





Chapter 13 Skin

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Key

	Red drug see GMMMG RAG list <i>Click on the symbols to access this list</i>
	Amber drug see GMMMG RAG list <i>Click on the symbols to access this list</i>
	Green drug see GMMMG RAG list <i>Click on the symbols to access this list</i>
U	If a medicine is unlicensed this should be highlighted in the template as follows Drug name U
	Not Recommended
OTC	Over the Counter In line with NHS England guidance, GM do not routinely support prescribing for conditions which are self-limiting or amenable to self-care. For further details see GM commissioning statement .
Order of Drug Choice	Where there is no preferred 1 st line agent provided, the drug choice appears in alphabetical order.

BNF chapter	13 Skin	
Section	13.2 Emollient and barrier preparations	
<p>If the patient's symptoms have not improved after using these preferred treatments then please refer to the BNF for other options. This is in preference to referring to a specialist centre.</p> <p>Patients who have been discharged or recommended a product from a specialist centre should be maintained on the same product when it is effective.</p> <p>Those people without a diagnosed dermatological condition requesting a general skin moisturiser may purchase these over the counter.</p> <p>See GM emollient ladder</p> <p>See GM guidelines for the management of eczema in primary care</p> <p>See GM guidelines for the management of psoriasis in primary care</p>		
Subsection	13.2.1 Emollients	
<p>Additional notes</p> <p>Once a suitable emollient has been determined for a patient then prescribe as 500g or 500ml.</p> <p>Section 13.2 (only) Emollients and barrier preparations are listed in cost order based on cost per 500g or 500ml pack size.</p> <p>(Source: Drug Tariff and MIMs Feb 2015).</p> <p>Emollient products and fire safety advice</p> <p>Emollients are not flammable in, or of themselves. However if the dried residue of an emollient is present on a fabric, this can act as an accelerant and increase the speed of ignition and intensity of a fire, if ignited.</p> <p>Fire safety advice can be found via the following links:</p> <p>MHRA DSU: Emollients: new information about risk of severe and fatal burns with paraffin-containing and paraffin-free emollients, Dec 2018</p> <p>MHRA DSU: Emollients and risk of severe and fatal burns: new resources available, August 2020</p> <p>The National Fire Chief's Council (NFCC) website here</p> <p>Greater Manchester Fire and Rescue Service's website here</p>		
Light emollients		
First choices	ZeroAQS cream QV lotion	
Alternatives	Cetraben lotion E45 lotion	

Creamy emollients		
First choices	Epimax cream Zerocream Zerobase cream Oilatum cream	
Alternatives	Cetraben cream Ultrabase cream	
Creamy emollients with colloidal oatmeal		
First choice	Zeroveen cream	If patient unresponsive to other emollients
Alternative	Aproderm Colloidal Oat cream	
Greasy emollients		
First choices	Zerodouble gel Zeroguent cream	
Alternatives	Cetraben ointment Diprobase ointment (NB: discontinued December 2021)	
Very greasy emollients		
First choices	White soft paraffin ointment Zeroderm ointment Hydromol ointment	MHRA DSU: Paraffin-based skin emollients on dressings and clothing: fire risk MHRA DSU: Paraffin-based treatments: risk of fire, Jan 2008
Alternatives	Fifty:50 ointment	
Preparations containing urea		
First choice	imuDERM cream Dermatonics Once Heel Balm	Preparations containing urea should only be used for severely dry, scaling skin.
Alternatives	Balneum plus cream	

Preparations with antimicrobials		
First choices	Dermol 500 lotion (light) Dermol® cream (creamy)	MHRA device alert: All products containing chlorhexidine, Oct 2012 Healthcare professionals are reminded that chlorhexidine is known to induce skin hypersensitivity, including generalised allergic reactions and anaphylactic shock
Do Not Prescribe	Mild irritant dermatitis See commissioning statement for exceptions Mild dry skin	In line with NHS England guidance, GM do not routinely support prescribing for conditions which are self-limiting or amenable to self-care. For further details see GM commissioning statement .
	Lanolin cream e.g. Lansinoh HPA®	Criterion 1 (see RAG list)
	Bio-Oil®	Criterion 1 (see RAG list)

Subsection	13.2.1.1 Emollient bath and shower preparations	
Grey drugs Items which are listed as Grey are deemed not suitable for routine prescribing but may be suitable for a defined patient population	Preparations with antimicrobials Dermol® 600 bath and shower preparations Only for short-term use in patients with infected eczema.	<div style="background-color: #cccccc; padding: 5px;"> G_n Criterion 1 (see RAG list) MHRA device alert: All products containing chlorhexidine, Oct 2012 Healthcare professionals are reminded that chlorhexidine is known to induce skin hypersensitivity, including generalised allergic reactions and anaphylactic shock. </div>
Do Not Prescribe	Emollient bath and shower preparations without antimicrobials When used for the management of eczema in children or adults. This recommendation does not apply to the use of standard emollients when used in the bath or shower as a soap substitute	Criterion 1 (see RAG list)
Subsection	13.2.2 Barrier preparations	
	Zinc and Castor oil ointment Conotrane® cream Drapolene® cream	
Section	13.3 Topical local anaesthetics and antipruritics	
	Crotamiton cream (Eurax®) Levomenthol (Menthol in aqueous cream) 0.5%, 1%, 2% Choose product with lowest acquisition cost. Prescribe by brand name	

Section	13.4 Topical corticosteroids	
Additional notes:		
See GM steroid ladder		
MHRA DSU (Sept 2007) Corticosteroids: early psychiatric side-effects		
MHRA DSU: Topical corticosteroids: information on the risk of topical steroid withdrawal reactions, September 2021 . Rarely, severe adverse effects can occur on stopping treatment with topical corticosteroids, often after long-term continuous or inappropriate use of moderate to high potency products. To reduce the risks of these events, prescribe the topical corticosteroid of lowest potency needed and ensure patients know how to use it safely and effectively.		
MILD potency		
First Choice	Hydrocortisone 1% cream or ointment	
Alternative	Fluocinolone acetonide 0.0025% cream (Synalar 1 in 10 Dilution®)	
MILD potency with antimicrobials		
First choice	Hydrocortisone 1% with clotrimazole 1% (Canesten HC® cream) with fucidic acid 2% (Fucidin H® Cream) with miconazole 2% (Daktacort® cream or ointment) with nystatin 100,000 units/g (Nystaform-HC® cream or ointment)	MHRA DSU (June 2016): Topical miconazole, including oral gel: reminder of potential for serious interactions with warfarin
MODERATE potency		
First Choice	Clobetasone butyrate 0.05% cream or ointment (Eumovate®) Betamethasone valerate 0.025% cream or ointment (Betnovate RD®)	
Alternatives	Alclometasone dipropionate 0.05% cream (Modrasone®) Fludroxycortide 4 microgram/cm ² tape 7.5cm x 50cm or 7.5cm x 200cm (Haelan®)	Haelan® tape for chronic localised recalcitrant dermatoses (but not acute or weeping)
MODERATE potency with antimicrobials		
First choice	Trimovate® cream 30g	

POTENT		
First Choice	<p>Betamethasone valerate 0.1% cream or ointment (Betnovate®)</p> <p>Betamethasone valerate 0.1% scalp application (Betacap®)</p>	
Alternatives	<p>Fluocinolone acetonide 0.025% cream, gel or ointment (Synalar®)</p> <p>Hydrocortisone butyrate 0.1% cream or ointment (Locoid®)</p> <p>Mometasone furoate 0.1% cream or ointment (Elocon®)</p>	
POTENT with antimicrobials		
First choices	<p>Betamethasone valerate 0.1% with fusidic acid 2% (Fucibet® cream)</p> <p>Fluocinolone acetonide 0.025% with clioquinol 3% (Synalar C® cream or ointment)</p> <p>with neomycin sulphate 0.5% (Synalar N® cream or ointment)</p>	
POTENT with salicylic acid		
First choices	<p>Betamethasone dipropionate 0.05%, salicylic acid 3% ointment (Diprosalic® ointment)</p> <p>Betamethasone dipropionate 0.05%, salicylic acid 2% scalp application (Diprosalic® scalp application)</p>	
VERY POTENT		
First choices	<p>Clobetasol propionate 0.05% cream, ointment or scalp application (Dermovate®)</p> <p>Clobetasol propionate 0.05% Shampoo (Etrivex®)</p>	
Do Not Prescribe	<p>Mild irritant dermatitis</p> <p>See commissioning statement for exceptions</p>	<p>In line with NHS England guidance, GM do not routinely support prescribing for conditions which are self-limiting or amenable to self-care. For further details see GM commissioning statement.</p>

Section	13.5 Preparations for eczema and psoriasis	
Subsection	13.5.1 Preparations for eczema	
Additional notes		
See GM guidelines for the management of eczema in primary care		
See section 13.2 Emollient and barrier preparations and 13.4 Topical corticosteroids .		
Also see section 13.5.3 Drugs affecting the immune response and NICE (2004) Tacrolimus and pimecrolimus for atopic eczema. (TA82)		
Oral Retinoid	Alitretinoin capsules: 10mg, 30mg	<p>R Alitretinoin should be prescribed only by a consultant.</p> <p>NICE TA177: Alitretinoin for the treatment of severe chronic hand eczema.</p> <p>MHRA DSU: Oral retinoids: pregnancy prevention, June 2013</p> <p>MHRA DSU: Oral retinoid medicines (isotretinoin ▼, alitretinoin ▼, and acitretin ▼): temporary monitoring advice during coronavirus (COVID-19), July 2021</p>
Do Not Prescribe	Silk garments Including Dermasilk®, Dreamskin®, Skinnies Silk®	<p>Criterion 1 (see RAG list)</p> <p>NHS England Items which should not be routinely prescribed in primary care: Guidance for CCGs</p>
Subsection	13.5.2 Preparations for psoriasis	
See GM guidelines for the management of psoriasis in primary care		
See section 13.2 Emollient and barrier preparations .		
See section 13.9 Shampoos and other preparations for scalp and hair conditions .		
Vitamin D and analogues		
First choices	Calcipotriol 50 micrograms/g ointment Calcipotriol 50micrograms/ml scalp solution Calcitriol 3 micrograms/g ointment (Silkis®)	<p>NICE CG153: Psoriasis.</p> <p>Note: Vitamin D and its analogues are first line for the long term treatment of plaque psoriasis.</p>
Vitamin D with corticosteroid		
First choice	Calcipotriol 50 micrograms/g, betamethasone dipropionate 0.05%	<p>Choose the most cost-effective option</p> <p>See GM guidelines for the management of psoriasis in primary care and GM steroid ladder.</p>

Alternative	Calcipotriol 50 micrograms/g, betamethasone dipropionate 0.05% foam (Enstilar®)	Note: Enstilar® is a first choice option for psoriasis of the scalp when combination vitamin D with corticosteroid is required.
Tars		
First choices	Exorex® lotion Psoriderm® cream	
Non-proprietary preparations	Non-proprietary products (specials) are high cost (up to £1,000 per 500g). Patients may find proprietary preparations more acceptable. Non-proprietary products (specials) should only be initiated following specialist advice.	Specials recommended by the British Association of Dermatologists
Bath preparations		
First choices	Polytar Emollient® bath additive Psoriderm® bath emulsion	
Scalp preparations		
First choices	Psoriderm® scalp lotion Sebco® scalp ointment	
Dithranol	Dithrocream® 0.1% , 0.25%, 0.5%, 1%, 2% cream Micanol® 1%, 3% cream Dithranol (unlicensed preparations) U	G_n following specialist recommendation G_n following specialist recommendation R
Oral retinoids		
First choice	Acitretin 10mg, 25mg capsules	R MHRA DSU: Oral retinoids: pregnancy prevention, June 2013
Dimethyl fumarate		
	Dimethyl fumarate (Skilarence®) 30mg, 120mg tablets	R

		NICE TA475: Dimethyl fumarate for treating moderate to severe plaque psoriasis
Subsection	13.5.3 Drugs Affecting the Immune Response	
Severe psoriasis and severe eczema		
	<p>Ciclosporin 10mg, 25mg, 50mg, 100mg capsules</p> <p>Ciclosporin 100mg/ml oral solution</p>	<p>A MUST be prescribed by BRAND</p> <p>Patients should be stabilised on a particular brand of oral ciclosporin.</p>
Severe Psoriasis		
	<p>Methotrexate 2.5mg tablets</p>	<p>A</p> <p>NPSA Alert (2006): Improving compliance with oral methotrexate</p> <p>MHRA DSU: Methotrexate once-weekly for autoimmune diseases: new measures to reduce risk of fatal overdose due to inadvertent daily instead of weekly dosing, Sept 2020</p>
Atopic mild to moderate eczema or Maintenance therapy for psoriasis		
	<p>Pimecrolimus 1% cream</p> <p>Tacrolimus 0.03%, 0.1% ointment</p>	<p>G_n following specialist recommendation</p> <p>NICE TA82: Tacrolimus and pimecrolimus for atopic eczema.</p> <p>G_n following specialist recommendation</p> <p>See also NICE:CG153 Psoriasis</p> <p>MHRA DSU: Tacrolimus ointment: possible risk of malignancies, June 2012</p>
Severe refractory eczema		
	<p>Azathioprine 50mg tablets U</p>	<p>A</p>
	<p>Mycophenolate mofetil 250mg capsules, 500mg tablets U</p>	<p>A</p> <p>MHRA DSU: Mycophenolate mofetil, mycophenolic acid: new pregnancy-prevention advice for women and men 2015</p>

		<p>MHRA DSU: Mycophenolate mofetil: pure red cell aplasia, July 2009</p> <p>MHRA DSU: Mycophenolate mofetil: risk of hypogammaglobulinaemia and risk of bronchiectasis, Jan 2015</p>
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Cytokine modulators

Additional guidance to be considered:

[GMMMG High cost drug pathway for psoriasis](#)

[GMMMG Prescribing of high cost biosimilar biological medicines](#)

[NICE CG153: The assessment and management of Psoriasis.](#)

[NICE TA199: Etanercept, infliximab and adalimumab for the treatment of psoriatic arthritis](#)

[MHRA DSU: Tumour necrosis factor alpha inhibitors, April 2014](#)

<p>Adalimumab</p> <p>First choice: Amgevita®▼</p> <p>Alternative: Humira®</p>	<p>R</p> <p>NICE TA146: Adalimumab for the treatment of adults with psoriasis.</p> <p>NICE TA392: Adalimumab for treating moderate to severe hidradenitis suppurativa</p>
<p>Apremilast ▼</p>	<p>R</p> <p>MHRA DSU (2017): risk of suicidal thoughts and behaviour</p> <p>NICE TA419: Apremilast for treating moderate to severe plaque psoriasis</p> <p>TA433: Apremilast for treating active psoriatic arthritis</p>
<p>Bimekizumab</p>	<p>R NICE TA723: Bimekizumab for treating moderate to severe plaque psoriasis</p>
<p>Brodalumab</p>	<p>R NICE TA511: Brodalumab for treating moderate to severe plaque psoriasis</p>
<p>Certolizumab pegol</p>	<p>R NICE TA574: Certolizumab pegol for treating moderate to severe plaque psoriasis</p>
<p>Dupilumab</p>	<p>R NICE TA534: Dupilumab for treating moderate to severe atopic dermatitis</p> <p>MHRA DSU: Dupilumab (Dupixent▼): risk of ocular adverse reactions and need for prompt management, Nov 2022</p>
<p>Etanercept</p>	<p>R NICE TA103: Etanercept and efalizumab for the treatment of adults with psoriasis.</p>
<p>Guselkumab</p>	<p>R NICE TA521: Guselkumab for treating moderate to severe plaque psoriasis</p>


	Infliximab	R NICE TA134: Infliximab for the treatment of adults with psoriasis.
	Ixekizumab	R NICE TA442: Ixekizumab for treating moderate to severe plaque psoriasis
	Risankizumab	R NICE TA596: Risankizumab for treating moderate to severe plaque psoriasis
	Secukinumab	R N.B. Treatment with secukinumab should be stopped after 12 weeks if the psoriasis does not improve enough according to standard measures NICE TA350: Secukinumab for treating moderate to severe plaque psoriasis NICE TA445: Certolizumab pegol and secukinumab for treating active psoriatic arthritis after inadequate response to DMARDs
	Tildrakizumab	R NICE TA575: Tildrakizumab for treating moderate to severe plaque psoriasis
	Tralokinumab ▼	R NICE TA814: Abrocitinib, tralokinumab or upadacitinib for treating moderate to severe atopic dermatitis
	Ustekinumab	R NICE TA180: Ustekinumab for the treatment of adults with moderate to severe psoriasis. NICE TA340: Ustekinumab for treating active psoriatic arthritis MHRA DSU: Ustekinumab: risk of exfoliative dermatitis, Jan 2015
JAK inhibitors		
	Abrocitinib ▼	R NICE TA814: Abrocitinib, tralokinumab or upadacitinib for treating moderate to severe atopic dermatitis
	Baricitinib ▼	R NICE TA681: Baricitinib for treating moderate to severe atopic dermatitis NICE NG191: COVID-19 rapid guideline: managing COVID-19
	Upadacitinib ▼	R NICE TA814: Abrocitinib, tralokinumab or upadacitinib for treating moderate to severe atopic dermatitis

BNF chapter	13 Skin	
Section	13.6 Acne and rosacea	
Subsection	13.6.1 Topical preparations for acne	
<p>See GM guidelines for the management of acne in primary care</p> <p>NICE CKS (2018): Acne vulgaris See link for guidance on the management of mild, moderate and severe acne</p> <p>NICE NG198: Acne vulgaris: management</p>		
Subsection	Topical preparations for mild acne	
NB: Antibiotics have no benefit in mild acne		
Do Not Prescribe	Mild acne	In line with NHS England guidance, GM do not routinely support prescribing for conditions which are self-limiting or amenable to self-care. For further details see GM commissioning statement .
Topical retinoids and related preparations		
First choice	Adapalene 0.1% cream or gel (Differin®)	Topical retinoids are contraindicated in pregnancy
Alternatives	Benzoyl peroxide 5% gel, wash OTC 4% cream	
Subsection	Topical preparations for mild-moderate inflammatory/papulopustular acne	
First choice Topical retinoid combination products	Adapalene/benzoyl peroxide gel (Epiduo®)	Topical retinoids are contraindicated in pregnancy Use non-antibiotic antimicrobials (such as benzoyl peroxide or azelaic acid) to avoid development of resistance to erythromycin and clindamycin
Alternatives Topical benzoyl peroxide with antimicrobials	Benzoyl peroxide/clindamycin 5%/1% gel (Duac® Once Daily)	Try for 3 months. However, if scarring is present by 6 weeks refer to local provider

<p>Alternatives</p> <p>Topical retinoids with antimicrobials</p>	<p>Tretinoin/clindamycin 0.025%/1% gel (Treclin®)</p> <p>Isotretinoin/erythromycin 0.05%/2% gel (Isotrexin®)</p>	<p>Only for use in patients with moderate to severe acne for whom topical antibacterial and benzoyl peroxide have failed or are not tolerated, and where a topical antibacterial/retinoid combination is indicated.</p> <p>Try for 3 months. However, if scarring is present by 6 weeks refer to local provider</p> <p>Topical retinoids are contraindicated in pregnancy</p>
<p>Azelaic acid</p>	<p>Azelaic acid 20% cream (Skinoren®)</p>	<p>Acne vulgaris only</p> <p>Azelaic acid may be beneficial in patients with darker skin where acne can cause hyperpigmentation.</p>
<p>Subsection</p>	<p>13.6.2 Oral preparations for acne and rosacea</p>	
<p>See BNF for guidance on course lengths and refer to local antibacterial guidelines.</p> <p>See GM guidelines for the management of acne in primary care</p> <p>Topical antibiotics and oral antibiotics should ideally not be combined together, as this combination is unlikely to confer additional benefit and may encourage the development of bacterial resistance.</p> <p>NICE NG198: Acne vulgaris: management</p>		
<p>Oral antibacterials for rosacea</p>		
<p>First Choice</p>	<p>Oxytetracycline 250mg tablets</p> <p>Erythromycin 250mg tablets</p>	
<p>Alternatives</p>	<p>Doxycycline 100mg capsules</p>	
<p>Oral antibacterials for acne</p>		
<p>First Choice</p>	<p>Oxytetracycline 250mg tablets</p>	<p>Not to be used as sole treatment in acne - prescribe with a topical retinoid and/or a benzoyl peroxide.</p>
<p>Alternatives</p>	<p>Lymecycline 408mg capsules</p> <p>Doxycycline 100mg capsules</p> <p>Erythromycin 250mg tablets</p>	
<p>Do Not Prescribe</p>	<p>Minocycline</p> <p>Tablets, capsules and MR capsules</p> <p>For treatment of acne</p>	<p><u>Criterion 1 (see RAG list)</u></p> <p><u>NHS England Items which should not be routinely prescribed in primary care: Guidance for CCGs</u></p>
<p>Hormone treatment for acne</p>	<p>Co-cyprindiol tablets 2mg /35 microgram</p>	<p>MHRA DSU: Co-cyprindiol: balance of benefits and risks remains positive, Jun 2013</p>

<p>Oral retinoid for acne</p>	<p>Isotretinoin 5mg, 10mg, 20mg, 40mg capsules</p>	<p>R</p> <p>MHRA Drug Safety Updates:</p> <ul style="list-style-type: none"> • Isotretinoin for severe acne: who should prescribe it, Aug 2007 • Isotretinoin: risk of serious skin reactions, Sept 2010 • Oral retinoids: pregnancy prevention, June 2013 • Isotretinoin: reminder of possible risk of psychiatric disorders, Dec 2014 • Isotretinoin (Roaccutane): rare reports of erectile dysfunction and decreased libido, Oct 2017 • Isotretinoin (Roaccutane ▼): reminder of important risks and precautions, Aug 2020 • Isotretinoin (Roaccutane ▼): contribute to expert review, Nov 2020 • Oral retinoid medicines (isotretinoin ▼, alitretinoin ▼, and acitretin ▼): temporary monitoring advice during coronavirus (COVID-19), July 2021
<p>Subsection</p>	<p>13.6.3 Topical preparations for rosacea</p>	
<p>First choice</p>	<p>Metronidazole 0.75% cream or gel (Rozex®)</p> <p>Azelaic acid 15% gel (Finacea®)</p>	<p>Prescribe by brand due to strength and cost variations</p>
<p>Grey drugs</p> <p>Items which are listed as Grey are deemed not suitable for routine prescribing but may be suitable for a defined patient population</p>	<p>Brimonidine</p> <p>3 mg/g gel (Mirvaso®)</p> <p>For treatment of acne rosacea erythema.</p> <p>Only for use in patients with severe erythema, where all other formulary options have failed, and immediately prior to referring for laser treatment.</p> <p>Ivermectin</p> <p>10mg/g cream (Soolantra®)</p> <p>For treatment of acne rosacea.</p> <p>Only for use after more established therapies such as metronidazole gel and azelaic acid have failed.</p>	<p>G_n</p> <p>Criterion 3 (see RAG list)</p> <p>MHRA DSU: Brimonidine gel (Mirvaso): risk of exacerbation of rosacea</p> <p>MHRA DSU: Brimonidine gel (Mirvaso): risk of systemic cardiovascular effects; not to be applied to damaged skin</p> <p>G_n</p> <p>Criterion 3 (see RAG list)</p> <p>NICE Evidence summary: ivermectin 10 mg/g cream</p>

Section	13.7 Preparations for warts and calluses	
See GM guidelines for the management of warts in primary care		
Anogenital warts	<p>Imiquimod 5% cream 12-sachet pack (Aldara®)</p> <p>Podophyllotoxin 0.5% solution (Condyline®)</p> <p>Podophyllotoxin 0.15% cream (Warticon®)</p>	Gn following specialist initiation
Do Not Prescribe	<p>Warts and verrucae</p> <p>Salicylic acid containing products, glutaraldehyde</p> <p>See commissioning statement for exceptions</p>	In line with NHS England guidance, GM do not routinely support prescribing for conditions which are self-limiting or amenable to self-care. For further details see GM commissioning statement .
	<p>Potassium hydroxide</p> <p>5% topical solution (Molludab®)</p>	Criterion 1 (see RAG list)

BNF chapter	13 Skin	
Section	13.8 Sunscreens and Camouflagers	
Subsection	13.8.1 Sunscreen preparations	
<p>Sunscreens are only prescribable for ACBS approved conditions i.e. for skin protection against ultraviolet radiation and/or visible light in abnormal cutaneous photosensitivity causing severe cutaneous reactions in genetic disorders (including xeroderma pigmentosum and porphyrias), severe photodermatoses (both idiopathic and acquired) and in those with increased risk of ultraviolet radiation causing severe adverse effects due to chronic disease (such as haematological malignancies), medical therapies and/or procedures.</p> <p>See GM guidelines for the management of actinic keratosis in primary care</p>		
	<p>Sunsense® Ultra lotion UVB-SPF 50+ 500ml</p> <p>Anthelios Shaka Fluide® liquid UVB-SPF 50+</p>	Preparations with an SPF less than 30 should not be prescribed.
Do Not Prescribe	<p>Sun protection</p> <p>Except when prescribed in line with ACBS-approved indications, as outlined above.</p> <p>Sunburn due to excessive sun exposure</p>	In line with NHS England guidance, GM do not routinely support prescribing for conditions which are self-limiting or amenable to self-care. For further details see GM commissioning statement .
Photodamage		
First choice	Fluorouracil 5% cream (Efudix®)	GM guidelines for management of actinic keratosis in primary care
Superficial basal cell carcinoma		
	Imiquimod 5% cream (Aldara®)	 following specialist advice
Subsection	13.8.2 Camouflagers	
<p>Camouflagers are only prescribable for ACBS approved conditions i.e. postoperative scars and other deformities including burn scars, and as an adjunctive therapy in the relief of emotional disturbances due to disfiguring skin disease, such as vitiligo.</p>		
	<p>Dermacolor®</p> <p>Camouflage crème (100 shades)</p> <p>Fixing powder (7 shades)</p> <p>Covermark®</p> <p>Classic foundation (10 shades)</p> <p>Finishing powder</p>	


BNF chapter	13 Skin	
Section	13.9 Shampoos and other preparations for scalp and hair conditions	
Shampoos	Ketoconazole 2% shampoo Selenium sulphide 2.5% shampoo (Selsun®)	
Coal tar shampoos	Alphosyl 2 in 1 ® shampoo Polytar ® liquid Polytar Plus ® liquid T/Gel ® Therapeutic shampoo	
Coal tar and salicylic acid shampoos	Capasal ® shampoo	
Do Not Prescribe	Dandruff Mild scaling of the scalp without itching	In line with NHS England guidance, GM do not routinely support prescribing for conditions which are self-limiting or amenable to self-care. For further details see GM commissioning statement .
Hirsutism		
First choice	Co-cyprindiol tablets: 2mg /35 microgram	MHRA DSU: Co-cyprindiol: balance of benefits and risks remains positive, Jun 2013
Grey drugs Items which are listed as Grey are deemed not suitable for routine prescribing but may be suitable for a defined patient population	Eflornithine cream: 1.5% (Vaniqa®) Only for use in patients with a confirmed diagnosis of an androgenic disease and in whom treatment with co-cyprindiol is ineffective, contraindicated, or considered inappropriate.	G_n Criterion 3 (see RAG list)
Androgenetic alopecia		
The following are included in the Drug Tariff part XVIII A (the "black list") and are not prescribable:		
<ul style="list-style-type: none"> • Minoxidil cream • Minoxidil lotion • Minoxidil ointment • Minoxidil solution (for external use) 		

Do Not Prescribe	Minoxidil foam	<u>Criterion 3 (see RAG list)</u>
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BNF Chapter	13 Skin	
Section	13.10 Anti-infective skin preparations	
Subsection	13.10.1 Antibacterial preparations	
Subsection	13.10.1.1 Antibacterial preparations only used topically	
	Mupirocin 2% cream or ointment	Should only be used to treat methicillin-resistant Staphylococcus aureus (MRSA)
	Silver sulfadiazine 1% cream (Flamazine®)	
	Polymyxin B 10,000units bacitracin zinc 500units/g ointment (Polyfax®)	
Subsection	13.10.1.2 Antibacterial preparations also used systemically	
	Fusidic acid 2% cream or ointment (Fucidin®)	
	Metronidazole 0.75% gel - Anabact® 30g	For malodorous fungating tumours and malodorous gravitational and decubitus ulcers
Subsection	13.10.2 Antifungal preparations	
	Clotrimazole 1% cream Miconazole 2% cream Terbinafine 1% cream	MHRA DSU (June 2016): Topical miconazole, including oral gel: reminder of potential for serious interactions with warfarin
Do Not Prescribe	Ringworm/athlete's foot Topical preparations containing miconazole, clotrimazole, etc. See commissioning statement for exceptions	In line with NHS England guidance, GM do not routinely support prescribing for conditions which are self-limiting or amenable to self-care. For further details see GM commissioning statement .
For oral antifungal options such as terbinafine see GMMMG chapter 5 .		
Subsection	13.10.3 Antiviral preparations	
First choice	Aciclovir 5% cream	

Do Not Prescribe	Infrequent cold sores of the lip Aciclovir cream, Zovirax cold sore cream See commissioning statement for exceptions	In line with NHS England guidance, GM do not routinely support prescribing for conditions which are self-limiting or amenable to self-care. For further details see GM commissioning statement .
	Idoxuridine in dimethyl sulfoxide Topical solution (Herpid®)	Criterion 1 (see RAG list)
Also see oral antiviral options in GMMMG chapter 5 .		
Subsection	13.10.4 Parasitocidal preparations	
Head lice	Dimeticone 4% lotion (Hedrin®) Malathion 0.5% aqueous liquid (Derbac-M®)	NICE CKS (2015): Head lice
	Wet combing methods: Head lice can be mechanically removed by combing wet hair meticulously with a plastic detection comb.	
Do Not Prescribe	Head lice Dimeticone, malathion, cyclomethicone, permethrin shampoos and liquids. "Bug buster" kits, nit combs. See commissioning statement for exceptions	In line with NHS England guidance, GM do not routinely support prescribing for conditions which are self-limiting or amenable to self-care. For further details see GM commissioning statement .
Scabies and crab lice	Permethrin 5% cream Malathion 0.5% aqueous liquid (Derbac-M®)	NICE CKS (2011): Scabies NICE CKS (2011): Pubic lice
Subsection	13.10.5 Preparations for minor cuts and abrasions	
	Cetrimide 0.5% cream BP	

BNF chapter	13 Skin	
Section	13.11 Skin cleansers, antiseptics, and desloughing agents	
Subsection	13.11.1 Alcohols and saline	
Subsection	13.11.2 Chlorhexidine salts	
	<p>Chlorhexidine gluconate 4% solution (Hibiscrub®)</p>	<p>MHRA device alert: All products containing chlorhexidine, Oct 2012</p> <p>Healthcare professionals are reminded that chlorhexidine is known to induce skin hypersensitivity, including generalised allergic reactions and anaphylactic shock.</p>
Subsection	13.11.3 Cationic surfactants and soaps	
Subsection	13.11.4 Iodine	
	<p>Povidone-iodine 2.5% dry powder spray (Betadine®)</p> <p>Povidone-iodine 1.14% dry powder spray (Savlon® Dry)</p>	
Subsection	13.11.5 Phenolics	
Subsection	13.11.6 Oxidisers and dyes	
	<p>Potassium permanganate 400mg solution tablets (Permitabs®)</p>	<p>NHS Patient safety Alert (2014): Risk of death or serious harm from accidental ingestion of potassium permanganate</p> <p>NPSA alert: Inadvertent oral administration of potassium permanganate</p>
	<p>Hydrogen peroxide 1% cream (Crystacide®)</p>	
Do Not Prescribe	<p>Minor burns and scalds</p> <p>See commissioning statement for exceptions</p>	<p>In line with NHS England guidance, GM do not routinely support prescribing for conditions which are self-limiting or amenable to self-care. For further details see GM commissioning statement.</p>

Section	13.12 Antiperspirants	
	Botulinum toxin Type A (Botox® - licensed for severe hyperhidrosis of the axillae).	 GM EUR policy (2020) Hyperhidrosis
Do Not Prescribe	Excessive sweating (hyperhidrosis) Aluminium chloride 20% solutions (e.g. Driclor, Anhydrol Forte)	In line with NHS England guidance, GM do not routinely support prescribing for conditions which are self-limiting or amenable to self-care. For further details see GM commissioning statement .