

Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust

> DO NOT USE ON: • Eyelids

Face

Groins Armpits

Genitals Children Psoriasis

DO NOT

USE ON

Eyelids

Armpits

Genitals

Children

without expert

opinion

Face Groins

Very Potent

Formulary (GMMMG) | 1 - First Choice | 2 - Second Choice

STEROID LADDER

- ¹ **Dermovate** (clobetasol propionate 0.05%)
- ¹ **Dermovate Scalp Lotion** (clobetasol propionate 0.05%)
- ²Etrivex Shampoo (clobetasol propionate 500 micrograms/g)

Potent

- ¹**Betnovate** (betamethasone (as valerate) 0.1% in a water miscible basis)
- ¹**Betacap** (betamethasone (as valerate) 0.1% containing coconut oil derivative)
- ²Locoid (hydrocortisone butyrate 0.1%)
- ²Synalar (fluocinolone acetonide 0.025%)
- ²Elocon (mometasone furoate 0.1%)

With antibacterial

- ¹ **Fucibet** (betamethasone (as valerate) 0.1%, fusidic acid 2%)
- ¹Synalar C (fluocinolone acetonide 0.025%, clioquinol 3%)
- ¹ Synalar N (fluocinolone acetonide 0.025%, neomycin sulfate 0.5%)

With salicylic acid

¹ **Diprosalic** (betamethasone (as dipropionate) 0.05%, salicylic acid 3%)

With Vitamin D (for use in psoriasis only) ²Dovobet

(betamethasone 0.05% (as dipropionate), calcipotriol 50 mcgs/g) ²Enstilar

(betamethasone 0.05% (as dipropionate), calcipotriol 50 mcgs/g)

Moderate

¹Betnovate RD (betamethasone (as valerate) 0.025%)
¹Eumovate (clobetasone butyrate 0.05%)
²Fludroxycortide Tape (14mcq/cm²)

²**Modrasone** (alclometasone dipropionate 0.05%)

With antifungal & antibacterial

¹Trimovate

(clobetasone butyrate 0.05%, oxytetracycline 3%, nystatin 100,000units/g)

With urea

¹**Alphaderm** (hydrocortisone 1%, urea 10%)

Mild

¹ Hydrocortisone 1% ² Synalar 1 in 10 Dilution (fluocinolone acetonide 0.0025%)

With antifungal

- ¹ Canesten HC (hydrocortisone 1%, clotrimazole 1%)
- ¹ **Daktacort** (hydrocortisone 1%, miconazole nitrate 2%)
- ¹ Nystaform HC (hydrocortisone 1%, nystatin 100,000 I.U./g, chlorexidine)

With antibacterial ¹Fucidin H (hydrocortisone 1%, fusidic acid 2%)

> There is a rare risk with the use Steroid Creams of serious eye problems. Any blurred vision or other visual disturbances during use should be reported immediately to your GP.

Products containing antibacterials should be applied twice daily for 7 -14 days maximum per infective flare. Patients should then revert to a steroid that does not contain antimicrobials to control flares unless the skin is infected.

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• Eyelids