senna Syrup 7.5mg/5ml x 150ml**

### **Labelling details**

Take as directed

To be taken, dissolved in water, according to the enclosed patient information leaflet

Take ONE tablet FOUR times a day

Take as directed

Take TWO capsules initially, then ONE capsule after each loose stool or as directed

Take ONE tablet THREE times a day

Take ONE capsule in the MORNING

Take ..... ml FOUR times a day when required for indigestion

Take ONE tablet THREE times a day

Use ..... tablets TWICE a day

Take TWO tablets at NIGHT

Give .....ml at BEDTIME as directed

## ***Cardiovascular System***

### **Drug and presentation**

**Glyceryl Trinitrate Spray 400 micrograms x 75 dose**

**Furosemide Tablets 40mg x28**

### **Labelling details**

Spray ONE or TWO metered doses under the tongue as required for chest pain

Take ..... tablet(s) in the MORNING

## ***Respiratory System***

### **Drug and presentation**

**Cetirizine Tablets 10mg x 7**

**Chlorphenamine Tablets 4mg x 28**

**Chlorphenamine Syrup 2mg/5ml x 150ml**

**Prednisolone Tablets 5mg x 28**

**Salbutamol Inhaler 100 micrograms x 1**

### **Labelling details**

Take ONE tablet in the MORNING

Take ONE tablet every 4 to 6 hours when required

Give .....ml ..... times a day

Give /Take ....tablet(s) in the MORNING for.... days

Inhale ..... puffs via spacer as directed



## **Central Nervous System**

### **Drug and presentation**

**Co-Codamol Tablets 30/500 x 30**

**Diazepam Tablets 2mg x 6**

**Diazepam Tablets 5mg x 6**

**Paracetamol Tablets 500mg x 32**

**Paracetamol Susp S/F 120mg/5ml x 100ml**

**Paracetamol Susp S/F 250mg/5ml x 100ml**

**Sumatriptan Tablets 50mg x 6**

### **Labelling details**

Take ONE or TWO tablets every 4 to 6 hours as required for pain relief

To be taken as directed

To be taken as directed

Take TWO tablets every 4 to 6 hours as required for pain relief

Give.....ml every 4 to 6 hours as required for pain relief

Give.....ml every 4 to 6 hours as required for pain relief

Take as directed. Read the enclosed information leaflet

## Anti-Infectives

All local primary care policies in NHS Scotland are based on the Public Health England evidence-based template for management of infection (see Appendix 1). The template allows some local variation in antibiotic choice therefore prescribers should follow guidance in their local NHS Board Policy.

### Key points when prescribing an antibiotic:

Prescribe an antibiotic only when there is likely to be a clear clinical benefit and consider a no, or delayed, antibiotic strategy for acute self-limiting upper respiratory tract infections.

Avoid broad spectrum antibiotics where possible (e.g. co-amoxiclav, quinolones and cephalosporins) as they increase risk of *Clostridium difficile*, MRSA and UTIs due to resistant organisms.

Recommended adult dose of amoxicillin, erythromycin, flucloxacillin and penicillin V is 500mg.

### Drug and presentation

### Labelling details

Aciclovir Tablets 200mg x 25	Take ONE tablet FIVE times a day
Aciclovir Tablets 400mg x 56	Take ONE tablet ..... times a day
Aciclovir Tablets 400mg x 15	Take ONE tablet THREE times a day
Aciclovir Tablets 800mg x 35	Take ONE tablet FIVE times a day
Amoxicillin Capsules 500mg x 15	Take ..... capsule(s) THREE times a day
Amoxicillin Capsules 500mg x 21	Take .....capsule(s) THREE times a day
Amoxicillin Syrup 125mg/5ml x 100ml	Give .....ml THREE times a day for .....days
Amoxicillin Syrup 250mg/5ml x 100ml	Give .....ml THREE times a day for .....days
Azithromycin Tablets 250mg x 4	Take FOUR tablets as a single dose
Azithromycin Suspension 200mg/5ml x 15ml	Give .....ml ONCE daily for 3 days
Cefalexin Capsules 500mg x 14 <i>N.B. only indicated for UTI in pregnancy</i>	Take ONE capsule TWICE a day for 7 days
Cefalexin Suspension 125mg/5ml x 100ml <i>N.B. only indicated for UTI</i>	Give .....ml THREE times a day for .....days
Cefalexin Suspension 250mg/5ml x 100ml <i>N.B. only indicated for UTI</i>	Give .....ml THREE times a day for .....days
Ciprofloxacin Tablets 500mg x 14 <i>N.B. only indicated for acute pyelonephritis</i>	Take ONE tablet TWICE a day
Ciprofloxacin Tablets 500mg x 56 <i>N.B. only indicated for acute prostatitis</i>	Take ONE tablet TWICE a day
Ciprofloxacin Tablets 500mg x 1 (for meningitis prophylaxis)	Take ONE tablet as a single dose
Ciprofloxacin Tablets 250mg x 2 (for meningitis prophylaxis)	Give ..... tablet(s) as a single dose
Clarithromycin Tablets 500mg x 10	Take ONE tablet TWICE a day
Clarithromycin Tablets 500mg x 14	Take ONE tablet TWICE a day
Clarithromycin Suspension 125mg/5ml x 100ml	Give .....ml TWICE a day for .....days
Co-Amoxiclav Tablets 625mg x 21	Take ONE tablet THREE times a day
Co-Amoxiclav Suspension 125/31 x 100ml	Give .....ml THREE times a day for .....days
Co-Amoxiclav Suspension 250/62 x 100ml	Give .....ml THREE times a day for .....days
Co-Amoxiclav Duo Suspension 400/57 x 35ml	Give .....ml TWICE a day for .....days
Co-Amoxiclav Duo Suspension 400/57 x 70ml	Give .....ml TWICE a day for .....days
Co-Trimoxazole Tablets 480mg x 28	Take TWO tablets TWICE a day

<b>Doxycycline Capsules 100mg x 8</b>	Take TWO capsules on first day then take ONE capsule daily for .....days
<b>Doxycycline Capsules 100mg x 14</b>	Take ONE capsule TWICE daily
<b>Erythromycin Tablets 250mg x 40</b>	Take TWO tablets FOUR times a day
<b>Erythromycin Tablets 250mg x 56</b>	Take TWO tablets FOUR times a day
<b>Flucloxacillin Capsules 250mg x 28</b>	Give/Take ONE capsule FOUR times a day
<b>Flucloxacillin Capsules 500mg x 28</b>	Take ..... capsule(s) FOUR times a day
<b>Flucloxacillin Syrup 125mg/5ml x 100ml</b>	Give .....ml FOUR times a day for .....days
<b>Flucloxacillin Syrup 250mg/5ml x 100ml</b>	Give .....ml FOUR times a day for .....days
<b>Metronidazole Tablets 400mg x 28</b> <i>N.B. only indicated for pelvic inflammatory disease</i>	Take ONE tablet TWICE a day
<b>Metronidazole Tablets 400mg x 15</b>	Take ONE tablet ..... times a day
<b>Metronidazole Tablets 400mg x 21</b>	Take ONE tablet THREE times a day
<b>Miconazole Cream 2% x 20g</b>	Apply TWICE a day to the affected area
<b>Nitrofurantoin M/R Capsules 100mg x 6</b>	Take ONE capsule TWICE a day
<b>Nitrofurantoin M/R Capsules 100mg x 14</b>	Take ONE capsule TWICE a day
<b>Nystatin Suspension 100,000 units/ml x 30ml</b>	Use 1ml FOUR times a day
<b>Ofloxacin Tablets 200mg x 28</b>	Take ONE tablet TWICE a day
<b>Ofloxacin Tablets 200mg x 56</b>	Take ONE tablet TWICE a day
<b>Ofloxacin Tablets 400mg x 28</b>	Take ONE tablet TWICE a day
<b>Penicillin V Tablets 250mg x 80</b>	Take TWO tablets FOUR times a day
<b>Penicillin V Solution 125mg/5ml x 100ml</b>	Give .....ml FOUR times a day for .....days
<b>Penicillin V Solution 250mg/5ml x 100ml</b>	Give .....ml FOUR times a day for .....days
<b>Pivmecillinam tablets 200mg x 10</b>	Take TWO tablets initially then .....tablet THREE times a day
<b>Pivmecillinam tablets 200mg x 22</b>	Take TWO tablets initially then .....tablet THREE times a day
<b>Trimethoprim Tablets 200mg x 6</b>	Take ONE tablet TWICE a day
<b>Trimethoprim Tablets 200mg x 14</b>	Take ONE tablet TWICE a day
<b>Trimethoprim Suspension 50mg/5ml x 100ml</b>	Give .....ml TWICE a day for ..... days

## ***Obstetrics, Gynaecology & Urinary Tract Disorders***

### **Drug and presentation**

**Clotrimazole Cream 1% x 20g**

**Clotrimazole Pessary 500mg x 1**

**Fluconazole capsules 150mg**

**Levonorgestrel Tablet 1.5mg x 1**

**Uliprisal Acetate Tablets 30mg x 1**

### **Labelling details**

Apply sparingly as directed

Insert ONE pessary into the vagina at NIGHT as directed

Take ONE capsule as a single dose

Take tablet as soon as possible, preferably within 12 hours, but no later than 72 hours after unprotected sex

The treatment consists of one tablet to be taken orally as soon as possible, but no later than 120 hours (5 days) after unprotected intercourse or contraceptive failure.

## ***Musculoskeletal & Joint Disease***

### **Drug and presentation**

**Ibuprofen Tablets 400mg x 24**

**Ibuprofen Syrup 100mg/5ml x 100ml**

**Naproxen Tablets 250mg x 28**

### **Labelling details**

Take ONE tablet every 4 to 6 hours as required for pain relief

Give ..... ml ..... times a day as required for pain relief

Take ..... tablet(s) ..... times a day

## ***The Eye***

### **Drug and presentation**

**Aciclovir Eye Ointment x 4.5g**

**Chloramphenicol Eye Drops 0.5% x 10ml**

**Chloramphenicol Eye Ointment 1% x 4g**

**Fusidic Acid Eye Drops 1% x 5g**

### **Labelling details**

Apply into the LEFT/RIGHT eye 5 times a day

Put ONE drop into the .....eye(s) every TWO hours for TWO days, then reduce to ONE drop FOUR times a day

Apply.....times a day into the .....eye(s)

Put ONE drop TWICE a day into ..... eye(s)

# APPENDIX 1

## Useful Reference Sources

### 1. Management of Infection Guidance for Primary Care for Consultation and Local Adaptation

*Public Health England (Current revision November 2017. Check online for the most up to version)*

<https://www.gov.uk/government/publications/managing-common-infections-guidance-for-primary-care>

### 2. National Therapeutic Indicators

*Quality and Efficiency Support Team – Scottish Government Health and Social Care Directorates (2018)*

<https://www.therapeutics.scot.nhs.uk/wp-content/uploads/2018/08/National-Therapeutic-Indicators-Report-2018-19-Version-1.0.pdf>

### 3. Quality Indicators for Primary Care Out-of-Hours Services

*Health Improvement Scotland (March 2014)*

[http://www.healthcareimprovementscotland.org/our\\_work/primary\\_care/out-of-hours\\_services/ooh\\_quality\\_indicators.aspx](http://www.healthcareimprovementscotland.org/our_work/primary_care/out-of-hours_services/ooh_quality_indicators.aspx)

## **APPENDIX 2**

### **Membership of the Working Group**

<b>Dr Baxter Millar (Chair)</b>	Head of Service	NHS Scotland Pharmaceutical 'Specials' Service
<b>Simon Bath</b>	Production Manager	Tayside Pharmaceuticals
<b>Stephen Bowhay</b>	Lead Clinical Pharmacist	NHS Greater Glasgow & Clyde
<b>Jacqueline Kelland</b>	OOH Pharmacist	NHS Lanarkshire
<b>Dr John McAnaw</b>	Head of Pharmacy	NHS 24
<b>Lindsay McClure</b>	Pharmaceutical Advisor	National Procurement NHS National Services Scotland
<b>James McDade</b>	Head of Quality Assurance Services	NHS Lothian
<b>Evelyn McPhail</b>	Director of Pharmacy	NHS Fife
<b>Carol Philip</b>	Antimicrobial Pharmacist	NHS Lothian
<b>Kay Pollock</b>	Production Manager	Pharmacy Production Unit Western Infirmary Glasgow
<b>Margaret Ryan</b>	Lead Clinician Prescribing Services	NHS Greater Glasgow & Clyde
<b>Dr Jacqueline Sneddon</b>	Project Lead	Scottish Antimicrobial Prescribing Group
<b>Hazel Steele</b>	Antimicrobial Pharmacist	NHS Tayside
<b>Andrew Stewart</b>	Strategic Sourcing Manager	National Procurement NHS National Services Scotland
<b>Allan Thomas</b>	Lead Pharmacist – Public Health and Community	NHS Ayrshire & Arran
<b>Margaret Vass</b>	Lead Community Services Pharmacy Technician	NHS Fife

## ***ACKNOWLEDGEMENTS***

The Working Group is indebted to colleagues throughout NHS Scotland who have contributed to revision of this important national document. Their contributions have resulted in a document that reflects current best practice and takes account of differing requirements across NHS Scotland.