

Oxfordshire Clinical Commissioning Group Commissioning Policy Statement

Policy No. 88d Optimising Self Care by appropriate use of Over-the-counter Medicines (Restricted Prescribing List)

**Date Approved
By CCG December 2016,**

**Date of issue: December 2006, August 2016 No change to policy,
Updated February 2017, minor amendment October 2017**

Oxfordshire Clinical Commissioning Group recommends that medication that can be bought over the counter (OTC) should not normally be prescribed. GP prescribing of products on the Restricted Prescribing List below which can be purchased through pharmacies (and, sometimes, other retail outlets) is not normally funded. These products will be classed as BROWN on the Oxfordshire traffic light list and patients should be encouraged to self-care where possible.

Rationale

While the NHS is experiencing workforce shortages and financial constraints, encouraging patients to seek advice from a Community Pharmacist and/or buy OTC products should lead to savings in both GP time and prescribing costs while making better use of the skills of our Community Pharmacists.

There is no requirement for GPs to prescribe medicines that are available to buy OTC unless the GP considers there is a necessity to do so for the patient's condition (as specified in the GMS contract). This policy supports GPs in encouraging patients to buy products which are available at reasonable cost. Many OTC medicines can be purchased more cheaply than the current cost of the prescription charge. Exemption from prescription charges should not normally be a reason to prescribe medication available over the counter. The policy also supports promotion of self-care and better utilisation of Community Pharmacists as a source of health advice instead of seeking a GP consultation.

GPs may exercise discretion where there are exceptional circumstances (see Notes below) or patient factors (eg an unsupported patient with dementia, someone with a significant learning difficulty or extreme hardship) when a prescription may be appropriate.

An increasing range of medicines is available to buy OTC from a pharmacy, supermarket or other retail outlet. These products have been designated as General Sale List medicines (GSL) or Pharmacy medicines (P) under the Medicines Act 1968 and it is expected that patients purchase such medicines after seeking appropriate advice from a Community Pharmacist or other healthcare professional. This is particularly the case in short-term self-limiting conditions. In addition, there are many resources available providing advice on self-care e.g. from websites such as NHS Choices.

Community Pharmacists should not advise patients to request their GP to prescribe medicines available for minor health problems where these are available to purchase.

Conversely, prescribers should be aware that the recommended OTC medicine is licensed for the desired indication as requests for purchasing OTC medicines for unlicensed indications will be refused by Community Pharmacists.

Restricted Prescribing List

Criteria for inclusion on the list:

- Treatments for minor ailments which are in nature self-limiting;
- Treatments which are classified as either 'P' or 'GSL' by the Medicines and Healthcare Products Regulatory Agency;
- Drugs classified as 'less suitable for prescribing' as stated in the BNF.

Restricted prescribing also outlines medication that may be bought over the counter at reasonable price (eg less than the standard prescription charge) and should not normally be prescribed unless certain criteria are met.

A list of *examples* of treatments that are not normally funded is provided below. It should be noted, however, that this list is **illustrative** and **not exhaustive** but shows where prescribers may consider asking patients to buy OTC medicines:

- Paracetamol unless more than 32 tablets per week are required for a chronic condition
- Ibuprofen and other OTC NSAIDs unless more than 28 tablets per month are required on an ongoing basis for a chronic condition
- Topical NSAIDs and equivalents unless required for a chronic condition that is not expected to improve and where patient not suitable for oral NSAIDs
- Oral and/or topical antihistamines except where required on a continuous basis for chronic rhinosinusitis and chronic urticaria
- Antacids (anyone requiring more than occasionally is likely to be more suitable for a PPI or equivalent)
- Ear drops to soften wax or cleanse ear canals in management of mild otitis externa unless required for prevention of chronic or recurrent otitis externa
- Eye drops/ointments for dry eyes unless OTC preparations are ineffective after one month trial
- Sodium cromoglycate eye drops unless for an indication other than seasonal allergies
- Topical treatments for haemorrhoids unless failure to respond to OTC preparations containing steroid and local anaesthetic
- Topical local anaesthetic cream
- Topical crotomiton for skin irritation
- Topical steroids (hydrocortisone or clobetasone butyrate) except where they have proved ineffective or a larger quantity than 30g is required
- Topical antifungals unless combination with steroid required
- Topical aciclovir
- Topical scalp treatments for seborrheic dermatitis or psoriasis unless failure to respond after one month of regular treatment to antifungal AND tar-based preparations
- Bath and shower emollients (this does not affect topical moisturisers, only wash products) (October 2017)
- Topical moisturisers (except where required for a chronic skin condition or for skin care in the elderly who would otherwise be at risk of skin breakdown)
- Vitamin D except for established osteopenia or osteoporosis or on advice of renal unit
- Vitamin B12 1000micrograms for those found to have a low B12 (except in those with megaloblastic anaemia, evidence of pernicious anaemia or gastrectomy)
- Topical treatments for oral candidiasis
- Antiseptic mouth washes

- Oral nutritional supplements (except when being used in line with the latest OCCG guidance on when these may be prescribed)
- Gluten-free foods (except when being used in line with latest OCCG guidance on when these may be prescribed).

NOTES:

- Potentially exceptional circumstances may be considered by a patient's GP where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g., from NICE
- Please check you are using the most recent version of this policy
- Oxfordshire CCG clinical policies can be viewed at <http://www.oxfordshireccg.nhs.uk/professional-resources/policies.htm>