**Chapter 13: Skin**

**KEY**

|  |  |
| --- | --- |
| **Status** | **Description** |
| http://tmpnlg.formulary.co.uk/images/TrafficLight.gifGreen | Green -Medicines suitable for routine use within primary care and Secondary care Can be initiated within primary care within their licensed indication, in accordance with nationally recognised formularies   |
| http://tmpnlg.formulary.co.uk/images/TrafficLight.gifAmber | Amber- Medicines suitable to be prescribed in primary care after specialist /Consultant recommendation or initiation. A supporting prescribing guideline may be requested which must have been agreed by the relevant secondary care trust Medicines and Therapeutic Committee and approved by the Area Prescribing Committee.    |
| http://tmpnlg.formulary.co.uk/images/TrafficLight.gifRed | Red-Hospital initiation and continuation only   |
| http://tmpnlg.formulary.co.uk/images/TrafficLight.gifAmber Shared Care Protocol | AMBER SHARE CARE PROTOCOL- Medicines that should be initiated by a specialist and prescribed by primary care prescribers only under a shared care protocol, once the patient has been stabilised   |
| http://tmpnlg.formulary.co.uk/images/TrafficLight.gifGreen 2 | GREEN 2- to be prescribed by primary care only    |
| http://tmpnlg.formulary.co.uk/images/TrafficLight.gifGrey | GREY- NON FORMULARY    |

**13.1 Management of skin conditions**

**13.1.1 Vehicles**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Suggested RAG status  | Comments to discuss | Comments for site |
| i. Aqueous Cream BP |  |  | **(not recommended as an emollient as contains SLS)/soap substitute only**  |
|  ii. Cetomacrogol |  |  |  |
|  iii. Emulsifying Ointment BP |  |  |  |
|  iv. Paraffin, white soft |  |  | Mhra fire risk alert  |

**13.2 Emollient and barrier preparations**

**13.2.1 Emollients**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| i. Emulsifying Wax |  |  |  |
|  ii. Liquid Paraffin BP |  |  |  |
|  iii. Liquid Paraffin and White Soft Paraffin Ointment 50:50 | 1st |  | Mhra fire risk  |
|  iv. Light Liquid Parafin |  |  |  |
|  v. Hydrous Ointment, BP |  | Consider Amber if specialist required  | Replaced with Emollin Spray as it is used for steven johnsons  |
|  vi. Diprobase Cream |  |  | Emollient |
|  vii. Doublebase gel |  |  | Emollient |
| viii. E45 Cream |  |  |  |
|  ix. Epaderm Ointment |  | Can we put in a new line request of Epimax to replace this? Epimax would be 1st pref | Emollient  |
|  x. Arachis Oil |  |  | Question its use as it is used faecal softners in chapter one  |
|  xi. Aveeno Cream |  |  | Only ever recommended for ACBS indications :X,Y,Z |
|  xii. Cetraben Cream |  |  |  |
|  xiii. Balneum |  |  |  |
|  xiv. Balneum Plus |  |  |  |
|  xv. Dermol 500 Dispenser |  |  |  |
|  xvi. Dermol Cream |  |  |  |
|  xvii. Hydromol Intensive Cream |  |  |  |
| xviii. Paraffin Gauze dressing 10cm x 10cm |  |  | Check useage  |
|  xix. Ultrabase Cream |  |  |  |
| Qv Ointment , cream and ointment  |  |  | Emollient  |

**13.2.1.1 Emollient bath and shower preparations**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| i. Aqueous Cream BP |  |  | Mhra  |
|  ii. Diprobath. Primary Care Only |  | As little evidence for their efficacy | Replace with QV gentlewash  |
|  iii. Doublebase Bath Additive, Shower Gel. Primary Care Only |  |  |  |

**13.2.2 Barrier preparations**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| i. Conotrane Cream |  |  |  |
|  ii. Drapoline Cream |  |  |  |
|  iii. Zinc & Castor Oil Cream 15% |  |  |  |
|  iv. Siopel Cream |  |  |  |
| v. Metanium Ointment |  |  | ? question if can be purchased  |

**13.3 Topical local anaesthetics and antipruritics**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| i. Calamine BP lotion 200ml |  |  |  |
|  ii. Crotamiton 10% Cream |  |  |  |
|  iii. Calamine Oily lotion 200ml |  |  |  |
|  iv. Levomenthol Cream BP 0.5%, 1%, 2% (e.g. Dermacool) |  |  | An alert for vapour in asthmatic patients? |
|  v. Doxepin Cream 5% 30g |  |  |  |
|  vi. Eurax HC Cream |  |  |  |
|  vii. Menthol 0.5% in Calamine.  |  |  | New formulation of this exists as Dermacool and menthoderm  |

**13.4 Topical corticosteroids – See** [**NICE Steroid Guidance**](http://www.gserve.nice.org.uk/nicemedia/live/11540/32913/32913.pdf)

|  |  |  |  |
| --- | --- | --- | --- |
| **Mhra alert about blurred vision**  |  |  |  |
| i. Hydrocortisone Cream 1% |  |  |  |
|  ii. Hydrocortisone Cream 0.5% |  |  |  |
|  iii. Betamethasone Valerate Cream 0.1% |  |  |  |
|  iv. Clobetasone Cream 0.05% |  |  |  |
|  v. Clobetasone Ointment 0.05% |  |  |  |
|  vi. Betamethasone Valerate Ointment 0.1% |  |  |  |
|  vii. Betamethasone Valerate (Betnovate RD) Diluted cream 0.025% |  |  |  |
| viii. Betamethasone Valerate (Betnovate RD) Diluted ointment 0.025% |  |  |  |
|  ix. Betamethasone Valerate Lotion 0.1% |  |  |  |
|  x. Hydrocortisone Ointment 0.5%, 1% |  |  |  |
|  xi. Hydrocortisone Butyrate (Locoid) Cream 0.1%, 30g, 100g |  |  |  |
|  xii. Hydrocortisone Butyrate (Locoid) Lipocream 0.1%, 30g |  |  |  |
| xiii. Hydrocortisone Butyrate (Locoid) Ointment 0.1%, 30g, 100g |  |  |  |
|  xiv. Clobetasol Cream 0.05% |  |  |  |
|  xv. Clobetasol Ointment 0.05% |  |  |  |
|  xvi. Betamethasone Dipropionate (Diprosone) Cream 0.05% |  |  |  |
|  xvii. Betamethasone Dipropionate (Diprosone) Ointment 0.05% |  |  |  |
|  xviii. Mometasone Cream |  |  |  |
|  xix. Mometasone Lotion |  |  |  |
|  xx. Daktacort Cream |  |  |  |
|  xxi. Diprosalic Ointment |  |  |  |
| xiii. Hydrocortisone Butyrate (Locoid) Ointment 0.1%, 30g, 100g |  |  |  |
|  xiv. Clobetasol Cream 0.05% |  |  |  |
| xv. Clobetasol Ointment 0.05% |  |  |  |
|  xvi. Betamethasone Dipropionate (Diprosone) Cream 0.05% |  |  |  |
|  xvii. Betamethasone Dipropionate (Diprosone) Ointment 0.05% |  |  |  |
|  xviii. Mometasone Cream |  |  |  |
|  xix. Mometasone Lotion |  |  |  |
|  xx. Daktacort Cream |  |  |  |
|  xxi. Diprosalic Ointment |  |  |  |
|  xxii. Fucibet Cream |  |  |  |
|  xxiii. Trimovate Cream (Clobetasone butyrate 0.05%, oxytetracycline 3% & nystatin 100000iu/g) |  |  |  |
| xxiv. Lotriderm Cream |  |  |  |
|  xxv. Cutivate Cream |  |  |  |
|  xxvi. Cutivate Ointment |  |  |  |

**13.5 Preparations for eczema and psoriasis**

**13.5.1 Preparations for eczema**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| i. Ichthammol Ointment, BP 1980 |  |  | Check use  |
|  ii. Alitretinoin Capsules 10mg, 30mg (See NICE guidelines – Severe chronic hand eczema) |  |  | Nice TAG 177 |
|  iii. Ichthopaste Bandage, 75mm x 6mm |  |  | Specialist initiated To prescribe Zipzoc or Viscopaste instead  |

**13.5.2 Preparations for psoriasis**

|  |  |  |  |
| --- | --- | --- | --- |
| Ref: (NICE) Clinical Guideline 153 |  |  |  |
| i. Calcipotriol Cream 50 micrograms/g | 1st |  |  |
|  ii. Calcipotriol Scalp Application 50 micrograms/ml | 1st |  |  |
|  iii. Polytar Emollient | 2st  |  |  |
|  iv. Dovobet Gel and foam | 3rd line |  |  |
|  v. Capasal Shampoo |  |  |  |
|  vi. Ichthammol in Oily Calamine Lotion 0.5% |  |  |  |
|  vii. Sebco Scalp Ointment | 1st  |  |  |
| viii. Coal tar solution 10% Cream (Carbo-Dome) | 2nd line  |  |   |
|  ix. Dovobet Ointment | 3rd line |  |  |
|  x. Dithranol Cream 0.25%, 0.5%, 1%, 2% |  |  |  |
|  xi. Dithranol Paste 0.05%, 0.1%, 0.25%, 0.5%, 1%, 2% |  |  |  |
|  xii. Acitretin Capsules 10mg, 25mg. Hospital Consultant Only |  |  |  |
|  xiii. Coltapaste Bandage Zinc Paste and Coal Tar, Bandage 75mm x 6m |  |  | Ask dr javed  |
|  xiv. Methoxypsoralen Tablets 10mg. Hospital Only, Named Patient |  |  |  |
| xv. Methoxypsoralen Gel 0.005%. Hospital Only, Named Patient |  |  |  |
|  xvi. Methoxypsoralen Lotion 1.2%. Hospital Only, Named Patient |  |  |  |
|  xvii. Tacalcitol Ointment 4 micrograms/g |  |  |  |

**13.5.3 Drugs affecting the immune response**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| i. Tacrolimus Ointment 0.03%, 0.1% |  |  |  |
|  ii. Pimecrolimus 1% Cream |  |  |  |
|  iii. Ciclosporin Capsules (Neoral) Capsules 25mg, 50mg, 100mg |  |  |  |
|  iv. Secukinumab. As Per NICE TA350 Only |  |  |  |
|  v. Etanercept. Hospital Only. Including NICE TA373 |  |  |  |
|  vi. Infliximab. Hospital Only |  |  |  |
|  vii. Adalimumab. Hospital Only |  |  |  |
| viii. Ustekinumab Injection. As Per NICE TA180 and NICE TA340 Only |  |  |  |
|  ix. Apremilast Tablets. As Per NICE TA419 |  |  |  |
| x. Ixekizumab (Taltz) injection for specialist initiation only in accordance with NICE TA442 |  |  |  |

**13.6 Acne and rosacea**

**13.6.1 Topical preparations for acne – See** [**Northern Lincolnshire APC Acne Pathway**](http://www.northernlincolnshireapc.nhs.uk/wp-content/uploads/Pathways/APC_Acne_Pathway_Simplified.pdf)

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| i. Erythromycin 40 mg and Zinc Acetate 12 mg/mL Topical Solution |  |  |  |
|  ii. Benzoyl Peroxide Gel 5%, 10% |  |  |  |
|  iii. Benzoyl Peroxide 5% and Clindamycin 1% Gel |  |  |  |
|  iv. Adapalene 0.1% Cream, Gel |  |  |  |
|  v. Adapalene 0.1% and Benzoyl Peroxide 2.5% Gel |  |  |  |
|  vi. Metronidazole Gel 0.75% |  |  |  |
| vii. Tretinoin Cream 0.025% |  |  |  |
|  viii. Tretinoin Gel 0.01%, 0.025% |  |  |  |
|  ix. Azelaic Acid 20% Cream |  |  |  |
|  x. Tretinoin 0.025% and Clindamycin 1% Gel |  |  |  |

**13.6.2 Oral preparations for acne**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| i. Lymecycline Capsules 408 mg |  | Green unless local microbiologists have a differing opinion |  |
|  ii. Co-Cyprindiol Tablets |  |  |  |
|  iii. Isotretinoin Capsules 5mg, 20mg |  |  |  |

**13.7 Preparations for warts and calluses**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| i. Salicylic Acid Preparations, e.g. Salactol, Salatac, Occlusal, Verrugon |  |  |  |
|  ii. Imiquimod Cream 5% |  |  | Only for warts and callouses  |
|  iii. Podophyllin in Acetone / Spirit 15%, 20% |  |  |  |
|  iv. Podophyllotoxin Solution 0.5% |  |  |  |
|  v. Podophyllotoxin Cream 0.15% |  |  |  |
| vi. Salicylic Acid and Trichloroacetic Acid (Wart Paste) |  |  |  |

**13.8 Sunscreens and camouflagers**

**13.8.1 Sunscreen preparations**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| i. Sunsense Ultra |  |  | For skin protection in Photodermatoses only - prescription must state 'ACBS' |
|  ii. Uvistat Ultrablock Cream Factor ’30’ |  |  | For skin protection in Photodermatoses only - prescription must state 'ACBS' |
| iII. Fluorouracil 5% Cream (Efudix) |  |  |  |
|  Iv. Ingenol Mebutate Gel (Picato) |  |  |  |
|  v. Fluorouracil 0.5%, salicylic acid 10% Solution (Actikerall). Hospital Initiated Only |  |  |  |
|  vi. Zyclara® Cream (Imiquimod 3.75%) Zyclara AK Pathway |  |  |  |

**13.8.2 Camouflagers**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| i. Keromask. Primary Care Only, ACBS |  |  | ACBS indications stipulated on formulary |
|  ii. Dermacolor. Primary Care Only, ACBS |  |  |  |
|  iii. Dermablend. Primary Care Only, ACBS |  |  |  |

**13.9 Shampoos and other preparations for scalp and hair conditions**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| i. Polytar Liquid Tar | 1st |  |  |
|  ii. Capasal Shampoo |  |  |  |
|  iii. Betadine Shampoo |  |  |  |
|  iv. Betamethasone Valerate 0.1% Scalp Application | 1st |  |  |
|  v. Betamethasone Dipropionate 0.05% Alcoholic Solution | 1st  |  |  |
|  vi. Ceanel Concentrate |  |  |  |
|  vii. Cade Oil Scalp cream 6%, 12% |  |  |  |
| viii. Hydrocortisone Butyrate Alcoholic solution 0.1% | 2nd |  |  |
|  ix. Dermol 200 Shower Emollient |  |  |  |
|  x. Eflornithine 11.5% Cream. Consultant Paediatrician Initiated Only (U) |  |  |  |

**13.10 Anti-infective skin preparations**

**13.10.1 Antibacterial preparations**

**13.10.1.1 Antibacterial preparations only used topically**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| i. Mupirocin 2% Cream, Ointment |  | Primary care would like the advice of the AMR pharmacist on these 3 | Double check with andy |
|  ii. Mupirocin 2% Nasal Ointment |  |  |  |
|  iii. Silver Sulphadiazine 1% Cream |  |  |  |

**13.10.1.2 Antibacterial preparations**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| i. Fusidic acid 2% Cream |  |  |  |
|  ii. Fusidic acid 2% Ointment |  |  |  |
|  iii. Metronidazole 0.75% Gel (Rozex, Metrogel) |  |  |  |

**13.10.2 Antifungal preparations**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| i. Clotrimazole Cream 1% |  |  |  |
|  ii. Miconazole Cream 2% |  |  |  |
|  iii. Ketoconazole Shampoo |  |  |  |
|  iv. Nystatin Cream |  |  |  |
|  v. Terbinafine Cream 1% |  |  |  |
|  vi. Terbinafine Tablets 250mg |  |  |  |
|  vii. Itraconazole Capsules 100mg |  |  |  |
| viii. Nystaform Cream |  |  |  |

**13.10.3 Antiviral preparations**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| i. Aciclovir Cream 5% |  |  |  |

**13.10.4 Parasiticidal preparations**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| i. Permethrin Cream Rinse 1% |  |  |  |
|  ii. Phenothrin Aqueous Based Lotion 0.2% |  |  | Check use |
|  iii. Malathion Aqueous Solution 0.5% |  |  |  |
|  iv. Dimeticone 4% Lotion |  |  |  |
|  v. Benzyl Benzoate Application 25% |  |  |  |
|  vi. Carbaryl Aqueous Liquid 1 |  |  |  |

**13.10.5 Preparations for minor cuts and abrasions**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| i. Magnesium Sulphate Paste 50mg |  |  | Check use  |

**13.11 Skin cleansers, antiseptics, and desloughing agents**

**13.11.6 Oxidisers and dyes**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| i. Potassium Permanganate Solution 0.1% |  |  | Query use  |
|  ii. Hydrogen Peroxide Solution 3%, 6% |  |  | Query use  |
|  iii. Hydrogen Peroxide Cream 1% |  |  | Query use  |

**13.11.7 Preparations for promotion of wound healing**

See wound care formulary or BNF guidance

**13.12 Antiperspirants**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| i. Aluminium Chloride 20% in Spirit Roll-on |  |  | Specific conditions/restrictions? |

**13.13 Topical circulatory preparations**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| i. Heparinoid 0.3% Cream, Gel |  |  |  |

**13.14 Miscellaneous Inflammatory/vasulitic dermatosis**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| i. Mycophenolate Mofetil. Hospital Dermatology Consultant Only, See Chapter 8.2.1 |  |  |  |
|  |  |  |  |

Dimethyl fumarate TA475 Dimethyl fumarate for treating moderate to severe plaque psoriasis – approved in line with NICE recommnedations of 90 days. Amber with shared care protocol. Shared care protocol to be developed by the service. To be RED until shared care protocol in place.