

# Conditions for which over the counter items (OTC) should not routinely be prescribed in primary care

#### Recommendation

The East Kent CCGs have adopted the NHS England guidance on conditions for which over the counter items (OTC) should not routinely be prescribed in primary care - Guidance for CCGs NHSE March 2018.

The guidance lists minor health conditions for which it is now recommended that OTC medicines should no longer be routinely prescribed

Table	1 The conditions covered by the guida	nce and exceptions	
	Item and group	Exceptions	Do general exceptions (as per table 2) apply?
howeve		s a lack of robust evidence for clinical effectiveness; ay continue to be prescribed and these are outlined within	
1.		ACBS approved indication or as per local policy	No
2.	Vitamins and minerals	Medically diagnosed deficiency – see NHSE document for details	No
	miting Conditions -A condition that is self-limiting up on its own;	ng and does not require medical advice or treatment as it	
3.	Acute Sore Throat	'Red Flag' symptoms	No
4.	Infrequent cold sores of the lip	Immunocompromised patients.  'Red flag' symptoms	No
5.	Conjunctivitis	'Red Flag' symptoms	No
6.	Coughs and colds and nasal congestion	'Red Flag' symptoms	No
7.	Cradle Cap (Seborrhoeic dermatitis – infants)	If causing distress to the infant and not improving	No
8.	Haemorrhoids	'Red Flag' symptoms	No
9.	Infant Colic	'Red Flag' symptoms	No
10.	. Mild Cystitis	'Red Flag' symptoms	No
		that is a minor illness and is suitable for self-care and	
11.	ent with items that can easily be purchased over  Mild Irritant Dermatitis	No routine exceptions have been identified.	Yes
12.	. Dandruff	No routine exceptions have been identified	Yes
13.	. Diarrhoea (Adults)	No routine exceptions have been identified	Yes
14.	. Dry Eyes/Sore tired Eyes	No routine exceptions have been identified	Yes
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Approved by: East Kent Prescribing Group (Representing Ashford CCG, Canterbury and Coastal CCG,

South Kent Coast CCG and Thanet CCG)

Date: September 2018

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16. Excessive sweating (Hyperhidrosis)	No routine exceptions have been identified	Yes
17. Head Lice	No routine exceptions have been identified	Yes
18. Indigestion and Heartburn	No routine exceptions have been identified	Yes
19. Infrequent Constipation	No routine exceptions have been identified	Yes
20. Infrequent Migraine	No routine exceptions have been identified	Yes
21. Insect bites and stings	No routine exceptions have been identified	Yes
22. Mild Acne	No routine exceptions have been identified	Yes
23. Mild Dry Skin	No routine exceptions have been identified	Yes
24. Sunburn due to excessive sun exposure	No routine exceptions have been identified	Yes
25. Sun Protection	ACBS approved indication of photodermatoses (i.e. where skin protection should be prescribed)	Yes
26. Mild to Moderate Hay fever/Seasonal Rhinitis	No routine exceptions have been identified	Yes
27. Minor burns and scalds	No routine exceptions have been identified- but note more serious burns need professional medical attention	Yes
28. Minor conditions associated with pain, discomfort and/fever. (e.g. aches and sprains, headache, period pain, back pain)	No routine exceptions have been identified	Yes
29. Mouth ulcers	No routine exceptions have been identified	Yes
30. Nappy Rash	No routine exceptions have been identified	Yes
31. Oral Thrush	No routine exceptions have been identified	Yes
32. Prevention of dental caries	No routine exceptions have been identified	Yes
33. Ringworm/Athletes foot	Lymphoedema or history of lower limb cellulitis.	Yes
34. Teething/Mild toothache	No routine exceptions have been identified	Yes
35. Threadworms	No routine exceptions have been identified	Yes
36. Travel Sickness	No routine exceptions have been identified	Yes
37. Warts and Verrucae	No routine exceptions have been identified	Yes

**Table 2 General Exceptions to the Guidance:** where patients should continue to have their treatments prescribed. Applicable to minor conditions suitable for self-care

- 1. Patients prescribed an OTC treatment for a long term condition (e.g. regular pain relief for chronic arthritis or treatments for inflammatory bowel disease).
- 2. For the treatment of more complex forms of minor illnesses (e.g. severe migraines that are unresponsive to over the counter medicines).
- 3. For those patients that have symptoms that suggest the condition is not minor (i.e. those with red flag symptoms for example indigestion with very bad pain.)
- 4. Treatment for complex patients (e.g. immunosuppressed patients).
- 5. Patients on prescription only treatments.
- 6. Patients prescribed OTC products to treat an adverse effect or symptom of a more complex illness and/or prescription only medications should continue to have these products prescribed on the NHS.
- 7. Circumstances where the product licence doesn't allow the product to be sold over the counter to certain groups of patients. This may vary by medicine, but could include babies, children and/or women who are pregnant or breast-feeding. Community Pharmacists will be aware of what these are and can advise accordingly.
- 8. Patients with a minor condition suitable for self-care that has not responded sufficiently to treatment with an OTC product.

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- 9. Patients where the clinician considers that the presenting symptom is due to a condition that would not be considered a minor condition.
- 10. Circumstances where the prescriber believes that in their clinical judgement, exceptional circumstances exist that warrant deviation from the recommendation to self-care.
- 11. 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. To note that being exempt from paying a prescription charge does not automatically warrant an exception to the guidance. Consideration should also be given to safeguarding issues.

## Local exemption for patients in care homes

East Kent Prescribing Group recommend that OTC medicines are prescribed for patients in care homes when they are indicated because of limitations on the duration of time care home staff can administer these medicines and the potential for interactions and unintentional use of multiple medication in some therapeutic areas, for example, analgesia.

### Implementation Resources:

NHS England – Quick Reference Guide for Health Care Professionals

Easy Read patient information leaflet 'Prescribing of over the counter medicines is changing'

#### References:

Conditions for which over the counter items should not routinely be prescribed in primary care-Guidance for CCGs NHSE April2018.pdf

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