

# 13 Skin

13.2 Emollient and barrier preparations		Primary Care	Acute/ Specialist Services
<b>13.2.1 Emollients</b>			
<p><b>Comment:</b> There is a fire risk with all emollients, regardless of paraffin concentration. Ensure patients and their carers understand the fire risk associated with the build-up of residue on clothing and bedding and action to take to minimise the risk e.g. washing clothing/fabrics at high temperature to reduce emollient build-up. . Instruct patients not to smoke or go near naked flames because clothing or fabric such as bedding or bandages that have been in contact with an emollient or emollient-treated skin can rapidly ignite. Ointment formulations of Zeroderm<sup>®</sup> and Hydromol<sup>®</sup> can be used as 'leave on emollients', bath additives and as soap substitutes.</p> <p><b>Aveeno<sup>®</sup> products are relatively expensive and non-formulary</b></p>			
<b>Soap Substitutes</b>			
<p><b>Comment:</b></p> <p>Useful for patients with eczema and other dry skin conditions to prevent the irritant effect of soap based cleansers. Dermol<sup>®</sup> 200 shower emollient is identical in composition to Dermol<sup>®</sup> 500 lotion but less cost effective. Therefore Dermol<sup>®</sup> 200 shower emollient should no longer be prescribed</p>			
	Dermol 500 Lotion (1 <sup>st</sup> line)	✓	✓
	QV Gentle Wash (2 <sup>nd</sup> line)	✓	✓
<b>Very Greasy Ointment</b>			
	Liquid paraffin 50% / White soft paraffin 50%	✓	✓
<b>Greasy Ointment</b>			
	Zeroderm <sup>®</sup> Ointment (1 <sup>st</sup> line)	✓	✓
	Hydromol <sup>®</sup> Ointment (2 <sup>nd</sup> line)	✓	✓
	Emollin <sup>®</sup> Spray (Liquid paraffin 50%/White soft paraffin 50%)	✓	✓
<p><b>Comment:</b> Emollin<sup>®</sup> is for use in children and adults who need to apply emollients to parts of their body which are difficult to reach</p>			
<b>Gel</b>			
	Isomol <sup>®</sup> Gel (1 <sup>st</sup> line) (contains phenoxyethanol)	✓	✓
	Doublebase <sup>®</sup> Gel (2 <sup>nd</sup> line) (contains phenoxyethanol)	✓	✓
	Adex <sup>®</sup> Gel (for patients with inflammatory or intractable dermatitis)	⊕	✓
<b>Cream</b>			
	Epimax <sup>®</sup> cream (1 <sup>st</sup> line) (contains phenoxyethanol)	✓	✓
	Zerobase <sup>®</sup> Cream (1 <sup>st</sup> line) (if allergic to phenoxyethanol)	✓	✓
	Cetaben <sup>®</sup> Cream (2 <sup>nd</sup> line)	✓	✓
	QV Cream (2 <sup>nd</sup> line)	✓	✓
<b>Lotions</b>			
	QV <sup>®</sup> Lotion	✓	✓

Key ✓ Initiate and continue ⊕ Continue where appropriate.

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<b>Cream with Antibacterials</b>			
	Dermol <sup>®</sup> Cream	✓	✓
<b>Cream with Urea (for exceptionally dry skin)</b>			
	Balneum Plus <sup>®</sup> Cream (5% urea)	✓	✓
	Flexitol <sup>®</sup> Cream (10% urea) (follow-on treatment for extreme hyperkeratosis of feet)	✓	✓
	Flexitol <sup>®</sup> Cream (25% urea) (initial treatment for extreme hyperkeratosis of feet)	✓	✓
<b>Emollient Bath and Shower Preps with Antimicrobials</b>			
<p><b>Comment:</b> There is no evidence for the prescribing of bath or shower emollients in the management of dry skin conditions. These products are relatively expensive and should not be prescribed.</p> <p>The use of emollient products in the bath or shower is a slip hazard, so should not be used by patients at risk of falls.</p> <p>Zero Derm<sup>®</sup> or Hydromol<sup>®</sup> ointment can be dissolved in some hot water and added to the bath water as a bath additive and/or use of a cream emollient as a soap substitute in the bath will offer similar emollient effect.</p>			
<b>13.2.2 Barrier preparations</b>			
<p><b>Comment:</b> Barrier preparations are not appropriate for use in the treatment of eczema</p>			
	Conotrane <sup>®</sup>	✓	✓

<b>13.3 Topical local anaesthetics and antipruritics</b>	<b>Primary Care</b>	<b>Acute/ Specialist Services</b>
Crotamiton (Eurax <sup>®</sup> +/- hydrocortisone)	✓	✓
Dermacool <sup>®</sup> (Menthol in Aqueous Cream)	✓	✓
Doxepin Hydrochloride 5% cream	⊕	✓

<b>13.4 Topical corticosteroids</b>	<b>Primary Care</b>	<b>Acute/ Specialist Services</b>
<b>Mild</b>		
Hydrocortisone (1 <sup>st</sup> line)	✓	✓
Fludroxycortide cream, ointment	⊕	✓
Fludroxycortide Tape	⊕	✓
<b>Moderate</b>		
Betametasone valerate 0.025% (Betnovate <sup>®</sup> RD) (1 <sup>st</sup> line)	✓	✓
Clobetasone (2 <sup>nd</sup> line)	✓	✓
Fluocinolone 0.00625% (Synalar <sup>®</sup> 1 in 4) (2 <sup>nd</sup> line)	✓	✓

**Key** ✓ Initiate and continue ⊕ Continue where appropriate.

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<b>Potent</b>			
	Betametasone valerate 0.1% (1 <sup>st</sup> line)	✓	✓
	Betametasone dipropionate (Diprosone <sup>®</sup> ) (2 <sup>nd</sup> line)	✓	✓
	Mometasone (2 <sup>nd</sup> line) (once daily application)	✓	✓
	Fluocinolone 0.025% (Synalar <sup>®</sup> )	✓	✓
	Diflucortolone 0.1% (Nerisone <sup>®</sup> )	⊕	✓
<b>Very Potent</b>			
	Clobetasol Propionate	✓	✓
<b>Steroids with antimicrobials</b>			
<b>Comment:</b>			
<ul style="list-style-type: none"> <li>• The advantage of including antibacterials or antifungals with corticosteroids in topical preparations is uncertain.</li> <li>• Only to be used when inflammatory skin conditions are associated with bacterial or fungal infection e.g. infected eczema.</li> <li>• Should only be prescribed short-term (usually 1 week), longer use increases the likelihood of resistance and of sensitisation.</li> <li>• For seborrhoeic dermatitis Daktacort and Canesten HC can be used longer term.</li> </ul>			
<b>Mild</b>			
	Clotrimazole with hydrocortisone	✓	✓
	Miconazole with hydrocortisone	✓	✓
	Fucidin H <sup>®</sup>	✓	✓
	Hydrocortisone with chlorhexidine and nystatin	✓	✓
	Timodine <sup>®</sup>	✓	✓
<b>Moderate</b>			
	Trimovate <sup>®</sup>	✓	✓
<b>Potent</b>			
	Betamethasone and clioquinol (1 <sup>st</sup> line)	✓	✓
	Fucibet <sup>®</sup> (2 <sup>nd</sup> line)	✓	✓
	Lotriderm <sup>®</sup> (2 <sup>nd</sup> line)	✓	✓
<b>Very Potent</b>			
	Clobetasol with neomycin & nystatin	⊕	✓
<b>Comment:</b> Very expensive preparation (£87.00/30g tube). Only to be prescribed for short-term use in patients requiring a very potent steroid before stepping-down			
<b>Topical corticosteroids with salicylic acid</b>			
	Diprosalic <sup>®</sup> ointment/scalp application	✓	✓

Key ✓ Initiate and continue ⊕ Continue where appropriate.

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Scalp Applications			
Potent			
	Betamethasone valerate 0.1% scalp application (Betacap <sup>®</sup> )	✓	✓
	Betamethasone valerate 0.1% foam (Betamousse <sup>®</sup> )	⊕	✓
	Diprosalic	✓	✓
	Mometasone 0.1% scalp lotion	✓	✓
	Fluocinolone 0.025% (Synalar <sup>®</sup> ) gel	✓	✓
Very Potent			
	Clobetasol scalp application 0.05% ( Dermovate <sup>®</sup> )	⊕	✓
	Clobetasol shampoo (Etrivex <sup>®</sup> )	⊕	✓

13.5 Preparations for eczema and psoriasis		Primary Care	Acute/ Specialist Services
<p><b>Comment:</b> Extemporaneous preparations of "nostrums" containing Ichthammol, Coal Tar or Salicylic acid are no longer "cheap" options. It is highly likely that these will require to be produced by a "Specials" manufacturer at very high cost (upwards of 10 times the expected cost). Therefore, if possible prescribe proprietary preparations which correspond closest to the formulation and strength required.</p>			
13.5.1 Preparations for eczema			
	Alitretinoin		✓
	Steripaste <sup>®</sup> bandage	⊕	✓
	Tacrolimus ointment 0.1% and 0.03%	⊕	✓
<p><b>Comment:</b> Topical tacrolimus should be considered for short term, intermittent treatment of moderate to severe atopic eczema that is not controlled by topical steroids or where there is risk of atrophy. Generally it should be initiated by specialists although primary care practitioners with experience in treating atopic eczema with immunomodulatory therapy may also consider initiating it.</p>			
	Zinc paste and ichthammol bandage	⊕	✓
	ZipZoc bandage	⊕	✓
<p><b>Comment:</b> ZipZoc bandage is expensive and should only be prescribed if recommended by dermatology specialist</p>			
13.5.2 Preparations for psoriasis			
	Acitretin	⊕	✓
<p><b>Comment:</b> For <b>women of child bearing potential</b> the prescribing of acitretin is <b>restricted to hospital use only</b>. Ongoing monitoring of acitretin is part of the local NPT LES</p>			
	Calcipotriol	✓	✓
	Calcitriol Ointment	✓	✓
	Calcipotriol with betamethasone (Dalonev <sup>®</sup> Ointment, Dovobet <sup>®</sup> gel, Enstilar <sup>®</sup> foam)	✓	✓
	Dithrocream <sup>®</sup>	⊕	✓
	Psoriderm <sup>®</sup>	✓	✓

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## 13.5.3 Drugs affecting the immune response

### Systemic Immunosuppressants

	Ciclosporin ( Neoral <sup>®</sup> )	⊕	✓
	Dimethyl fumarate (Skilarence <sup>®</sup> )	⊕	✓
	Methotrexate	⊕	✓
	Apremilast (Otezla <sup>®</sup> )		✓

### Anti-TNF

	Adalimumab (Imraldi <sup>®</sup> )		✓
	Certolizumab (Cimza <sup>®</sup> )		✓

### Interleukin-12/23 Inhibitor

	Ustekinumab (Stelara <sup>®</sup> )		
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### Interleukin-17A Inhibitor

	Ixekizumab (Taltz <sup>®</sup> )		✓
	Secukinumab (Cosentyx <sup>®</sup> )		✓

### Interleukin-17A Receptor Blocker

	Brodalumab (Kyntheum <sup>®</sup> )		✓
	Bimekizumab (Bimzelx <sup>®</sup> )		✓

### Interleukin-23 Inhibitor

	Guselkumab (Tremfya <sup>®</sup> )		✓
	Risankizumab (Skyrizi <sup>®</sup> )		✓
	Tildrakizumab (Ilumetri <sup>®</sup> )		✓

### Moderate-severe atopic dermatitis

#### Interleukin- 4,13 Inhibitor

	Dupilumab (Dupixent <sup>®</sup> )(1 <sup>st</sup> line)		✓
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#### Interleukin-13 Inhibitor

	Tralokinumab (Adtralza <sup>®</sup> ) (2 <sup>nd</sup> line)		✓
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#### JAK Inhibitor (3<sup>rd</sup> line)

	Abrocitinib (Cibinqo <sup>®</sup> ) (1 <sup>st</sup> line JAK inhibitor)		✓
	Upadacitinib (Rinvoq <sup>®</sup> ) (2 <sup>nd</sup> line JAK inhibitor)		✓

**Comment:** Biologics should be prescribed in line with SMC recommendations and local treatment pathways  
Ciclosporin and Methotrexate – Near patient testing under supervision of consultant dermatologist

## 13.6 Acne and rosacea

Primary  
Care

Acute/  
Specialist  
Services

### 13.6.1 Topical preparations for acne

**Comment:** Also refer to [NICE Guideline NG198 Acne Vulgaris: Management](#)

	Benzoyl peroxide with clindamycin gel (Duac <sup>®</sup> ) (1 <sup>st</sup> line)	✓	✓
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Key ✓ Initiate and continue ⊕ Continue where appropriate.

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	Adapalene with benzoyl peroxide (Epiduo <sup>®</sup> ) (2 <sup>nd</sup> line)	✓	✓
	Adapalene (Differin <sup>®</sup> ) (less irritant than tretinoin)	✓	✓
	Azelaic acid 20% (Skinoren <sup>®</sup> )	✓	✓
	Clindamycin 1% lotion, solution	✓	✓
	Erythromycin with zinc acetate lotion (Zineryt <sup>®</sup> )	✓	✓
	Tretinoin with clindamycin (Treclin <sup>®</sup> )	✓	✓
<b>13.6.2 Oral preparations for acne</b>			
	Co-cyprindiol 2000/35	✓	✓
	Isotretinoin		✓
<b>13.6.3 Rosacea</b>			
<b>Mild to moderate papulopustular rosacea</b>			
	Metronidazole 0.75% (Rozex <sup>®</sup> cream, gel) (1 <sup>st</sup> line)	✓	✓
	Azelaic acid 15% (Finacea <sup>®</sup> ) (2 <sup>nd</sup> line)	✓	✓

Key ✓ Initiate and continue ⊕ Continue where appropriate.

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## Moderate to severe papulopustular rosacea

Ivermectin (Soolantra <sup>®</sup> )	✓	✓
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## Moderate to severe facial erythema predominant rosacea

Brimonidine (Mirvaso <sup>®</sup> )	✓	✓
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**Comment :** Topical treatments are generally not helpful in the management of flushing associated with rosacea

13.7 Preparations for warts and callouses	Primary Care	Acute/ Specialist Services
Imiquimod 5% cream (Aldara <sup>®</sup> )	⊕	✓
Salicylic acid (Salactol <sup>®</sup> , Occlusal <sup>®</sup> )	✓	✓
Podophylotoxin - Cream & Solution (Warticon <sup>®</sup> )	⊕	✓

13.8 Sunscreens and camouflagers	Primary Care	Acute/ Specialist Services
<b>13.8.1 Sunscreen preparations</b>		
<b>Actinic Keratosis</b>		
<b>Hyperkeratotic</b>		
Fluorouracil 0.5% / salicylic acid 10% cutaneous solution (Actikerall <sup>®</sup> )	✓	✓
<b>Small Field</b>		
Diclofenac 3% in sodium hyaluronate gel (Solaraze <sup>®</sup> )	✓	✓
Fluorouracil 5% cream (Efudix <sup>®</sup> )	✓	✓
Imiquimod 5% cream (Aldara <sup>®</sup> )	⊕	✓
Tirbanibulin ointment (Klisyri <sup>®</sup> )	✓	✓
<b>Comment:</b> Imiquimod - Where surgery is not appropriate or in patients unresponsive to conventional therapy. For information and guidelines on the treatment of actinic keratosis please refer to the <a href="#">Primary Care Dermatology Society</a>		
<b>Large Field</b>		
Diclofenac 3% in sodium hyaluronate gel (Solaraze <sup>®</sup> )	✓	✓
Fluorouracil 5% cream (Efudix <sup>®</sup> )	✓	✓
Imiquimod 3.75 % cream ( Zyclara <sup>®</sup> ), 5% cream (Aldara <sup>®</sup> )	⊕	✓
Tirbanibulin ointment (Klisyri <sup>®</sup> )	✓	✓
<b>Comment:</b> Aldara <sup>®</sup> is also approved for use in the topical treatment of small superficial Basal Cell Carcinoma		
<b>Topical Photosensitisers for Photodynamic Therapy</b>		
5 Aminolaevulinic acid hydrochloride (Ameluz <sup>®</sup> )	⊕	✓
<b>Comment:</b> Alacare <sup>®</sup> plasters may be used as an alternative to Ameluz <sup>®</sup> gel in patients where the use of a plaster formulation would be more beneficial e.g. treating moist sites such as the lips		

**Key** ✓ Initiate and continue ⊕ Continue where appropriate.

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	Methyl aminolevulinate (Metvix <sup>®</sup> )	⊕	✓
<b>Sunscreen</b>			
	Sunsense <sup>®</sup> Ultra SPF 50 (ACBS)	✓	✓

Key ✓ Initiate and continue ⊕ Continue where appropriate.



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**Comment:** Sunscreen preparations are only prescribable on the NHS when prescribed for skin protection against UV radiation in abnormal cutaneous photosensitivity. This includes genetic disorders, photodermatoses, vitiligo from radiotherapy and chronic or recurrent herpes simplex labialis. Prescribing for other indications is not permitted on a GP10. Prescription must be endorsed as ACBS.

### Photosensitive dermatoses

Include polymorphic light eruption, actinic prurigo, chronic actinic dermatitis, solar urticaria, hydroa vacciniforme. Certain drugs, such as demeclocycline, phenothiazines, or amiodarone, can cause photosensitivity.

### Photoaggravated dermatoses

e.g. cutaneous lupus erythematosus, dermatomyositis, herpes simplex, Darier's disease, pellagra, some cases of rosacea and vitiligo.

### 13.8.2 Camouflagers

**Comment:** Camouflagers are prescribable for postoperative scars, other deformities, and as an adjunctive therapy for emotional disturbances due to disfiguring skin disease e.g. vitiligo. Prescriptions should be endorsed as "ACBS"

### 13.9 Shampoos and other scalp preparations

	Capasal <sup>®</sup>	✓	✓
	Dermax <sup>®</sup>	✓	✓
	Ketoconazole shampoo	✓	✓
	Sebco <sup>®</sup>	✓	✓
	T/Gel <sup>®</sup>	✓	✓
<b>Hirsutism</b>			
	Eflornithine 11.5% (Vaniqa <sup>®</sup> ) (Restricted to SMC Advice)	✓	✓

### 13.10 Anti-infective skin preparations

Primary  
Care

Acute/  
Specialist  
Services

#### 13.10.1 Antibacterial preparations

	Fusidic acid	✓	✓
	Mupirocin (Bactroban <sup>®</sup> ) - restricted to use in MRSA infections or specialist initiation for other indications	✓	✓
	Metronidazole gel	✓	✓
	Silver sulfadiazine (for burns)	✓	✓

#### 13.10.2 Antifungal preparations

	Amorolfine (for fungal nail infections)	✓	✓
	Clotrimazole	✓	✓
	Ketoconazole cream (Nizoral <sup>®</sup> )	✓	✓

**Comment:** Nizoral<sup>®</sup> cream is only prescribable for seborrhoeic dermatitis and pityriasis versicolor. Prescription must be endorsed "SLS"

	Miconazole Nitrate	✓	✓
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Key ✓ Initiate and continue † Continue where appropriate.

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	Terbinafine	✓	✓
	Tioconazole	✓	✓
<b>13.10.3 Antiviral preparations</b>			
	Aciclovir	✓	✓
<b>13.10.4 Parasiticides</b>			
<b>Head Lice Preparations</b>			
	Dimeticone Lotion (Hedrin <sup>®</sup> ) (1 <sup>st</sup> line)	✓	✓
	Malathion (Derbac M <sup>®</sup> ) (2 <sup>nd</sup> line)	✓	✓
<b>Scabies</b>			
	Permethrin cream (1 <sup>st</sup> line)	✓	✓
	Malathion (Derbac M <sup>®</sup> ) (2 <sup>nd</sup> line)	✓	✓

<b>13.11 Skin cleansers, antiseptics, and desloughing agents</b>		<b>Primary Care</b>	<b>Acute/ Specialist Services</b>
<b>13.11.4 Chlorine and iodine</b>			
	Povidone-iodine	✓	✓
<b>13.11.5 Phenolics</b>			
	Triclosan	✓	✓
<b>13.11.6 Oxidisers and dyes</b>			
	Hydrogen peroxide (Crystacide <sup>®</sup> )	✓	✓
	Potassium permanganate (Permitabs <sup>®</sup> )	✓	✓

<b>13.12 Antiperspirants</b>		<b>Primary Care</b>	<b>Acute/ Specialist Services</b>
	Aluminium chloride hexahydrate (1 <sup>st</sup> line)	✓	✓
	Propantheline bromide (Pro-banthine <sup>®</sup> ) (2 <sup>nd</sup> line)	⊕	✓

<b>13.13 Systemic Management of Urticaria/Pruritus</b>		<b>Primary Care</b>	<b>Acute/ Specialist Services</b>
	Cetirizine (1 <sup>st</sup> line)	✓	✓
	Fexofenadine (2 <sup>nd</sup> line)	✓	✓
	Loratadine (2 <sup>nd</sup> line)	✓	✓

Key ✓ Initiate and continue ⊕ Continue where appropriate.