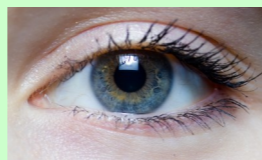


Dry Eye Treatments in Community Pharmacy

Dry eye is a common ocular condition. Prescribed treatments include artificial tears and lubricants. Patients, typically with mild to moderate levels of dry eye, will often present to their optometrist or community pharmacist, and are managed without the need for referral to their GP or an ophthalmologist.



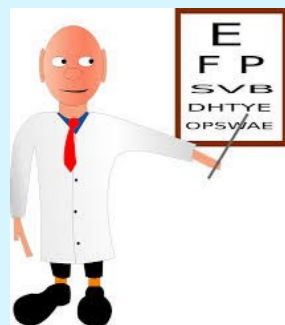
To support healthcare professionals, a NI Formulary resource 'Prescribing Guidelines for Dry Eye Management' has been developed. All Optometry practices and community practices have been asked to implement the Formulary guidance within their clinical practice. Patient information leaflets are also available from the NI Formulary website, including general advice on managing [dry eyes](#) and [blepharitis](#) <http://niformulary.hscni.net>.

The [Pharmaceutical Journal](#) has produced a range of CPD articles on common eye conditions, including dry eye and how to advise on self-care treatments.

ACTION:

Pharmacists are asked to recommend first line Formulary choices, unless there is a reason why the preferred medicine would not be suitable for the patient.

Optometrist Prescribing



There are a small number of optometrists in Northern Ireland (currently six) who are registered as non medical Prescribers (NMP Optometrists). They work in private practice, but can issue prescriptions on HS21 to patients.

NMP optometrists are encouraged and asked to prescribe generically in all appropriate circumstances and to adhere to the NI Formulary in the course of their clinical care.

Optometrist independent prescribers can prescribe any licensed medicine for ocular conditions affecting the eye and the tissues surrounding the eye, except CDs or medicines for parenteral administration. Optometrist independent prescribers must work within their own level of professional competence and expertise.

Registration status can be confirmed through the General Optical Council website <https://www.optical.org/en/utilities/online-registers.cfm>.

This newsletter has been produced for community pharmacists and pharmacy staff by the Regional Pharmacy and Medicines Management Team. If you have any queries or require further information on the contents of this newsletter, please contact one of the Pharmacy Advisors in your local HSCB office:
Belfast Office: 028 9536 3926 South Eastern Office: 028 9536 1461 Southern Office: 028 9536 2104
Northern Office: 028 9536 2845 Western Office: 028 9536 1008

Past and current editions of the PRN can be found in the Newsletters section of the Northern Ireland Formulary website <http://niformulary.hscni.net/PrescribingNewsletters/Pages/default.aspx>.



Every effort has been made to ensure that the information included in this newsletter is correct at the time of publication. This newsletter is not to be used for commercial purposes.



Pharmacy Regional Newsletter

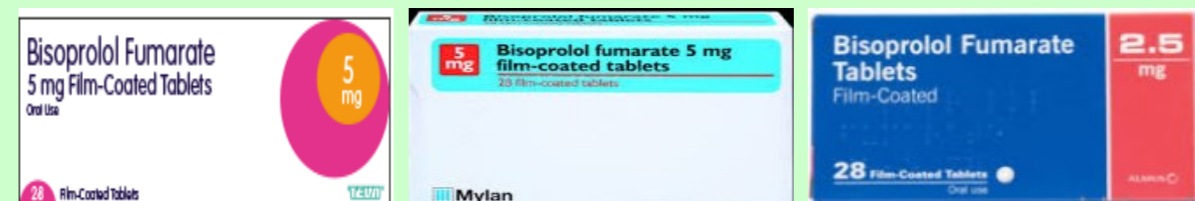
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Generic Medicines and Patient Counselling



Northern Ireland Department of Health policy is that all GP practices should prescribe, where appropriate, medicines by their generic name.

There are many generic manufacturers, which results in very different looking tablets and packaging, e.g. generic omeprazole capsules are manufactured by 32 different companies. This can lead to confusion for patients, especially the elderly.

HSCB correspondence to community pharmacists in July 2015¹ asked pharmacists to be mindful of the increased risks of confusion associated with dispensing different generics each time a prescription is filled.

In particular every effort should be taken to select the same packaging when dispensing more than one pack to fulfil a prescription of for example 56 or 84 tablets.

ACTION:

- When dispensing more than one pack of a particular medicine, please try to ensure that the packs are all the same to reduce any confusion. This advice applies irrespective of whether or not a robotic dispenser has been used as part of the dispensing process. If it is unavoidable, counsel accordingly.
- When counselling, also draw attention to pack changes from previous prescriptions, if an owed pack is different or if two different drugs going to the same patient or household are very similar in appearance.
- When labelling several packs of the same medicine, please ensure the labels are marked '1 of 2' and '2 of 2', etc.
- Label all packs individually, but also consider rubber-banding the same medicines together. Try not to cover the printed generic name and strength, or any Braille lettering if applicable.
- The PSNI Professional Standards requires pharmacists to provide patients with sufficient information and advice to enable the safe and effective use of all prescribed medicines.^{2,3}
- A patient information leaflet on generic medicines can be found in the Patient Zone section of the Northern Ireland Formulary <http://niformulary.hscni.net>.

¹ HSCB guidance letter July 2015 (available on Medicines Governance NI website at www.medicinesgovernance.hscni.net/primary-care/medicines-safety-advice-letters)

² PSNI Professional Standards and Guidance for the safe supply of medicines June 2009

³ Making it better through Pharmacy in the Community 2015, Chapter 1, paragraph 17-18

OTC Medicines and Medicines with No / Limited Evidence



Guidance from the Northern Ireland Department of Health (DoH(NI)) and the Health and Social Care Board (HSCB) advises GPs not to prescribe medicines:

- 1) That can be purchased over-the-counter (OTC) by patients when they are being used to treat minor conditions or self-limiting illnesses or
- 2) Where there is no evidence base for their use.

1. Minor conditions or self-limiting illnesses

Over the counter (OTC) medicines supplied against a HS21 prescription cost the NHS in Northern Ireland **nearly £10 million last year**. In addition to the cost of medicines, a significant proportion of GP time is taken up processing prescriptions for minor conditions and self-limiting illnesses. This does not represent good use of NHS resources.

Patients are therefore encouraged to self care and seek advice from their local community pharmacist to help manage minor conditions and self-limiting illnesses. A list of conditions and examples of medicines that are readily available and should be bought OTC has been drawn up by DoH (NI) and HSCB — see page 3 of newsletter.



2. Non-evidence based products

Prescribing of certain items on prescription may be considered a waste of scarce NHS resources that could be better spent on evidence-based treatments. Items on the Stop List should be purchased by the patient from community pharmacies or supermarkets, and not prescribed on HS21 prescription. Products on the Limited Evidence List should be reviewed to ensure that they are used only in the approved circumstances.

Limited Evidence List

- Omacor[®] / Maxepa[®]
- Probiotics, e.g. VSL#3[®], lactobacillus, bifidobacterium
- Quinine
- Vitamins – multivitamins, ascorbic acid, Forceval[®], Ketovite[®], vitamins BPC, Vioptal[®], cod liver oil.

STOP List

- Bio-Oil[®]
- CoEnzyme Q10
- Colic products, e.g. Infacol[®] or Dentinox[®]
- Comfort milks (Aptamil[®], Cow & Gate[®] and SMA[®]) or Colief[®] drops
- Cubitan[®]
- Eye supplements, e.g. Icaps[®], Ocuvite[®], Macushield[®], PreserVision[®], Viteyes[®]
- Gamolenic acid / evening primrose oil
- Glucosamine containing products
- Gluten free non-staple foods, e.g. biscuits, muffins, sausage rolls
- Green-lipped mussel (Pernaton gel[®])
- Omega-3 fish oils, e.g. EyeQ[®] and Efalex[®]
- Souvenaid[®]
- Spatone[®]

ACTION

- Community pharmacists are asked to support DoH (NI) and HSCB guidance.
- Patients should be counselled accordingly and advised that these products may be purchased over the counter as appropriate, if desired.
- Community pharmacists are asked not to refer patients to their GP for a prescription when they visit the pharmacy to purchase a product OTC.

Examples of OTC medicines that should not be prescribed on HS21 prescriptions

OTC indication	Examples of restricted medicines
Aches and pains (mild), e.g. headache, occasional migraine, teething	Anti-inflammatory gels or creams, e.g. ibuprofen gel, diclofenac gel; oral painkillers, e.g. paracetamol, ibuprofen.
Athlete's foot	Antifungal creams, e.g. clotrimazole, miconazole, terbinafine.
Cold sores	Anti-viral creams, e.g. aciclovir 5%.
Colic	Colic drops, e.g. Infacol [®] , Dentinox Colic Drops [®] , Colief [®] , Gripe water.
Coughs, colds and sore throats	Cough bottles; Lozenges and spays for sore throats; Oral painkillers/antipyretics, e.g. paracetamol, ibuprofen; Nasal decongestants, e.g. pseudoephedrine tables, decongestant sprays and drops.
Diarrhoea (occasional) or constipation	Oral rehydration solutions, e.g. Dioralyte [®] ; Antidiarrhoeal medicines, e.g. loperamide; Laxatives, e.g. ispaghula husk (Fybogel [®]), bisacodyl, lactulose, senna.
Ear wax	Drops for softening ear wax.
Fungal nail infections	Amorolfine 5% nail lacquer (mild infections only– max 2 nails affected).
Haemorrhoids (piles)	Haemorrhoid creams, ointments and suppositories, e.g. Anusol [®] .
Hayfever and allergies	Oral antihistamines, e.g. cetirizine, loratadine, chlorphenamine; Antihistamine creams; Steroid nasal sprays, e.g. beclometasone, fluticasone.
Head lice	Head lice lotions and sprays, e.g. dimeticone lotion.
Indigestion and heartburn (mild)	Antacids e.g. co-magaldrox (Maalox [®] , Mucogel [®]); Alginates, e.g. Gaviscon [®] .
Infant feeding	Baby milks e.g. comfort milks, lactose free formulas for colic, reflux milks. (Note - some babies may require cow's milk free formulas on HSC prescription where clinically appropriate).
Nappy rash	Barrier creams and ointments, e.g. Metanium [®] , Sudocrem [®] , Zinc and Castor oil cream.
Oral health	Mouthwashes, e.g. chlorhexidine.
Sunscreen	Sunscreens unless for ACBS approved conditions, i.e. skin protection against UV radiation in abnormal cutaneous photosensitivity resulting from genetic disorders or photodermatoses, including vitiligo and those resulting from radiotherapy, chronic or recurrent herpes simplex labialis.
Threadworms	Mebendazole tablets and suspension.
Vaginal thrush	Oral antifungal, e.g. fluconazole capsule; Topical antifungals, e.g. clotrimazole cream and pessaries.
Vitamins and minerals	All vitamins and minerals unless in line with an ACBS approved indication, i.e. only in the management of actual or potential vitamin or mineral deficiency; they are not to be prescribed as dietary supplements or as a general 'pick-me-up'.

See NI Formulary <http://niformulary.hscni.net> website for further details.