

## Core Formulary Guidance for CUES Optometrists - NHS Warrington CCG

In the year prior to June 2017, the NHS spent approximately £569 million on prescriptions for medicines, which could otherwise be purchased over the counter (OTC) from a pharmacy and/or other outlets such as petrol stations or supermarkets.

These prescriptions include items for a condition:

- That is considered to be self-limiting and so does not need treatment as it will heal or be cured of its own accord;
- Which lends itself to self-care i.e. the person suffering does not normally need to seek medical advice and can manage the condition by purchasing OTC items directly.

These prescriptions also include other common items:

- That can be purchased over the counter, sometimes at a lower cost than that which would be incurred by the NHS;
- For which there is little evidence of clinical effectiveness.

By reducing spend on treating conditions that are self-limiting or which lend themselves to self-care, or on items for which there is little evidence of clinical effectiveness, these resources can be used for other higher priority areas that have a greater impact for patients, support improvements in services and/or deliver transformation that will ensure the long-term sustainability of the NHS.<sup>1</sup>

NHS Warrington CCG do not support the routine prescribing (NHS funding) of over the counter medicines for self-limiting conditions or minor ailments. There will be occasions however where prescribers may use their clinical judgement when consulting individual patients for a minor ailment and will decide if a prescription for an over the counter medicine is warranted. The CCG supports signposting of their residents to self-care solutions whenever possible and appropriate.

There are **general exceptions** to this, and this includes individual patients where the clinician considers that their ability to self-manage is compromised as a consequence of medical, mental health or significant social vulnerability to the extent that their health and/or wellbeing could be adversely affected, if reliant on self-care. Consideration should also be given to safeguarding issues.<sup>2</sup>

**Please note that being exempt from paying a prescription charge does not automatically warrant an exception to the guidance.**

### CUES formulary

The three conditions that the OTC guidance impacts on are:

- DRY EYES

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<sup>1</sup> [NHSE document 'Conditions for which over the counter items should not routinely be prescribed in primary care'](https://www.england.nhs.uk/wp-content/uploads/2018/03/otc-guidance-for-ccgs.pdf?UNLID=7350505322020632217)  
<https://www.england.nhs.uk/wp-content/uploads/2018/03/otc-guidance-for-ccgs.pdf?UNLID=7350505322020632217>

<sup>2</sup> [As per the Self Care Guidance of Warrington CCG. Warrington CCG Self care Guidance can be found here:](https://www.warringtonccg.nhs.uk/Medicines%20Management/Guidance%20on%20Self%20Care%20prescribing%20.pdf)  
<https://www.warringtonccg.nhs.uk/Medicines%20Management/Guidance%20on%20Self%20Care%20prescribing%20.pdf>

- BACTERIAL CONJUNCTIVITIS
- MILD TO MODERATE HAYFEVER

Below is the formulary for the provision of drugs within the CUES service:

Medication	Brand	Form	Strength	Quantity	Medicinal Category
Chloramphenicol		Eye drops	0.5%	10ml	<b>P</b> <b>POM</b> Signed Order for children <2 years of age Signed Order if used for prophylaxis
Chloramphenicol		Eye ointment	1%	4g	<b>P</b> <b>POM</b> Signed Order for children <2 years of age Signed Order if used for prophylaxis
Fusidic acid *only for consideration when chloramphenicol is contraindicated or in other extenuated circumstances		Eye drops	1%	5g	<b>POM</b>
Hypromellose		Eye drops	0.3%	10ml	<b>GSL</b>
Carbomer 980		Eye gel	0.2%	10g	<b>GSL</b>
Soft paraffin ointment	Lacrilube®	Eye ointment		3.5g	<b>GSL</b>
Antazoline and Xylometazoline	Otrivine-antistin®	Eye drops	0.5%/0.05%	10ml	<b>P</b>
Sodium Cromoglycate		Eye drops	2%	10ml/13.5ml	<b>P</b>
Sodium Hylauronate	Artelac Rebalance	Preservative Free	0.15%	10ml	<b>GSL</b>

The medications within the formulary can be supplied via

1. A written recommendation for OTC/self-care medications. The patient will purchase the medication within the optical practice/local pharmacy/supermarket etc.

OR

2. If the medication is classed as a POM **and** the patient is exempt from NHS prescriptions charges, then the patient will be supplied with the medication by the CUES optical practice and the patient will not be charged for the medication.

OR

- 3. If the medication is classed as a POM and the patient is not exempt from NHS prescription charges, then the patient will purchase the medication at the pharmacy/optical practice.

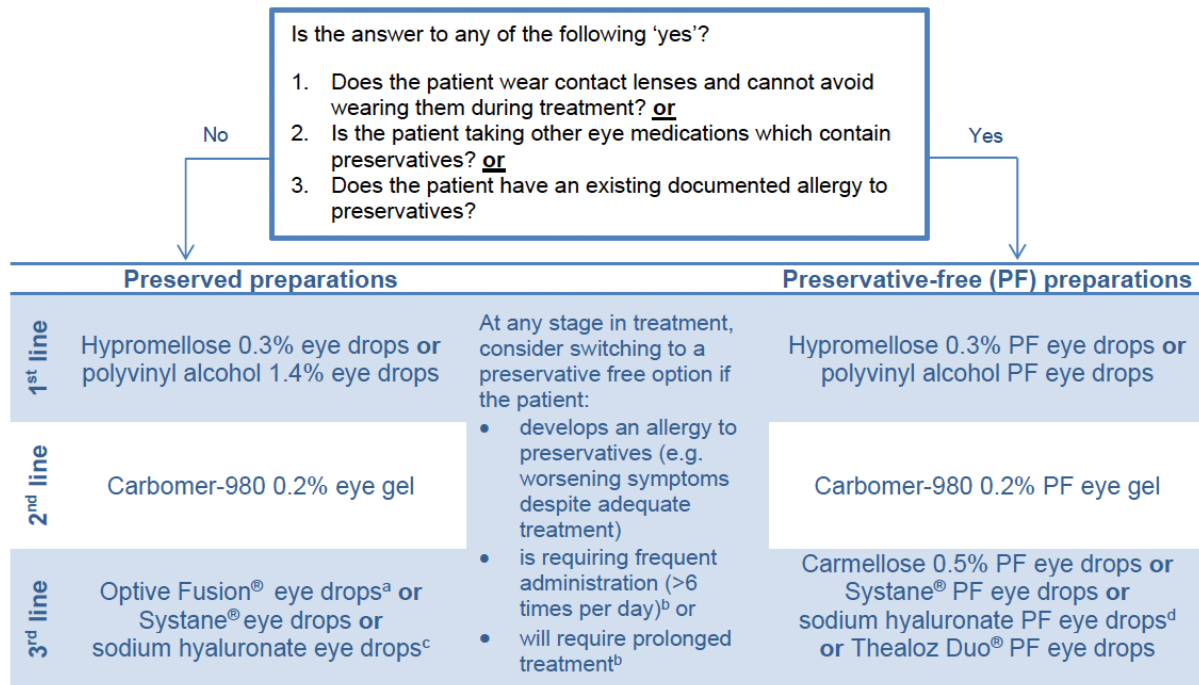
OR

- 4. If the patient has a general exception as identified in the Warrington CCG Self care Guidance, then the patient will be supplied with the medication by the CUES optical practice and the patient will not be charged for the medication.

## Dry Eyes

Provision of ocular lubricants should follow the Pan Mersey prescribing management advice<sup>3</sup> as below:

### **IF TREATMENT WITH AN ARTIFICIAL TEARS PREPARATION IS INDICATED:**



<sup>a</sup> Contains preserving system that disintegrates on contact with the eye. May be considered in patients with a known allergy to another preservative (e.g. benzalkonium chloride).

<sup>b</sup> Patients requiring frequent administration of 1<sup>st</sup> line preserved treatments could be trialled on 2<sup>nd</sup> line preserved options as the required frequency of administration may be lower with these products.

<sup>c</sup> The product with the lowest acquisition cost should be selected. At the time of writing, this is **Blink Intensive Tears (10ml bottle)**.

<sup>d</sup> The product with the lowest acquisition cost should be selected. At the time of writing, this is **Vismed (10ml bottle)**.

**Patients should be given at least a 4 week trial of treatment at each step before reviewing.**

**Patients who continue to have symptoms despite adequate treatment with 2<sup>nd</sup>/3<sup>rd</sup> line treatment options should be considered for referral to an ophthalmologist for assessment.**

This guidance should be viewed in relation to the findings and observations found during ocular examination and patient history, therefore it may be appropriate to start with 2<sup>nd</sup> or 3<sup>rd</sup> line

<sup>3</sup> V3 Jan 2020. Full Document here; <https://www.panmerseyapc.nhs.uk/media/1184/dryeye.pdf>

treatment in some exceptional clinical scenarios. In addition, lid management and other management options may be appropriate.

A patient presenting with an **acute or intermittent acute dry eye** should be directed to purchase the ocular lubricant via OTC medication, the CUES practitioner should provide a written recommendation to ensure the correct medication is purchased/supplied. A patient with intermittent or new dry eye condition is not appropriate for NHS provision of ocular lubricants.

**Exemption:** Patients identified as having LONG-TERM conditions are exempt from OTC guidance. A long-term condition can be defined as “a condition that requires ongoing medical care, limits what one can do and is likely to last longer than one year”.<sup>4</sup>

If a patient is identified as having long-term condition that is causing chronic dry eyes AND they are exempt from NHS prescription charges, please provide one supply of ocular lubricants at no charge to the patient, PLUS request that the GP provides a repeat prescription stating that this is a “long-term condition therefore exempt from OTC guidance”.

## Bacterial conjunctivitis

As bacterial conjunctivitis is self-limiting please follow the College of Optometrist guidance on the non-pharmacological management when appropriate.

The majority of patients will access the medication via OTC and a written recommendation should be issued to ensure the correct medication is purchased/supplied.

**Exemption:** Patients under the age of 2 will be provided with the medication by the CUES practice at no charge to the patient.

## Chloramphenicol – indications other than bacterial conjunctivitis

**Exemption:** When Chloramphenicol is required for use in **corneal abrasions or following foreign body removal**, in line with College of Optometrist guidance, the provision under these circumstances is classified as a POM therefore the patient will be provided with the medication by the CUES practice at no charge if the patients is exempt from paying NHS prescriptions charges.

## Hayfever

All mast cell stabilisers and antihistamine medication are classed as OTC medications. A written recommendation should be issued to ensure the correct medication is purchased/supplied.

## Stocking medication

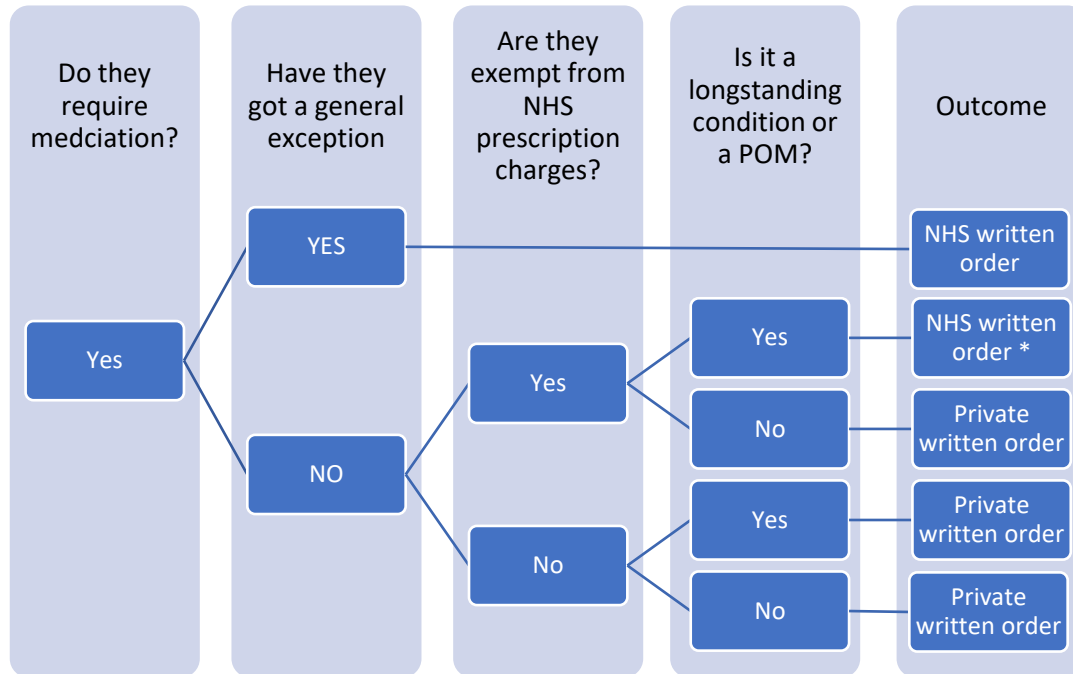
CUES practices will be expected to hold a small supply of the medications listed within the formulary.

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<sup>4</sup> [https://www.nhsggc.org.uk/media/231478/nhsggc\\_ltc\\_strategic\\_framework.pdf](https://www.nhsggc.org.uk/media/231478/nhsggc_ltc_strategic_framework.pdf)

## Appendix A

### Warrington CCG CUES Core Formulary Provision Flowchart



<b>NHS Written order</b>	=	The CUES Optical Practice will provide the medication at no charge to the patient
<b>Private written order</b>	=	patient can purchase medication at retail price from the pharmacy/supermarket/optical practice

\* If due to 'long term condition' please ensure that the GP is notified that this prescription should be put on repeat prescription due to this reason.