





## Chapter 13 Skin

### Contents

- [13.2 Emollient and barrier preparations](#)
- [13.3 Topical local anaesthetics and antipruritics](#)
- [13.4 Topical corticosteroids](#)
- [13.5 Preparations for eczema and psoriasis](#)
- [13.6 Acne and rosacea](#)
- [13.7 Preparations for warts and calluses](#)
- [13.8 Sunscreens and camouflagers](#)
- [13.9 Shampoos and other preparations for scalp and hair conditions](#)
- [13.10 Anti-infective skin preparations](#)
- [13.11 Skin cleansers, antiseptics, and desloughing agents](#)
- [13.12 Antiperspirants](#)

### Key

	<b>Red drug</b> see <a href="#">GMMMG RAG list</a> <i>Click on the symbols to access this list</i>
	<b>Amber drug</b> see <a href="#">GMMMG RAG list</a> <i>Click on the symbols to access this list</i>
	<b>Green drug</b> see <a href="#">GMMMG RAG list</a> <i>Click on the symbols to access this list</i>
<b>U</b>	<b>If a medicine is unlicensed this should be highlighted in the template as follows</b> <b>Drug name U</b>
	<b>Not Recommended</b>
<b>OTC</b>	<b>Over the Counter</b> 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 <a href="#">GM commissioning statement</a> .
<b>Order of Drug Choice</b>	Where there is no preferred 1 <sup>st</sup> line agent provided, the drug choice appears in alphabetical order.

<b>BNF chapter</b>	<b>13 Skin</b>	
<b>Section</b>	<b>13.1 Management of skin conditions</b>	
	<b>Difelikafalin</b> Solution for injection: 50 micrograms per mL	<div style="text-align: center;"><b>R</b></div> <a href="#">NICE TA890: Difelikefalin for treating pruritus in people having haemodialysis</a>
<b>BNF chapter</b>	<b>13 Skin</b>	
<b>Section</b>	<b>13.2 Emollient and barrier preparations</b>	
<p><b>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.</b></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 <a href="#">GM emollient ladder</a></p> <p>See <a href="#">GM guidelines for the management of eczema in primary care</a></p> <p>See <a href="#">GM guidelines for the management of psoriasis in primary care</a></p>		
<b>Subsection</b>	<b>13.2.1 Emollients</b>	
<p><b>Additional notes</b></p> <p><b>Once a suitable emollient has been determined for a patient then prescribe as 500g or 500ml.</b></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><b>Emollient products and fire safety advice</b></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><a href="#">MHRA DSU: Emollients: new information about risk of severe and fatal burns with paraffin-containing and paraffin-free emollients, Dec 2018</a></p> <p><a href="#">MHRA DSU: Emollients and risk of severe and fatal burns: new resources available, August 2020</a></p> <p>The National Fire Chief’s Council (NFCC) website <a href="#">here</a></p> <p>Greater Manchester Fire and Rescue Service’s website <a href="#">here</a></p>		
<b>Light emollients</b>		
<b>First choices</b>	<b>ZeroAQS</b> cream <b>QV</b> lotion	

<b>Alternatives</b>	<b>Cetraben</b> lotion <b>E45</b> lotion	
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**Creamy emollients**

<b>First choices</b>	<b>Epimax</b> cream <b>Zerocream</b> <b>Zerobase</b> cream <b>Oilatum</b> cream	
<b>Alternatives</b>	<b>Cetraben</b> cream <b>Ultrabase</b> cream	

**Creamy emollients with colloidal oatmeal**

<b>First choice</b>	<b>Zeroveen</b> cream	If patient unresponsive to other emollients
<b>Alternative</b>	<b>Aproderm Colloidal Oat</b> cream	

**Greasy emollients**

<b>First choices</b>	<b>Zerodouble</b> gel <b>Zeroguent</b> cream	
<b>Alternatives</b>	<b>Cetraben</b> ointment <b>Diprobase</b> ointment (NB: discontinued December 2021)	

**Very greasy emollients**

<b>First choices</b>	<b>White soft paraffin</b> ointment <b>Zeroderm</b> ointment <b>Hydromol</b> ointment	<a href="#">MHRA DSU: Paraffin-based skin emollients on dressings and clothing: fire risk</a> <a href="#">MHRA DSU: Paraffin-based treatments: risk of fire, Jan 2008</a>
<b>Alternatives</b>	<b>Fifty:50</b> ointment	

**Preparations containing urea**

<b>First choice</b>	<b>imuDERM</b> cream <b>Dermatonics Once Heel Balm</b>	Preparations containing urea should only be used for severely dry, scaling skin.
<b>Alternatives</b>	<b>Balneum plus</b> cream	
<b>Preparations with antimicrobials</b>		
<b>First choices</b>	<b>Dermol 500</b> lotion (light) <b>Dermol®</b> cream (creamy)	<a href="#">MHRA device alert: All products containing chlorhexidine, Oct 2012</a> Healthcare professionals are reminded that chlorhexidine is known to induce skin hypersensitivity, including generalised allergic reactions and anaphylactic shock
<b>Do Not Prescribe</b>	<b>Mild irritant dermatitis</b> See <a href="#">commissioning statement</a> 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 <a href="#">GM commissioning statement</a> .
	<b>Mild dry skin</b>	
	<b>Lanolin cream</b> e.g. Lansinoh HPA®	<a href="#">Criterion 1 (see RAG list)</a>
	<b>Bio-Oil®</b>	<a href="#">Criterion 1 (see RAG list)</a>

<b>Subsection</b>	<b>13.2.1.1 Emollient bath and shower preparations</b>	
<b>Grey drugs</b> Items which are listed as Grey are deemed not suitable for routine prescribing but may be suitable for a defined patient population	<b>Preparations with antimicrobials</b> <b>Dermol® 600</b> bath and shower preparations Only for short-term use in patients with infected eczema.	<b>G<sub>n</sub></b> <a href="#">Criterion 1 (see RAG list)</a> <a href="#">MHRA device alert: All products containing chlorhexidine, Oct 2012</a> Healthcare professionals are reminded that chlorhexidine is known to induce skin hypersensitivity, including generalised allergic reactions and anaphylactic shock.
<b>Do Not Prescribe</b>	<b>Emollient bath and shower preparations without antimicrobials</b> 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	<a href="#">Criterion 1 (see RAG list)</a>
<b>Subsection</b>	<b>13.2.2 Barrier preparations</b>	
	<b>Zinc and Castor oil</b> ointment <b>Conotrane®</b> cream <b>Drapolene®</b> cream	
<b>Section</b>	<b>13.3 Topical local anaesthetics and antipruritics</b>	
	<b>Crotamiton</b> cream (Eurax®)  <b>Levomenthol</b> (Menthol in aqueous cream) 0.5%, 1%, 2% Choose product with lowest acquisition cost. Prescribe by brand name	

<b>Section</b>	<b>13.4 Topical corticosteroids</b>	
<b>Additional notes:</b>		
See <a href="#">GM steroid ladder</a>		
<a href="#">MHRA DSU (Sept 2007) Corticosteroids: early psychiatric side-effects</a>		
<a href="#">MHRA DSU: Topical corticosteroids: information on the risk of topical steroid withdrawal reactions, September 2021</a> . 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.		
<b>MILD potency</b>		
<b>First Choice</b>	<b>Hydrocortisone</b> 1% cream or ointment	
<b>Alternative</b>	<b>Fluocinolone acetonide</b> 0.0025% cream (Synalar 1 in 10 Dilution®)	
<b>MILD potency with antimicrobials</b>		
<b>First choice</b>	<b>Hydrocortisone</b> 1% <b>with clotrimazole</b> 1% (Canesten HC® cream) <b>with fucidic acid</b> 2% (Fucidin H® Cream) <b>with miconazole</b> 2% (Daktacort® cream or ointment) <b>with nystatin</b> 100,000 units/g (Nystaform-HC® cream or ointment)	<a href="#">MHRA DSU (June 2016): Topical miconazole, including oral gel: reminder of potential for serious interactions with warfarin</a>
<b>MODERATE potency</b>		
<b>First Choice</b>	<b>Clobetasone butyrate</b> 0.05% cream or ointment (Eumovate®) <b>Betamethasone valerate</b> 0.025% cream or ointment (Betnovate RD®)	
<b>Alternatives</b>	<b>Alclometasone dipropionate</b> 0.05% cream (Modrasone®) <b>Fludroxycortide</b> 4 microgram/cm <sup>2</sup> tape 7.5cm x 50cm or 7.5cm x 200cm (Haelan®)	Haelan® tape for chronic localised recalcitrant dermatoses (but not acute or weeping)
<b>MODERATE potency with antimicrobials</b>		
<b>First choice</b>	<b>Trimovate</b> ® cream 30g	
<b>POTENT</b>		
<b>First Choice</b>	<b>Betamethasone valerate</b> 0.1% cream or ointment (Betnovate®) <b>Betamethasone valerate</b> 0.1% scalp application (Betacap®)	

<b>Alternatives</b>	<p><b>Fluocinolone acetonide</b> 0.025% cream, gel or ointment (Synalar®)</p> <p><b>Hydrocortisone butyrate</b> 0.1% cream or ointment (Locoid®)</p> <p><b>Mometasone furoate</b> 0.1% cream or ointment (Elocon®)</p>	
<b>POTENT with antimicrobials</b>		
<b>First choices</b>	<p><b>Betamethasone valerate</b> 0.1% <b>with fusidic acid</b> 2% (Fucibet® cream)</p> <p><b>Fluocinolone acetonide</b> 0.025% <b>with clioquinol</b> 3% (Synalar C® cream or ointment)</p> <p><b>with neomycin sulphate</b> 0.5% (Synalar N® cream or ointment)</p>	
<b>POTENT with salicylic acid</b>		
<b>First choices</b>	<p><b>Betamethasone dipropionate</b> 0.05%, <b>salicylic acid</b> 3% ointment (Diprosalic® ointment)</p> <p><b>Betamethasone dipropionate</b> 0.05%, <b>salicylic acid</b> 2% scalp application (Diprosalic® scalp application)</p>	
<b>VERY POTENT</b>		
<b>First choices</b>	<p><b>Clobetasol propionate</b> 0.05% cream, ointment or scalp application (Dermovate®)</p> <p><b>Clobetasol propionate</b> 0.05% Shampoo (Etrivex®)</p>	
<b>Do Not Prescribe</b>	<p><b>Mild irritant dermatitis</b></p> <p>See <a href="#">commissioning statement</a> 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 <a href="#">GM commissioning statement</a> .
	<p><b>Hydrocortisone</b></p> <p>0.5% ointment</p> <p>2.5% cream and ointment</p>	<a href="#">Criterion 2 (see RAG list)</a>

<b>Section</b>	<b>13.5 Preparations for eczema and psoriasis</b>	
<b>Subsection</b>	<b>13.5.1 Preparations for eczema</b>	
<b>Additional notes</b>		
See <a href="#">GM guidelines for the management of eczema in primary care</a>		
See section <a href="#">13.2 Emollient and barrier preparations</a> and <a href="#">13.4 Topical corticosteroids</a> .		
Also see section 13.5.3 Drugs affecting the immune response and <a href="#">NICE (2004) Tacrolimus and pimecrolimus for atopic eczema. (TA82)</a>		
<b>Oral Retinoid</b>	<b>Alitretinoin</b> capsules: 10mg, 30mg	<p><b>R</b> Alitretinoin should be prescribed only by a consultant.</p> <p><a href="#">NICE TA177: Alitretinoin for the treatment of severe chronic hand eczema.</a></p> <p><a href="#">MHRA DSU: Oral retinoids: pregnancy prevention, June 2013</a></p> <p><a href="#">MHRA DSU: Oral retinoid medicines▼: revised and simplified pregnancy prevention educational materials for healthcare professionals and women (July 2019)</a></p> <p><a href="#">MHRA DSU: Oral retinoid medicines (isotretinoin▼, alitretinoin▼, and acitretin▼): temporary monitoring advice during coronavirus (COVID-19), July 2021</a></p>
<b>Do Not Prescribe</b>	<b>Silk garments</b> Including Dermasilk®, Dreamskin®, Skinnies Silk®	<p><a href="#">Criterion 1 (see RAG list)</a></p> <p><a href="#">NHS England Items which should not be routinely prescribed in primary care: Guidance for CCGs</a></p>
<b>Subsection</b>	<b>13.5.2 Preparations for psoriasis</b>	
See <a href="#">GM guidelines for the management of psoriasis in primary care</a>		
See section <a href="#">13.2 Emollient and barrier preparations</a> .		
See section <a href="#">13.9 Shampoos and other preparations for scalp and hair conditions</a> .		
<b>Vitamin D and analogues</b>		
<b>First choices</b>	<p><b>Calcipotriol</b> 50 micrograms/g ointment</p> <p><b>Calcipotriol</b> 50micrograms/ml scalp solution</p> <p><b>Calcitriol</b> 3 micrograms/g ointment (Silkis®)</p>	<p><a href="#">NICE CG153: Psoriasis.</a></p> <p>Note: Vitamin D and its analogues are first line for the long term treatment of plaque psoriasis.</p>
<b>Vitamin D with corticosteroid</b>		
<b>First choice</b>	<b>Calcipotriol</b> 50 micrograms/g, <b>betamethasone dipropionate</b> 0.05%	Choose the most cost-effective option. See <a href="#">GM guidelines for the management of</a>



		<a href="#">psoriasis in primary care</a> and <a href="#">GM steroid ladder</a> .
<b>Alternative</b>	<b>Calcipotriol</b> 50 micrograms/g, <b>betamethasone dipropionate</b> 0.05% foam (Enstilar®)	Note: Enstilar® is a first choice option for psoriasis of the scalp when combination vitamin D with corticosteroid is required.
<b>Tars</b>		
<b>First choices</b>	<b>Exorex®</b> lotion <b>Psoriderm®</b> cream	
<b>Non-proprietary preparations</b>	Non-proprietary products (specials) are high cost (up to £1,000 per 500g). Patients may find proprietary preparations more acceptable. <b>Non-proprietary products (specials) should only be initiated following specialist advice.</b>	<a href="#">Specials recommended by the British Association of Dermatologists</a>
<b>Bath preparations</b>		
<b>First choices</b>	<b>Polytar Emollient®</b> bath additive <b>Psoriderm®</b> bath emulsion	
<b>Scalp preparations</b>		
<b>First choices</b>	<b>Psoriderm®</b> scalp lotion <b>Sebco®</b> scalp ointment	
<b>Dithranol</b>	<b>Dithrocream®</b> 0.1% , 0.25%, 0.5%, 1%, 2% cream  <b>Micanol®</b> 1%, 3% cream  <b>Dithranol</b> (unlicensed preparations) <b>U</b>	<b>G<sub>n</sub></b> following specialist recommendation  <b>G<sub>n</sub></b> following specialist recommendation  <b>R</b>
<b>Oral retinoids</b>		
<b>First choice</b>	<b>Acitretin</b> 10mg, 25mg capsules	<b>R</b> <a href="#">MHRA DSU: Oral retinoids: pregnancy prevention, June 2013</a> <a href="#">MHRA DSU: Oral retinoid medicines▼: revised and simplified pregnancy prevention educational materials for healthcare professionals and women (July 2019)</a>

<b>Dimethyl fumarate</b>		
	<p><b>Dimethyl fumarate</b> (Skilarence®) 30mg, 120mg tablets</p>	<p><b>R</b></p> <p><a href="#">NICE TA475: Dimethyl fumarate for treating moderate to severe plaque psoriasis</a></p>
<b>Subsection</b>	<b>13.5.3 Drugs Affecting the Immune Response</b>	
<b>Severe psoriasis and severe eczema</b>		
	<p><b>Ciclosporin</b> 10mg, 25mg, 50mg, 100mg capsules</p> <p><b>Ciclosporin</b> 100mg/ml oral solution</p>	<p><b>A</b> <b>MUST be prescribed by BRAND</b></p> <p>Patients should be stabilised on a particular brand of oral ciclosporin.</p>
<b>Severe Psoriasis</b>		
	<p><b>Methotrexate</b> 2.5mg tablets</p>	<p><b>A</b></p> <p><a href="#">NPSA Alert (2006): Improving compliance with oral methotrexate</a></p> <p><a href="#">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</a></p> <p><a href="#">MHRA DSU: Methotrexate: advise patients to take precautions in the sun to avoid photosensitivity reactions, Aug 2023</a></p>
<b>Atopic mild to moderate eczema or Maintenance therapy for psoriasis</b>		
	<p><b>Pimecrolimus</b> 1% cream</p> <p><b>Tacrolimus</b> 0.03%, 0.1% ointment</p>	<p><b>Gn</b> following specialist recommendation</p> <p><a href="#">NICE TA82: Tacrolimus and pimecrolimus for atopic eczema.</a></p> <p><b>Gn</b> following specialist recommendation</p> <p>See also <a href="#">NICE:CG153 Psoriasis</a></p> <p><a href="#">MHRA DSU: Tacrolimus ointment: possible risk of malignancies, June 2012</a></p>

Severe refractory eczema		
	<b>Azathioprine</b> 50mg tablets <b>U</b>	<b>A</b>
	<b>Mycophenolate mofetil</b> 250mg capsules, 500mg tablets <b>U</b>	<b>A</b> <a href="#">MHRA DSU: Mycophenolate mofetil, mycophenolic acid: new pregnancy-prevention advice for women and men 2015</a> <a href="#">MHRA DSU: Mycophenolate mofetil: pure red cell aplasia, July 2009</a> <a href="#">MHRA DSU: Mycophenolate mofetil: risk of hypogammaglobulinaemia and risk of bronchiectasis, Jan 2015</a>
Cytokine modulators		
<b>Additional guidance to be considered:</b> <a href="#">GMMMG High cost drug pathway for psoriasis</a> <a href="#">GMMMG Prescribing of high cost biosimilar biological medicines</a> <a href="#">NICE CG153: The assessment and management of Psoriasis.</a> <a href="#">NICE TA199: Etanercept, infliximab and adalimumab for the treatment of psoriatic arthritis</a> <a href="#">MHRA DSU: Tumour necrosis factor alpha inhibitors, April 2014</a>		
	<b>Abrocitinib ▼</b>	<b>R</b> <a href="#">NICE TA814: Abrocitinib, tralokinumab or upadacitinib for treating moderate to severe atopic dermatitis</a> <a href="#">MHRA DSU: Janus kinase (JAK) inhibitors: new measures to reduce risks of major cardiovascular events, malignancy, venous thromboembolism, serious infections and increased mortality, April 2023</a>
	<b>Adalimumab</b> First choice: Amgevita® ▼ Alternative: Humira®	<b>R</b> <a href="#">NICE TA146: Adalimumab for the treatment of adults with psoriasis.</a> <a href="#">NICE TA392: Adalimumab for treating moderate to severe hidradenitis suppurativa</a>
	<b>Apremilast ▼</b>	<b>R</b> <a href="#">MHRA DSU (2017): risk of suicidal thoughts and behaviour</a> <a href="#">NICE TA419: Apremilast for treating moderate to severe plaque psoriasis</a> <a href="#">TA433: Apremilast for treating active psoriatic arthritis</a>
	<b>Baricitinib ▼</b>	<b>R</b> <a href="#">NICE TA681: Baricitinib for treating moderate to severe atopic dermatitis</a> <a href="#">NICE NG191: COVID-19 rapid guideline: managing COVID-19</a>

		<a href="#">MHRA DSU: Janus kinase (JAK) inhibitors: new measures to reduce risks of major cardiovascular events, malignancy, venous thromboembolism, serious infections and increased mortality, April 2023</a>
<b>Bimekizumab</b>	<b>R</b>	<a href="#">NICE TA723: Bimekizumab for treating moderate to severe plaque psoriasis</a>
<b>Brodalumab</b>	<b>R</b>	<a href="#">NICE TA511: Brodalumab for treating moderate to severe plaque psoriasis</a>
<b>Certolizumab pegol</b>	<b>R</b>	<a href="#">NICE TA574: Certolizumab pegol for treating moderate to severe plaque psoriasis</a>
<b>Deucravactinib</b>	<b>R</b>	<a href="#">TA907: Deucravactinib for treating moderate to severe plaque psoriasis</a>
<b>Dupilumab</b>	<b>R</b>	<a href="#">NICE TA534: Dupilumab for treating moderate to severe atopic dermatitis</a> <a href="#">MHRA DSU: Dupilumab (Dupixent▼): risk of ocular adverse reactions and need for prompt management, Nov 2022</a>
<b>Etanercept</b>	<b>R</b>	<a href="#">NICE TA103: Etanercept and efalizumab for the treatment of adults with psoriasis.</a>
<b>Guselkumab</b>	<b>R</b>	<a href="#">NICE TA521: Guselkumab for treating moderate to severe plaque psoriasis</a>
<b>Infliximab</b>	<b>R</b>	<a href="#">NICE TA134: Infliximab for the treatment of adults with psoriasis.</a>
<b>Ixekizumab</b>	<b>R</b>	<a href="#">NICE TA442: Ixekizumab for treating moderate to severe plaque psoriasis</a>
<b>Risankizumab</b>	<b>R</b>	<a href="#">NICE TA596: Risankizumab for treating moderate to severe plaque psoriasis</a>
<b>Secukinumab</b>	<b>R</b>	N.B. Treatment with secukinumab should be stopped after 12 weeks if the psoriasis does not improve enough according to standard measures <a href="#">NICE TA350: Secukinumab for treating moderate to severe plaque psoriasis</a> <a href="#">NICE TA445: Certolizumab pegol and secukinumab for treating active psoriatic arthritis after inadequate response to DMARDs</a>
<b>Tildrakizumab</b>	<b>R</b>	<a href="#">NICE TA575: Tildrakizumab for treating moderate to severe plaque psoriasis</a>

	<b>Tralokinumab ▼</b>	<p><b>R</b> <a href="#">NICE TA814: Abrocitinib, tralokinumab or upadacitinib for treating moderate to severe atopic dermatitis</a></p>
	<b>Upadacitinib ▼</b>	<p><b>R</b> <a href="#">NICE TA814: Abrocitinib, tralokinumab or upadacitinib for treating moderate to severe atopic dermatitis</a></p> <p><a href="#">MHRA DSU: Janus kinase (JAK) inhibitors: new measures to reduce risks of major cardiovascular events, malignancy, venous thromboembolism, serious infections and increased mortality, April 2023</a></p>
	<b>Ustekinumab</b>	<p><b>R</b></p> <p><a href="#">NICE TA180: Ustekinumab for the treatment of adults with moderate to severe psoriasis.</a></p> <p><a href="#">NICE TA340: Ustekinumab for treating active psoriatic arthritis</a></p> <p><a href="#">MHRA DSU: Ustekinumab: risk of exfoliative dermatitis, Jan 2015</a></p>

<b>BNF chapter</b>	<b>13 Skin</b>	
<b>Section</b>	<b>13.6 Acne and rosacea</b>	
<b>Subsection</b>	<b>13.6.1 Topical preparations for acne</b>	
<p>See <a href="#">GM guidelines for the management of acne in primary care</a></p> <p><a href="#">NICE CKS (2018): Acne vulgaris</a> See link for guidance on the management of mild, moderate and severe acne</p> <p><a href="#">NICE NG198: Acne vulgaris: management</a></p>		
<b>Subsection</b>	<b>Topical preparations for mild acne</b>	
NB: Antibiotics have no benefit in mild acne		
<b>Do Not Prescribe</b>	<b>Mild acne</b>	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 <a href="#">GM commissioning statement</a> .
<b>Topical retinoids and related preparations</b>		
<b>First choice</b>	<b>Adapalene</b> 0.1% cream or gel (Differin®)	Topical retinoids are contraindicated in pregnancy
<b>Alternatives</b>	<b>Benzoyl peroxide</b> 5% gel, wash <b>OTC</b> 4% cream	
	<b>Trifarotene</b> 50 microgram/g cream	<b>G<sub>n</sub></b> Topical retinoids are contraindicated in pregnancy
<b>Subsection</b>	<b>Topical preparations for mild-moderate inflammatory/papulopustular acne</b>	
<b>First choice Topical retinoid combination products</b>	<b>Adapalene/benzoyl peroxide</b> 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
<b>Alternatives Topical benzoyl peroxide with antimicrobials</b>	<b>Benzoyl peroxide/clindamycin</b> 5%/1% gel (Duac® Once Daily)	Try for 3 months. However, if scarring is present by 6 weeks refer to local provider

<p><b>Alternatives</b> <b>Topical retinoids with antimicrobials</b></p>	<p><b>Tretinoin/clindamycin</b> 0.025%/1% gel (Treclin®)</p> <p><b>Isotretinoin/erythromycin</b> 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><b>Azelaic acid</b></p>	<p><b>Azelaic acid</b> 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><b>Subsection</b></p>	<p><b>13.6.2 Oral preparations for acne and rosacea</b></p>	
<p>See BNF for guidance on course lengths and refer to <a href="#">local antibacterial guidelines</a>.</p> <p>See <a href="#">GM guidelines for the management of acne in primary care</a></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><a href="#">NICE NG198: Acne vulgaris: management</a></p>		
<p><b>Oral antibacterials for rosacea</b></p>		
<p><b>First Choice</b></p>	<p><b>Oxytetracycline</b> 250mg tablets</p> <p><b>Erythromycin</b> 250mg tablets</p>	
<p><b>Alternatives</b></p>	<p><b>Doxycycline</b> 100mg capsules</p>	
<p><b>Oral antibacterials for acne</b></p>		
<p><b>First Choice</b></p>	<p><b>Oxytetracycline</b> 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><b>Alternatives</b></p>	<p><b>Lymecycline</b> 408mg capsules</p> <p><b>Doxycycline</b> 100mg capsules</p> <p><b>Erythromycin</b> 250mg tablets</p>	
<p><b>Do Not Prescribe</b></p>	<p><b>Minocycline</b></p> <p>Tablets, capsules and MR capsules</p> <p>For treatment of acne</p>	<p><u><a href="#">Criterion 1 (see RAG list)</a></u></p> <p><u><a href="#">NHS England Items which should not be routinely prescribed in primary care: Guidance for CCGs</a></u></p>
<p><b>Hormone treatment for acne</b></p>	<p><b>Co-cyprindiol</b> tablets 2mg /35 microgram</p>	<p><u><a href="#">MHRA DSU: Co-cyprindiol: balance of benefits and risks remains positive, Jun 2013</a></u></p>


<p><b>Oral retinoid for acne</b></p>	<p><b>Isotretinoin</b> 5mg, 10mg, 20mg, 40mg capsules</p>	<p><b>R</b></p> <p>MHRA Drug Safety Updates:</p> <ul style="list-style-type: none"> <li>• <a href="#">Isotretinoin for severe acne: who should prescribe it, Aug 2007</a></li> <li>• <a href="#">Isotretinoin: risk of serious skin reactions, Sept 2010</a></li> <li>• <a href="#">Oral retinoids: pregnancy prevention, June 2013</a></li> <li>• <a href="#">Isotretinoin: reminder of possible risk of psychiatric disorders, Dec 2014</a></li> <li>• <a href="#">Isotretinoin (Roaccutane): rare reports of erectile dysfunction and decreased libido, Oct 2017</a></li> <li>• <a href="#">Isotretinoin (Roaccutane ▼): reminder of important risks and precautions, Aug 2020</a></li> <li>• <a href="#">Isotretinoin (Roaccutane ▼): contribute to expert review, Nov 2020</a></li> <li>• <a href="#">Oral retinoid medicines (isotretinoin ▼, alitretinoin ▼, and acitretin ▼): temporary monitoring advice during coronavirus (COVID-19), July 2021</a></li> <li>• <a href="#">Isotretinoin (Roaccutane ▼): new safety measures to be introduced in the coming months, including additional oversight on initiation of treatment for patients under 18 years, April 2023</a></li> <li>• <a href="#">Oral retinoid medicines ▼: revised and simplified pregnancy prevention educational materials for healthcare professionals and women (June 2019)</a></li> </ul>
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<p><b>Subsection</b></p>	<p><b>13.6.3 Topical preparations for rosacea</b></p>	
<p><b>First choice</b></p>	<p><b>Metronidazole</b> 0.75% cream or gel (Rozex®)</p> <p><b>Azelaic acid</b> 15% gel (Finacea®)</p>	<p>Prescribe by brand due to strength and cost variations</p>
<p><b>Grey drugs</b></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><b>Brimonidine</b></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><b>Ivermectin</b></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><b>G<sub>n</sub></b></p> <p><a href="#">Criterion 3 (see RAG list)</a></p> <p><a href="#">MHRA DSU: Brimonidine gel (Mirvaso): risk of exacerbation of rosacea</a></p> <p><a href="#">MHRA DSU: Brimonidine gel (Mirvaso): risk of systemic cardiovascular effects; not to be applied to damaged skin</a></p> <p><b>G<sub>n</sub></b></p> <p><a href="#">Criterion 3 (see RAG list)</a></p> <p><a href="#">NICE Evidence summary: ivermectin 10 mg/g cream</a></p>





<b>Section</b>	<b>13.7 Preparations for warts and calluses</b>	
See <a href="#">GM guidelines for the management of warts in primary care</a>		
<b>Anogenital warts</b>	<p><b>Imiquimod</b> 5% cream 12-sachet pack (Aldara®)</p> <p><b>Podophyllotoxin</b> 0.5% solution (Condyline®)</p> <p><b>Podophyllotoxin</b> 0.15% cream (Warticon®)</p>	Gn following specialist initiation
<b>Do Not Prescribe</b>	<p><b>Warts and verrucae</b></p> <p>Salicylic acid containing products, glutaraldehyde</p> <p>See <a href="#">commissioning statement</a> 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 <a href="#">GM commissioning statement</a> .
	<p><b>Potassium hydroxide</b></p> <p>5% topical solution (Molludab®)</p>	<a href="#">Criterion 1 (see RAG list)</a>

<b>BNF chapter</b>	<b>13 Skin</b>	
<b>Section</b>	<b>13.8 Sunscreens and Camouflagers</b>	
<b>Subsection</b>	<b>13.8.1 Sunscreen preparations</b>	
<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 <a href="#">GM guidelines for the management of actinic keratosis in primary care</a></p>		
	<p><b>Sunsense® Ultra</b> lotion UVB-SPF 50+ 500ml</p> <p><b>Anthelios Shaka Fluide®</b> liquid UVB-SPF 50+</p>	Preparations with an SPF less than 30 should not be prescribed.
<b>Do Not Prescribe</b>	<p><b>Sun protection</b></p> <p>Except when prescribed in line with ACBS-approved indications, as outlined above.</p> <p><b>Sunburn due to excessive sun exposure</b></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 <a href="#">GM commissioning statement</a> .
<b>Photodamage</b>		
<b>First choice</b>	<b>Fluorouracil</b> 5% cream (Efudix®)	<a href="#">GM guidelines for management of actinic keratosis in primary care</a>
<b>Superficial basal cell carcinoma</b>		
	<b>Imiquimod</b> 5% cream (Aldara®)	 following specialist advice
<b>Subsection</b>	<b>13.8.2 Camouflagers</b>	
<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><b>Dermacolor®</b></p> <p>Camouflage crème (100 shades)</p> <p>Fixing powder (7 shades)</p> <p><b>Covermark®</b></p> <p>Classic foundation (10 shades)</p> <p>Finishing powder</p>	

<b>BNF chapter</b>	<b>13 Skin</b>	
<b>Section</b>	<b>13.9 Shampoos and other preparations for scalp and hair conditions</b>	
<b>Shampoos</b>	<b>Ketoconazole</b> 2% shampoo <b>Selenium sulphide</b> 2.5% shampoo (Selsun®)	
<b>Coal tar shampoos</b>	<b>Alphosyl 2 in 1</b> ® shampoo <b>Polytar</b> ® liquid <b>Polytar Plus</b> ® liquid <b>T/Gel</b> ® Therapeutic shampoo	
<b>Coal tar and salicylic acid shampoos</b>	<b>Capasal</b> ® shampoo	
<b>Do Not Prescribe</b>	<b>Dandruff</b> 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 <a href="#">GM commissioning statement</a> .
<b>Hirsutism</b>		
<b>First choice</b>	<b>Co-cyprindiol</b> tablets: 2mg /35 microgram	<a href="#">MHRA DSU: Co-cyprindiol: balance of benefits and risks remains positive, Jun 2013</a>
<b>Grey drugs</b> Items which are listed as Grey are deemed not suitable for routine prescribing but may be suitable for a defined patient population	<b>Eflornithine</b> 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.	<span style="background-color: green; color: white; padding: 2px;">G<sub>n</sub></span> <a href="#">Criterion 3 (see RAG list)</a>
<b>Androgenetic alopecia</b>		
The following are included in the <a href="#">Drug Tariff</a> part XVIII A (the "black list") and are not prescribable: <ul style="list-style-type: none"> <li>• Minoxidil cream</li> <li>• Minoxidil lotion</li> <li>• Minoxidil ointment</li> <li>• Minoxidil solution (for external use)</li> </ul>		

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

<b>Do Not Prescribe</b>	<b>Infrequent cold sores of the lip</b> Aciclovir cream, Zovirax cold sore cream See <a href="#">commissioning statement</a> 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 <a href="#">GM commissioning statement</a> .
	<b>Idoxuridine in dimethyl sulfoxide</b> Topical solution (Herpid®)	<a href="#">Criterion 1 (see RAG list)</a>
Also see oral antiviral options in <a href="#">GMMMG chapter 5</a> .		
<b>Subsection</b>	<b>13.10.4 Parasitocidal preparations</b>	
<b>Head lice</b>	<b>Dimeticone</b> 4% lotion (Hedrin®)  <b>Malathion</b> 0.5% aqueous liquid (Derbac-M®)	<a href="#">NICE CKS (2015): Head lice</a>
	Wet combing methods: Head lice can be mechanically removed by combing wet hair meticulously with a plastic detection comb.	
<b>Do Not Prescribe</b>	<b>Head lice</b> Dimeticone, malathion, cyclomethicone, permethrin shampoos and liquids. "Bug buster" kits, nit combs.  See <a href="#">commissioning statement</a> 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 <a href="#">GM commissioning statement</a> .
<b>Scabies and crab lice</b>	<b>Permethrin</b> 5% cream  <b>Malathion</b> 0.5% aqueous liquid (Derbac-M®)	<a href="#">NICE CKS (2011): Scabies</a>  <a href="#">NICE CKS (2011): Pubic lice</a>
<b>Subsection</b>	<b>13.10.5 Preparations for minor cuts and abrasions</b>	
	<b>Cetrimide</b> 0.5% cream BP	

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

Section	<b>13.12 Antiperspirants</b>	
	<b>Botulinum toxin Type A</b> (Botox® - licensed for severe hyperhidrosis of the axillae).	<b>R</b> <a href="#">GM EUR policy (2020) Hyperhidrosis</a>
<b>Do Not Prescribe</b>	<b>Excessive sweating (hyperhidrosis)</b> 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 <a href="#">GM commissioning statement</a> .