NHS Borders
Joint Prescribing Formulary

Skin

Black Text	Drugs which may be prescribed by all prescribers
Pink Text	Drugs which are either for specialist only prescription or for specialist initiation, with prescribing transfer to GP

Important Information:

In addition to the disclaimer on NHS Borders website the following information is included confirming that the information contained in NHS Borders Joint Prescribing formulary is drawn from several sources, including BNF & BNF for children, product SPCs, local and national guidelines, local expert opinion, Lothian Joint Formulary and these are all gratefully acknowledged here.

NHS Borders has done its utmost to ensure the information in the BJF is accurate and reliable, but NHS Borders cannot guarantee that the information is complete and accurate. Prescribers are referred to the SPCs, BNF and BNF for children to confirm prescribing information.

June 2021

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13.1 Management of skin conditions

Background information

- Refer to NHS Borders dermatology microsite
- Dapsone. Hydroxychloroquine, Fumaric Acid esters and colchicine are included in formulary for specialist initiation, where clinically indicated
- The vehicle used in topical preparations assists hydration and absorption of the active component, while also exerting a mild anti-inflammatory effect
- Creams and lotions are absorbed into the skin more quickly than ointments or gels
- Gels are suitable for application to face and scalp
- Lotions are most appropriately used for hairy areas
- Ointments are greasier than creams, and are suitable for chronic dry lesions
- Consider possible contact sensitivity to preservatives or antiseptics in topical agents, particularly cream bases

Recommended quantities of prescribed creams and ointments

- For twice daily application for 1 week for adults

Body area	Non-corticosteroid cream/ointment	Corticosteroid cream/ointment
Face and neck	30g	15-30g
Both hands	25-50g	15-30g
Scalp	50-100g	15-30g
Both arms	100-200g	30-60g
Both legs	100-200g	100g
Trunk	400g	100g
Groins and genitalia	15-25g	15-30g

13.2 Emollient and barrier preparations

Emollients (moisturisers)

- Emollients soothe, smooth and hydrate the skin and are indicated for all dry scaling disorders
- To achieve most benefit from an emollient, it should be applied regularly, particularly after a shower or bath
- If emollients are being applied to the whole body twice daily, children on average need 250g per week and adults 500g per week. Large pack sizes are the most cost effective way to prescribe emollients.
- Patients may require more than one type of emollient and choice is guided by patient preference and ease of use
- Dose for all emollient preparations is: Apply as often as required. Doublebase Dayleve gel is effective when only used twice daily, but like all other emollients should be used as often as required for maximum benefit.

Ointment base

White soft paraffin 50%/liquid paraffin 50%	**First choice (ointment base)** Ointment (preservative and perfume free) • Available in 500g tub Ointment Spray (Emollin) • Aerosol spray containing no excipients which requires a non-touch technique, indicated for application for both adults and children, with very dry and inflamed skin
Hydromol	**Second choice (ointment base)** Ointment (preservative free) • May be used as a soap substitute • Cost-effective alternative to epaderm

Cream base

Aquamax	**First choice (cream base)** Cream • Available as 100g, 500g.

QV or	**Second choices (cream base)** Cream. • Indicated for dry skin conditions including eczema, psoriasis, ichthyosis, pruritis
Cetraben	Cream • Indicated for inflamed, damaged or chapped skin

Lotion

QV	**First choice (lotion)** Lotion • For dry skin conditions including eczema, psoriasis, ichthyosis, pruritus

Gel

Doublebase dayleve	**First choice (gel)** Gel • An effective emollient with only twice daily application

Preparations containing Urea

Balneum Plus	**First choice (5% urea)** Cream **Dose**: Apply twice daily for dry, scaling and itchy skin
Hydromol intensive	**First choice (10% urea)** Cream **Dose**: Apply twice daily
	Alternative preparation

Adex	Gel **Dose**: apply three times daily or as required • Combination of anti-inflammatory and emollient action beneficial where emollient alone has not been effective/fully effective • Topical corticosteroid sparing • Specialist initiation, GP prescribing

Soap Substitutes

- Most emollients may be used as soap substitutes
- Addition of emollient bath products can make baths slippy

Soap substitute with antimicrobial

Dermol 500 (with antiseptic)	**First choice** Lotion Dose: Use as required • Apply to skin or use as a soap substitute for dry and pruritic skin conditions

Emollient shower products without antiseptic

Hydromol	**First choice** Bath and Shower emollient
QV or	**Second choice** Wash **Dose**: for dry skin conditions including eczema, psoriasis, icthyosis, and pruritis, as a soap substitute
Doublebase	Emollient shower gel **Dose**: for dry, chapped or itchy skin conditions, apply to wet or dry skin and rinse

Emollient shower products with antimicrobials

- Bath additives with antiseptic should be used to reduce staphylococcal carriage in eczematous patients
- The presence of antiseptics in emollients can rarely cause allergic reactions - this should be considered if skin becomes irritated, and an alternative product prescribed

Dermol 600 Dermol 200	**First Choice** Bath Emollient **Dose:** Up to 30ml/bath (Infant, up to 15ml) Shower emollient Dose: Apply to skin or use as a soap substitute • Refer to wound formulary for barrier preparations

13.3 Antipruritics and topical local anaesthetics

Topical antipruritics

- Emollient preparations may be useful for pruritus due to dry skin

Crotamiton	**First choice** Cream 10%. Lotion 10% . **Dose**: Apply 2-3 times daily • Crotamiton is an appropriate choice for post-scabies itch
Menthol in Aqueous cream	**Second choice** Cream 0.5%, 1%, 2% **Dose:**Use once or twice daily - An appropriate choice for the elderly - A range of strengths are included as stinging may be associated with the higher strengths

Antihistamines

- Specific patients with resistant urticaria may require doses of antihistamines quadruple the licensed doses to control their symptoms (eg Levocetirizine up to 10mg twice daily) - as outlined in the Joint European Guidelines guideline:

management of urticaria Allergy 2009:64:1427-1443. This would be initiated by dermatology specialists after discussion with the patient regarding the unlicensed dose regime & documented in the GP letter that this discussion has taken place.

- Antihistamines (including non-sedative antihistamines) can cause day time somnolence, and patients should be aware of this potential side-effect, particularly in relation to driving or operating machinery
- Night time dosing may be effective for patients whose sleep is disturbed by itching.

Non-sedative antihistamines – treatment of urticarial

Cetirizine	**First choice** Tablets 10mg. Oral solution 5mg/5ml **Dose**: 10mg daily or 5mg twice daily
Loratadine	**Second choice** Tablets 10mg. Oral solution 5mg/5ml **Dose**: 10mg daily
Fexofenadine or	**Third choice** Tablets 180mg **Dose**: 180mg daily • An option where sedation has been a problem, or where cetirizine and loratadine have been ineffective
Levocetirizine	Tablets 5mg • Levocetirizine is for specialist dermatologist initiation

Sedative antihistamines

Chlorphenamine	**First choice** 4mg Tablets. Liquid 2mg/5ml **Dose**: 4mg every 4-6 hours • Sedative choice in urticaria - to assist with night-time somnolence
Hydroxyzine	**Second choice** Tablets 10mg, 25mg **Dose**: Initially 10 - 25mg at night; titrated up to 25mg 3-4 times daily if necessary

	• Sedative choice in pruritis. • Promethazine is an option for resistant urticaria • Omalizumab is approved for specialist treatment - chronic resistant urticaria

Topical local anaesthetics

- Topical local anaesthetics may be absorbed through mucosal surfaces
- Local anaesthetics may occasionally cause sensitisation

Tetracaine (Ametop)	Gel 4% **Dose**: Apply contents of tube to site of venepuncture or venous cannulation and cover with an occlusive dressing; remove gel and dressing after 30 minutes for venepuncture and after 45 minutes for venous cannulation. • Not recommended for pre-term neonates and infants under one month • For paediatric use
Emla	Cream **Dose**: Apply a thick layer under an occlusive dressing 1-5 hours before procedure • Contraindicated for infants under 1 year.

13.4 Topical corticosteroids

- Topical corticosteroids should be applied thinly 1-2 times daily
- To minimise the risk of side-effects, the smallest effective amount should be used, reducing strength and frequency of application as the condition settles. The risk of systemic side-effects increases with prolonged use on thin, inflamed or raw skin surfaces, use in flexures, or use of more potent corticosteroids. Occlusion increases efficacy and side-effects. Mild corticosteroids should be used on the face
- Gloves should be worn during, or hands washed after, application of large quantities of steroid preparations
- The occlusive effect of ointments increases penetration of the corticosteroid
- Topical corticosteroids should not be used on infected skin unless the infection is being treated
- Antibacterials and antifungals with corticosteroids may have a role if there is associated infection, but should not be added to repeat prescription options.
- Palms and soles may require potent or very potent steroids
- Loss of effect with time (tachyphylaxis) can occur with prolonged use
- An emollient should be prescribed routinely with a corticosteroid preparation

Mild corticosteroid

Hydrocortisone	**First choice** Cream/Ointment 1% **Dose**: Apply thinly once or twice daily
Fluocinolone acetonide (Synalar 1 in 10 dilution)	**Second choice** Cream/ointment 0.0025% **Dose**: Apply thinly once or twice daily

Moderately potent corticosteroid

Clobetasone butyrate 0.05% (Eumovate)	**First choice** Cream, ointment 0.05% **Dose**: Apply thinly once or twice daily
Betamethasone valerate (Betnovate-RD) or	**Second choice** Cream, ointment 0.025% **Dose**: Apply thinly once or twice daily
Fluocinolone acetonide (Synalar 1 in 4 Dilution)	Cream, ointment 0.00625% Dose: Apply once or twice daily • Specialist initiation.

Potent corticosteroid

Betamethasone valerate	**First choice** Cream, ointment 0.1%, lotion scalp application **Dose**: Apply thinly once or twice daily
	Second choice

Mometasone furoate 0.1% (Elocon)	Cream, ointment 0.1% **Dose**: Apply thinly once daily • Appropriate choice for once daily use where dressings are being used
Fluocinolone acetonide 0.025% (Synalar)	Cream, gel, ointment 0.025% **Dose**: Apply thinly once or twice daily

Very potent corticosteroid

Clobetasol propionate 0.05% (Dermovate) (Etrivex)	**First choice** Cream, ointment, Scalp application **Dose**: Apply thinly once or twice daily Shampoo **Dose**: Apply thinly once daily
Diflucortolone Valerate (Nerisone forte)	**Second choice** Oily cream/ointment 0.3% **Dose**: Apply thinly once or twice daily

13.5 Preparations for eczema and psoriasis

Preparations for atopic eczema

First step

Emollients +/- antiseptic (as in section above):

- Patients with eczema should use an emollient and soap substitute and/or bath oil.
- Emollients with antiseptics are used to reduce staphylococcal carriage in eczematous patients.
- Exacerbation of eczema may represent secondary bacterial or viral infection. Appropriate swabs should be taken and topical antibacterials applied. Systemic antibiotics may be required in widespread infected eczema.
- Preparations containing coal tar with hydrocortisone may be useful in eczema

Topical corticosteroid (as in section above):

- Appropriate to the severity of the presentation, the age of the patient and the body site.
- To be applied once daily. Topical corticosteroids should be tailed off and withdrawn as the condition settles, but may need to be used intermittently in chronic eczema.

Sedating antihistamine (as in section above):

- May be used short-term for pruritus

Second step

Ichthammol 1% + zinc oxide 15%	In yellow soft paraffin. (Special from Tayside) **Dose**: Apply 1-3 times daily • Icthammol 1% in yellow soft paraffin is an option for easier application and wash off.
Pimecrolimus	Cream 1% **Dose**: Apply twice daily until symptoms resolve, stop if eczema worsens or no response after 6 weeks • Short-term treatment of mild to moderate atopic eczema (including flares) when topical moderate corticosteroids cannot be used; not recommended for children below age 2 years.
Tacrolimus	Ointment 0.1% **Dose**: Initially apply thinly twice daily until lesion clears (adult and child over 16 years) • Short-term treatment of moderate to severe atopic eczema (including flares) either unresponsive to, or in patients intolerant of topical corticosteroids. • Prevention of flares (adult and child over 16 years) in patients with moderate to severe eczema and 4 or more flares a year who have responded to initial treatment (for a maximum of 6 weeks) with topical tacrolimus. Review need of preventative therapy after 1 year. Ointment 0.03%. **Dose**: initially apply thinly twice daily on face and hands for up to 2 weeks (child 2-16 years). Prevention of flares (see above). In children 2-16 years interrupt preventative therapy after 1 year to re-assess condition.
Ciclosporin Azathioprine Corticosteroids Dimethyl fumarate	**Systemic therapies** • These therapies are initiated on specialist advice only

Severe chronic hand eczema refractory to potent topical corticosteroid

- Prescribed only by, or under supervision of, a consultant dermatologist

Alitretinoin	10mg, 30mg capsules **Dose**: 30mg once daily for 12-24 weeks • Discontinue if no response after 12 weeks • Reduce dose to 10mg daily if 30mg dose is not tolerated, or in patients with diabetes, hyperlipidaemia or with risk factors for cardiovascular disease.
Dupilumab	Solution for injection 300mg/2ml • Specialist prescription

Preparations for psoriasis

- Topical vitamin D analogues may be alternated with a moderately potent steroid
- Emollients are useful adjuncts to other more specific treatments for psoriasis
- Mild/moderate topical corticosteroids are used appropriately in treatment of psoriasis in body flexures and the face
- Treatment choice depends on site, extent of psoriasis and patient preference and tolerance
- Guttate psoriasis requires emollients and a mild tar preparation such as Exorex lotion; phototherapy may help
- Salicylic acid 2% or 3% may enhance loss of scale
- Coal tar preparations are effective but may stain skin, hair, clothes
- Potent and very potent topical corticosteroids should be used on specialist advice only; they may precipitate unstable and pustular psoriasis after stopping
- Phototherapy, methotrexate, ciclosporin, acitretin and fumaric acid esters should be initiated on specialist advice only, with agreed responsibility for monitoring
- Adalimumab, etanercept, ustekinumab, secukinumab and ixekizumab are SMC approved and approved locally for restricted specialist use.

Calcitriol (Silkis)	**First choice** Ointment 3micrograms/g. **Dose**: Apply twice daily; maximum 210g weekly.
Calcipotriol	**Second choice** Ointment 50 micrograms/g **Dose**: Apply once or twice daily. Maximum of 100g weekly.

Exorex lotion	Coal tar 1% in an emollient basis **Dose**: apply 2-3 times daily • Is useful for moderate cases or scattered multiple lesions • Coal tar solution strong BPC 10% w/w with salicylic acid 2% w/w in Unguentum M, is available from 'special order' manufacturers • Coal tar in yellow soft paraffin 2%,5%, 10%, 20%, 40% are available from Tayside pharmaceuticals: patient guidelines are on the dermatology website
Tazarotene	Gel 0.05%, 0.1% **Dose**: Apply once daily in the evening for up to 12 weeks • Indicated for mild to moderate plaque psoriasis affecting up to 10% of skin area
Emulsifying ointment 25% in coconut oil	**Dose**: Apply to scalp for 12 hours and then wash out • Approved for use in scalp dermatitis, psoriasis and keratosis
Dovobet	Ointment. Betamethasone 0.05% (as dipropionate), calcipotriol 50 micrograms/g **Dose**: Apply once daily to a maximum of 30% of body surface area (max 15g daily,100g weekly) for 4 weeks. If necessary subsequent course may be repeated after an interval of at least 4 weeks Gel **Dose**: Apply 1-4g once daily to scalp psoriasis, shampoo off after leaving on scalp overnight or during the day • Apply for up to 8 weeks. Treatment may be continued beyond 8 weeks or repeated on specialist advice
Enstilar	Foam. Betamethasone 0.05% (as dipropionate), calcipotriol 50 micrograms/g **Dose**: Apply once daily

Salicylic acid preparations

Sebco	Scalp ointment **Dose**: Apply once weekly as necessary and shampoo off after one hour (NB. Emulsifying ointment 25% in coconut oil is often better tolerated)

Diprosalic	Ointment, scalp application **Dose**: Apply thinly once or twice daily
Capasal	Shampoo **Dose**: Applied daily as necessary for scaly scalp disorders

Specialist initiated drugs for chronic plaque psoriasis

Phosphodiesterase Type-4 Inhibitors

Apremilast	**First choice** Tablets 10mg, 20mg, 30mg **Dose**: 30mg twice daily following initiation of treatment over 5 days • Treatment of moderate to severe chronic plaque psoriasis in adult patients who failed to respond to, have a contraindication to, or are intolerant of other systemic therapy including ciclosporin, methotrexate or psoralen and ultraviolet-A light (PUVA).

TNF – α Inhibitors

Adalimumab	**First choice** Pre-filled syringes 40mg **Dose**: Initially 80mg, then 40mg every 2 weeks, starting 1 week after initial dose. • Treatment of chronic plaque psoriasis in adult patients who failed to respond to or have a contraindication to, or are intolerant to other systemic therapy including ciclosporin, methotrexate or PUVA. • Specialist prescription

Interleukin Inhibitors

Secukinumab	**First choice** Prefilled syringe 150mg **Dose**: 300mg at weeks 0,1,2 and 3, then 300mg monthly from week 4.

	• treatment of moderate to severe plaque psoriasis in adult patients who are candidates for systemic therapy. SMC restricts to patients who have failed to respond to standard systemic therapies (including ciclosporin, methotrexate and phototherapy), are intolerant to, or have a contra-indication to these treatments • Specialist prescription

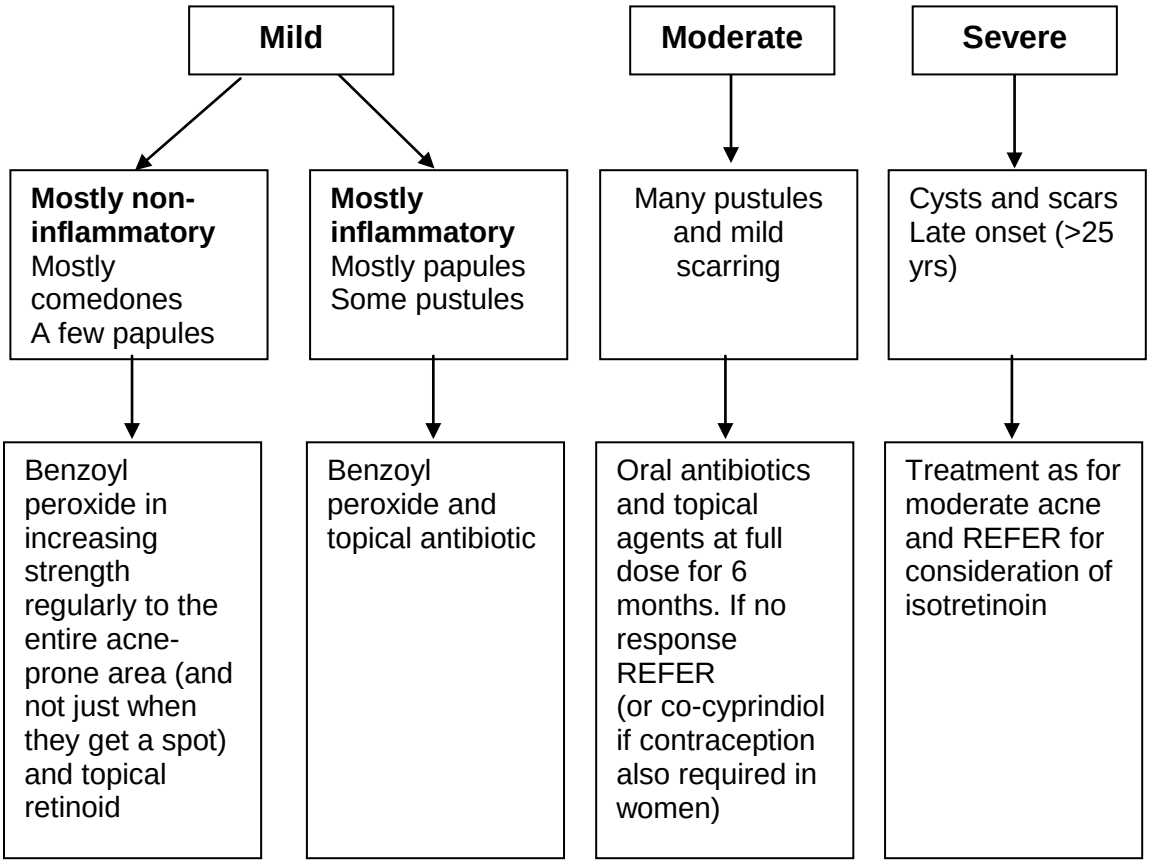
Alternative treatments

Ustekinumab	Prefilled syringe 45mg, 90mg. **Dose**: Maintenance dose is given every 12 weeks • treatment of moderate to severe plaque psoriasis in adults who failed to respond to, or who have a contraindication to, or are intolerant to other systemic therapies including ciclosporin, methotrexate and psoralen and UVA treatment (PUVA). • Only indicated for patients where the 12 weekly administration regime delivers clinical benefits (e.g. patient compliance, storage of medication) to particular patients • Specialist prescription
Ixekizumab	Prefilled syringe 80mg **Dose**: Maintenance dose is given every 4 weeks. • Specialist prescription
Guselkumab	Prefilled syringe 100mg. **Dose**: Maintenance dose is given every 8 weeks
Brodalumab	Prefilled 210mg syringe **Dose**: Maintenance dose is given every 2 weeks.
Tildrakizumab	Prefilled syringe 100mg. **Dose**: Maintenance dose is given every 12 weeks.
Risankizumab	Prefilled syringe 75mg. **Dose**: Maintenance dose is given every 12 weeks
Certolizumab pegol	Solution for injection, Prefilled syringe 200mg/ml. **Dose**: Maintenance dose is given every 2 weeks.

13.6 Acne and rosacea

ACNE

Acne algorithm



Topical treatment

- Topical treatment takes at least 30 days to become effective
- Oral antibiotics preferred to topical antibiotics - associated with a lower risk of antimicrobial resistance.
- Topical retinoids are recommended for comedonal acne; they may initially cause redness of the skin
- Tetracyclines and retinoids (systemic or topical) must be avoided in pregnancy
- Antibiotics should not be co-prescribed by the systemic and topical route

Benzoyl peroxide	Gel 5%. **Dose**: Apply once or twice daily, preferably after washing with soap and water • Start treatment with lower strength preparation • Dermol 500 is an alternative preparation when there are supply problems with benzoyl peroxide

Retinoids (topical)

Adapalene	0.1% cream, gel. **Dose**: Apply thinly once daily. • Preferred option, as better tolerated. 0.1% with benzoyl peroxide 2.5% gel (Epiduo) **Dose**: apply thinly once daily in the evening.

Antibiotics (topical)

Clindamycin (Dalacin T)	Topical solution 1%. Lotion1%. **Dose**: apply once daily at night (less risk of facial pigmentation)
Benzoyl peroxide + Clindamycin (Duac)	1% with benzyl peroxide 5%, gel (Duac) **Dose**: Apply once daily in the evening. • Once daily combination product which may improve compliance
Clindamycin + Tretinoin (Treclin)	1% with tretinoin 0.025% gel (Treclin) **Dose**: Apply daily • topical treatment of acne vulgaris when comedones, papules and pustules are present in patients 12 years or older • For use in patients for whom a topical combination of clindamycin and tretinoin is an appropriate choice of therapy

Systemic treatment

- Tetracyclines and retinoids (systemic or topical) must be avoided in pregnancy

Lymecycline	**First choice** Capsules 408mg (equivalent to 300mg tetracycline base) **Dose**: One capsule daily. Consider 3-6 months treatment.
Doxycycline or	**Second choices** Capsules 100mg. **Dose**: 100mg daily • taken on an empty stomach, to optimise absorption
Co-cyprindiol	Tablets • Co-cyprindiol (cyproterone acetate with ethinylestradiol) is a treatment for severe acne and only in those patients may it also be used as an oral contraceptive • In those who do not require contraception, Co-cyprindiol should be withdrawn 3-4 cycles after the treated condition has completely resolved • If ongoing contraception is required, substitution with another COC is likely to maintain the improvement • Some drugs, including enzyme-inducers and antibiotics, may impair the efficacy of oral contraceptives; see BNF for details
Erythromycin	**Third choice** Tablets 250mg **Dose**: 250-500mg twice daily for 6 months initially • Indicated for use in pregnancy
Isotretinoin	**Prescribed under specialist supervision** Capsules 5mg, 10mg, 20mg. • Treatment failure of severe acne with oral antibiotics indicates referral to a consultant dermatologist for consideration of treatment with oral isotretinoin • Oral isotretinoin is a toxic and teratogenic drug and prescribing is limited to consultant dermatologists

ROSACEA

- Rosacea has four clinical variants (erythematotelangectasic, papulopustular, rynophymatous and ocular) and treatment should be targeted
- Erythematotelangectatic Disease – there is one licensed preparation, Mirvaso (Brimonidine 3mg/g gel); but otherwise cosmetic camoflage may be required
- Papulopustular Disease can be treated with a topical / oral agent or both

Lymecycline	**First Choices (oral)** Capsules 408mg **Dose**: 408mg once daily for 2-3 months.
Doxycycline	**Second choice** Capsules MR 40mg **Dose**: 40mg in the morning for 16 weeks – if no response after 6 weeks, consider discontinuing. Specialist initiation – use of the MR preparation supports reduced side-effects.
Ivermectin	**First choice (topical for papulopustular disease)** Cream 10mg/g Dose: Apply a pea-size amount of medicinal product to each of the five areas of the face: forehead, chin, nose, and each cheek once daily for up to four months. The medicinal product should be spread as a thin layer across the entire face, avoiding the eyes, lips and mucosa. The treatment course may be repeated. In case of no improvement after three months, the treatment should be discontinued. • treatment of moderate to severe inflammatory lesions of rosacea where a topical treatment is considered appropriate
Azelaic acid (Finacea)	**Second choice (topical)** Gel 15% **Dose**: Apply twice daily
Metronidazole	**Third choice** Gel or cream 0.75% (Rozex) **Dose**: Apply twice daily for 3-4 months

Facial erythema in rosacea

Brimonidone Tartrate (Mirvaso)	3mg/g gel **Dose**: apply thinly once daily until erythema subsides

13.7 Preparations for warts and calluses

- These preparations are contra-indicated in facial or genital warts
- The wart surface should be rubbed with a file or pumice stone, and the surrounding skin protected, before each application. If application becomes painful, treatment should be withheld for a few days then recommenced
- Liquid nitrogen is a further option for treatment of warts, but only after failure of the following treatments in primary care

Salicylic acid	**First choice** Paint (Salactol) **Dose**: Apply daily Application (Occlusal) **Dose**: Apply daily
Glutaraldehyde (Glutarol)	**Second choice** Solution 10% **Dose**: Apply twice daily.
Camellia sinensis (Catephen)	**Alternative preparations** Ointment (Catephen) **Dose**: apply up to 250mg (0.5cm) three times daily until complete clearance of warts (max of 16 weeks) • Cutaneous treatment of external genital and perianal warts (condylomata acuminata) in immunocompetent patients from the age of 18 years

13.8 Sunscreens and Camouflagers

- Choice of sunscreen depends on individual patient need, tolerance and evidence of sensitivity to excipients
- Sunscreens with SPF > 15 are prescribable for photosensitive skin disorders including genetic disorders, vitiligo, following radio-therapy, photo-aggravated rosacea, or recurrent herpes simplex labialis
- Tinted preparations are available for darker skins or patients with vitiligo
- Prescriptions should be endorsed ‘ACBS’

Sunsense	**First choice** Ultra Lotion (SPF 50+)
Uvistat	**Second choice** Cream (SPF 30 or 50)

Actinickeratosis

- Actinic keratosis are pre-malignant, but transformation to squamous cell carcinoma is rare.
- Patients are referred if diagnosis is uncertain or if lesions become thickened.
- Refer to the National Dermatology Patient Pathway (http://www.dermatology.nhs.scot/dermatology-pathways/pathways/actinic-keratoses-and-bowen-s-disease/)
- Metvix (methyl-5-aminolevulinate) is approved for specialist use in combination with photodynamic therapy

Imiquimod (Zyclara)	**First choice** Cream 3.75% **Dose**: Up to two sachets of imiquimod 3.75% cream to be applied once daily before bedtime and to remain on the skin of the affected area for approximately 8 hours; for two treatment cycles of 2 weeks each separated by a 2-week no-treatment cycle
Fluorouracil (Actikerall)	**Second choice** Solution 0.5%, salicylic acid 10%. **Dose**: Apply once daily for up to 12 weeks (low or moderately thick hyperkeratotic actinic keratosis)
Fluorouracil	**Third choice** Cream 5%

(Efudix)	**Dose**: Apply thinly once or twice daily to affected area. 500cm2 is the maximum area of skin treated at one time. The usual duration of initial therapy is 3-4 weeks. • Drug of choice for extensive thicker keratosis • Cryotherapy is an alternative treatment
Imiquimod	**Second choice (specialist prescription)** Cream 5% (Aldara®) **Dose**: Apply to lesion 3 times weekly for 4 weeks. Assess response after 4 week treatment-free interval; if lesions persist, the 4 week course can be repeated. Maximum of 2 courses. • Prescribed by dermatologists and supplied from BGH pharmacy • Number of sachets to be supplied is specified by prescriber and prescriber advises on use of sachets.

Superficial basal cell carcinoma

- Refer to the national Dermatology Patient Pathway (http://www.dermatology.nhs.scot/dermatology-pathways/pathways/non-melanoma-skin-cancers/)

Imiquimod	**Second choice (specialist prescription)** Cream 5% (Aldara®) Dose: Apply daily for 5 days each week for 6 weeks • Topical treatment of small superficial Basal Cell Carcinoma in adult patients in whom standard treatment with surgery or cryotherapy is contraindicated. • Prescribed by specialists in dermatology and supplied by BGH pharmacy • Number of sachets to be supplied is specified by prescriber and prescriber advises on use of sachets.

Camouflagers

- Refer patients directly to changing faces
- Dermablend is the camouflager of choice.

13.9 Shampoos and other scalp preparations

Ketoconazole	**First choice** Shampoo 2% **Dose**: • For seborrhoeic dermatitis and dandruff apply twice weekly for 2-4 weeks; • For pityriasis versicolor, once daily for up to 5 days
Capasal or	**Second choices** Shampoo **Dose**: Scaly scalp disorders including psoriasis, seborrhoeic dermatitis, dandruff, and cradle cap, apply daily as necessary
T/Gel	Shampoo **Dose**: Scalp psoriasis, seborrhoeic dermatitis and dandruff, apply as necessary
Dermax	Shampoo (benzalkonium chloride 0.5%) **Dose**: Apply as necessary for seborrhoeic scalp conditions associated with dandruff and scaling.

Hirsutism

Eflornithine	Cream 11.5% **Dose**: Apply thinly twice daily. • Discontinue if no improvement within 4 months • Restricted to use in women in whom alternative drug treatment cannot be used.

13.10 Anti-infective skin preparations

Fusidic acid	**First choices** Cream 2%. 2% ointment **Dose**:Apply three or four times daily for 5 days • Mild impetigo (localised single lesions) may be treated with topical fusidic acid but resistance may develop if used alone for prolonged periods. Oral flucloxacillin may be prescribed for extensive or bullous impetigo
Metronidazole (Anabact)	Gel 0.75% **Dose**: Apply once or twice daily
Silver Sulfadiazine	Cream 1% **Dose**: • Burns, apply daily or more frequently if required (Only for use after specialist assessment) • Leg ulcers, apply every 1-2 days • Fingertip injuries, apply every 2-3 days
Silver nitrate	Solution 0.5% w/v. • Available from 'special order' manufacturers, including Tayside Pharmaceuticals. There is a £12.50 surcharge to all orders with a value of less than £50. • Indicated for treatment of exudative leg eczema or ulcers
Eosin 2% w/v	Solution 2% w/v • Available from 'special order' manufacturers, including Tayside pharmaceuticals. • Antiseptic astringent
Potassium permanganate	Solution. Tablets 400mg (Permitabs) 1 tablet dissolved in 4 litres of water provides a 0.01% (1 in 10,000) solution • For treatment of infected eczema of hands and feet
Benzalkonium Chloride	Solution 1% • Available from 'special order' manufacturers, including Tayside pharmaceuticals. • Antiseptic astringent

Antifungal preparations

Clotrimazole	**First choice** Cream 1% **Dose**: apply 2-3 times daily
Terbinafine	**Second choice** Cream 1% **Dose**: apply thinly once or twice daily: • for up to 1 week in tinea pedis • for 1-2 weeks in tinea corporis and tinea cruris • effective for pityriasis versicolor • Both choices can be purchased over-the-counter • Selenium sulphide shampoo is useful for pityriasis versicolor; it should be applied once to wet skin, then washed off after 15-20 minutes; repeat after 1 month if necessary

Parasiticidal preparations

Scabies

- Aqueous preparations are preferable to alcoholic lotions
- All members of the household and close contacts should be treated
- Clothes and bedlinen should be washed at normal temperatures at time of treatment

Permethrin (Lyclear)	**First choice** Dermal cream 5%. **Dose**: Apply over whole body and wash off after 8-12 hours. In young children, application should be extended to the face, neck, scalp and ears. This extended application may also be necessary for the elderly, immunocompromised and those who have experienced treatment failure. If hands are washed with soap within 8 hours of application, they should be treated again with cream. It is essential to repeat after 7 days

Head lice

- Head lice should be treated with lotion or liquid formulations; shampoos are diluted too much during use to be effective and should not be used
- A second application 7 days after the first is needed
- Aqueous formulations are preferred in severe eczema, asthmatic patients and small children
- A rotational policy for insecticides is outmoded; a mosaic strategy is suggested whereby if a course of treatment fails for an individual patient then a different insecticide is used for the next course

Dimeticone (Hedrin)	**First choice** Lotion 4%. **Dose**: Rub into dry hair and scalp, allow to dry naturally, shanpoo after a minimum of 8 hours (or overnight); repeat application after 7 days.

Crab lice

- An aqueous preparation should be applied to all parts of the head and body for 12 hours or overnight; a second treatment is needed after 7 days to kill lice emerging from surviving eggs
- Alcoholic lotions are not recommended due to irritation of excoriated skin and genitalia

Permethrin	**First choice** Dermal cream. 5% **Dose**: Apply to all hairy parts of the body for 24 hours. **Eradication of Staphylococcal Carriage (Methicillin Resistant Staph aureus (MRSA) or Methicillin Sensitive Staph. Aureus (MSSA) in patients with normal skin** Eradication regimen is: • Chlorhexidine used once a day for bath or shower as a soap substitute for 5 days. (Also used for washing hair in place of shampoo during this period) + • Nasal mupirocin, applied three times daily to both nostrils for 5 days. + • Chlorhexidine gluconate mouthwash 10mls twice daily for 5 days

13.11 Skin cleansers and antiseptics

Cleansers

Sodium Chloride 0.9%	**First choice** Solution (sterile) 0.9% • Available in presentations of 10ml to 500ml • Sodium chloride solution 0.9% is suitable for irrigation of skin and wound areas.

Antiseptics

Chlorhexidine Gluconate or	**First choice** Solution • Available in various strengths and presentations
Povidone-iodine	Solution • Available in various strengths and presentations • Povidone-iodine may produce systemic adverse effects, such as metabolic acidosis, hypernatraemia and renal impairment, if applied to large wounds or severe burns

13.12 Antiperspirants

Aluminium Chloride Hexahydrate	**First choice** 20% in an alcoholic basis **Dose**: Apply each night initially; wash off the following morning reduce frquency as condition improves. • Indicated for treatment of hyperhidrosis affecting axillae, hands or feet • Odaban is an OTC preparation of aluminium chloride hexahydrate
Glycopyrrolate	**Alternative preparations** Cream 0.5%,1% ,2%. Topical solution 1%. **Dose**: Apply once daily • Prepared as a special – available from Nova Laboratories Limited and the Western Infirmary in Glasgow • Glycopyrronium bromide cream or solution is initiated by consultant dermatologist to augment current therapy for patients with severe hyperhydrosis.