





Chapter 13 Skin

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[For cost information please go to the most recent cost comparison charts](#)

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	
Notes	<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. (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: MHRA DSU: Emollients: new information about risk of severe and fatal burns with paraffin-containing and paraffin-free emollients The National Fire Chief’s Council (NFCC) website here Greater Manchester Fire and Rescue Service’s website here</p>	
Light emollients 1st choices	QV Skin lotion E45[®] lotion or cream	
Alternatives	Cetraben lotion Diprobase lotion	
Medium emollients 1st choices	Ultrabase[®] cream Oilatum[®] cream Doublebase[®] gel	
Alternatives	Cetraben emollient[®] cream Diprobase[®] cream	

<p>Greasy emollients 1st choices</p>	<p>Emulsifying ointment White soft paraffin ointment Fifty:50 ointment</p>	<p>MHRA DSU: Paraffin-based skin emollients on dressings and clothing: fire risk MHRA DSU: Paraffin-based treatments: risk of fire, Jan 2008</p>	
<p>Alternatives</p>	<p>Hydromol[®] ointment (not cream) Zeroderm[®] ointment</p>		
<p>Preparations containing urea 1st choice</p>	<p>imuDERM[®] cream</p>	<p>Preparations containing urea should only be used for severely dry, scaling skin.</p>	
<p>Alternatives</p>	<p>Balneum[®] cream Balneum plus[®] cream</p>	<p>Preparations containing urea should only be used for severely dry, scaling skin.</p>	
<p>Preparations with antimicrobials</p>	<p>Dermol 500[®] lotion Dermol[®] cream</p>	<p>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</p>	
<p>Do Not Prescribe</p>	<p>Mild irritant dermatitis See commissioning statement for exceptions</p> <p>Mild dry skin</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>	
	<p>Lanolin cream e.g. Lansinoh HPA[®]</p>		<p>Criterion 1 (see RAG list)</p>
	<p>Bio-Oil[®]</p>		<p>Criterion 1 (see RAG list)</p>
<p>Subsection</p>	<p>13.2.1.1 Emollient bath and shower preparations</p>		
<p>Grey drugs Items which are listed as Grey are deemed not suitable for routine prescribing but may be suitable for a defined patient population</p>	<p>Preparations with antimicrobials Dermol[®] 600 bath and shower preparations Only for short-term use in patients with infected eczema.</p>	<p>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.</p>	
<p>Do Not Prescribe</p>	<p>Emollient bath and shower preparations without</p>	<p>Criterion 1 (see RAG list)</p>	

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
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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	
BNF chapter	13 Skin	
Section	13.4 Topical corticosteroids	
See GM steroid ladder		
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	<p>Clobetasone butyrate 0.05% cream or ointment (Eumovate®)</p> <p>Betamethasone valerate 0.025% cream or ointment (Betnovate RD®)</p>	
Alternatives	<p>Alclometasone dipropionate 0.05% cream (Modrasone®)</p> <p>Fludroxycortide 4 microgram/cm² tape 7.5cm x 50cm or 7.5cm x 200cm (Haelan®)</p>	Haelan® tape for chronic localised recalcitrant dermatoses (but not acute or weeping)
MODERATE potency with antimicrobials	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</p>	

	(Diprosalic [®] scalp application)	
VERY POTENT		
First choices	<p>Clobetasol propionate 0.05% cream, ointment or scalp application (Dermovate[®])</p> <p>Clobetasol propionate 0.05% Shampoo (Etrivex[®])</p>	
<p>Additional guidance to be considered:</p> <p>MHRA DSU (Sept 2007) Corticosteroids: early psychiatric side-effects</p>		
Do Not Prescribe	<p>Mild irritant dermatitis</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 .
BNF chapter	13 Skin	
Section	13.5 Preparations for eczema and psoriasis	
Subsection	13.5.1 Preparations for eczema	
Notes	<p>See GM guidelines for the management of eczema in primary care</p> <p>See section 13.2.1 emollients and 13.4 topical corticosteroids.</p> <p>Also see section 13.5.3 Drugs affecting the immune response and NICE (2004) Tacrolimus and pimecrolimus for atopic eczema. (TA82)</p>	
Oral Retinoid	<p>Alitretinoin</p> <p>capsules: 10mg, 30mg</p>	<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>
Do Not Prescribe	<p>Silk garments</p> <p>Including Dermasilk[®], Dreamskin[®], Skinnies Silk[®]</p>	<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 13.2.1 emollients. See section 13.9 for shampoos.	
Vitamin D and analogues		
First choices	Calcipotriol 50 micrograms/g ointment Calcipotriol 50micrograms/ml scalp solution Calcitriol 3 micrograms/g ointment (Silkis [®])	NICE CG153: Psoriasis. Note: Vitamin D and its analogues are first line for the long term treatment of plaque psoriasis.
Vitamin D with corticosteroid		
First choice	Calcipotriol 50 micrograms/g, betamethasone dipropionate 0.05% gel (Dovobet [®])	See GM guidelines for the management of psoriasis in primary care. And GM steroid ladder.
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	Gn following specialist recommendation Gn 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		
	Apremilast [▼] (Otezla [®]) 10, 20, 30mg tablets	R MHRA DSU (2017): risk of suicidal thoughts and behaviour NICE TA419: Apremilast for treating moderate to severe plaque psoriasis TA433: Apremilast for treating active psoriatic arthritis
	Ciclosporin 10mg, 25mg, 50mg, 100mg capsules Ciclosporin 100mg/ml oral solution	A MUST be prescribed by BRAND Patients should be stabilised on a particular brand of oral ciclosporin.
Severe Psoriasis		

	Methotrexate 2.5mg tablets	 NPSA Alert (2006): Improving compliance with oral methotrexate
Atopic mild to moderate eczema or Maintenance therapy for psoriasis		
	Pimecrolimus 1% cream Tacrolimus 0.03%, 0.1% ointment	 following specialist recommendation NICE TA82: Tacrolimus and pimecrolimus for atopic eczema.  following specialist recommendation See also NICE:CG153 Psoriasis MHRA DSU: Tacrolimus ointment: possible risk of malignancies, June 2012
Severe refractory eczema		
	Azathioprine 50mg tablets U	
	Mycophenolate mofetil 250mg capsules, 500mg tablets U	 MHRA DSU: Mycophenolate mofetil, mycophenolic acid: new pregnancy-prevention advice for women and men 2015 MHRA DSU: Mycophenolate mofetil: pure red cell aplasia, July 2009 MHRA DSU: Mycophenolate mofetil: risk of hypogammaglobulinaemia and risk of bronchiectasis, Jan 2015
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		
	Adalimumab First choice: Amgevita [®] ▼	 NICE TA146: Adalimumab for the

	Alternative: Humira®	treatment of adults with psoriasis. NICE TA392: Adalimumab for treating moderate to severe hidradenitis suppurativa
	Brodalumab	R NICE TA511: Brodalumab for treating moderate to severe plaque psoriasis
	Certolizumab pegol	R NICE TA574: Certolizumab pegol for treating moderate to severe plaque psoriasis
	Dupilumab	R NICE TA534: Dupilumab for treating moderate to severe atopic dermatitis
	Etanercept	R NICE TA103: Etanercept and efalizumab for the treatment of adults with psoriasis.
	Guselkumab	R NICE TA521: Guselkumab for treating moderate to severe plaque psoriasis
	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


	<p>Tildrakizumab</p>	<p>R</p> <p>NICE TA575: Tildrakizumab for treating moderate to severe plaque psoriasis</p>
	<p>Ustekinumab</p>	<p>R</p> <p>NICE TA180: Ustekinumab for the treatment of adults with moderate to severe psoriasis.</p> <p>NICE TA340: Ustekinumab for treating active psoriatic arthritis</p> <p>MHRA DSU: Ustekinumab: risk of exfoliative dermatitis, Jan 2015</p>

BNF chapter	13 Skin	
Section	13.6 Acne and rosacea	
Subsection	13.6.1 Topical preparations for acne	
See GM guidelines for the management of acne in primary care NICE CKS (2018): Acne vulgaris See link for guidance on the management of mild, moderate and severe acne		
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 0.1%/2.5% 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 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>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 DSU: Isotretinoin for severe acne: who should prescribe it, Aug 2007</p> <p>MHRA DSU: Isotretinoin: risk of serious skin reactions, Sept 2010</p> <p>MHRA DSU: Oral retinoids: pregnancy prevention, June 2013</p> <p>MHRA DSU: Isotretinoin: reminder of possible risk of psychiatric disorders, Dec 2014</p> <p>MHRA DSU: Isotretinoin (Roaccutane): rare reports of erectile dysfunction and decreased libido, Oct 2017</p>
<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>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>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>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 keratoses 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®)	<p>NTS recommendation: Newer products for topical treatment of actinic keratosis (AK)</p> <p>which includes the Primary Care Dermatology Society AK Treatment Pathway (April 2014)</p>
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[®] Camouflage crème (100 shades) Fixing powder (7 shades)</p> <p>Covermark[®] Classic foundation (10 shades) 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	Not prescribable on the NHS	

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 Parasiticial 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>Povidine-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>Hydrogen peroxide 1% cream (Crystacide®)</p>	<p>NHS Patient safety Alert (2014):Risk of death or serious harm from accidental ingestion of potassium permanganate</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	
	<p>Botulinum toxin Type A (Botox[®] - licensed for severe hyperhidrosis of the axillae).</p>	<p>R</p> <p>GM EUR policy (2014) Hyperhidrosis</p>
<p>Do Not Prescribe</p>	<p>Excessive sweating (hyperhidrosis)</p> <p>Aluminium chloride 20% solutions (e.g. Driclor, Anhydrol Forte)</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>