

# Suffolk Skincare Formulary

Version 04 – June 2021

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### Community nurses/District nurses

Items not listed in this formulary are non-formulary. If needed for a particular patient, please speak to your Tissue Viability Nurse (TVN) for advice or contact the Medicines Management Appliance Nurses. In all cases an exception reporting form should be completed (available on [WSCCG & IESCCG websites](#)).

### GP practice staff

Whenever possible a formulary item should be prescribed. If a non-formulary item is required, an exception reporting form should be completed (available on [WSCCG & IESCCG websites](#)).

Types of Emollients	
Lotions	Thin and spread easily. Not very moisturising.
Sprays	For hard to reach areas, or sore skin that should not be touched.
Creams	Non-greasy and quickly absorbed.
Ointments	Good for very dry skin, <u>do not</u> use on weeping eczema
Soap Substitute	Helps improve moisturisation and won't dry out skin unlike soaps.

## Introduction

### Purpose and Scope

This formulary has been developed as a resource to support all healthcare professionals involved in the prescribing of skin care preparations for patients in a primary care setting. This includes patients seen in the GP practice, and those receiving treatment in their own home or a care home (residential or nursing).

**Barrier preparations:** Patients currently receiving treatment for their skin condition from the Community Nursing Team should be supplied with their barrier preparation from **DN stock**. Once the patient has been discharged from the DN service, ongoing barrier preparations should be formulary choices, prescribed by the GP practice.

### Stakeholders

This formulary has been prepared by Ipswich and East Suffolk Clinical Commissioning Group (IESCCG) and West Suffolk Clinical Commissioning Group (WSCCG) Medicines Management Teams, in consultation with specialists from West Suffolk Foundation Trust, Ipswich Hospital Trust and North East Essex Clinical Commissioning Group (NEECCG).

### Product Inclusion

The products listed in this document have been selected for inclusion following evaluation and review in collaboration with specialist stakeholders. The product list should be sufficient to cover the majority of patients' needs. In exceptional circumstances other products may be prescribed, where formulary products are found to be inadequate.

The most recent version of this formulary will be available via the CCG websites below:

- **Ipswich and East Suffolk CCG website**  
<https://ipswichandeastsuffolkccg.nhs.uk/GPpracticememberarea/Clinicalarea/Medicinesmanagement/CCGFormularies/Appliances.aspx>
- **West Suffolk CCG Website**  
<https://www.westsuffolkccg.nhs.uk/clinical-area/prescribing-and-medicines-management/dressings-and-stoma/>

### Emollients – Summary

#### **Minor dry skin conditions**

- Please ask patients to purchase an emollient over the counter (OTC).
- OTC = Item is available for patients to purchase over the counter for minor, short term skin conditions (see skin care pathway for guidance).

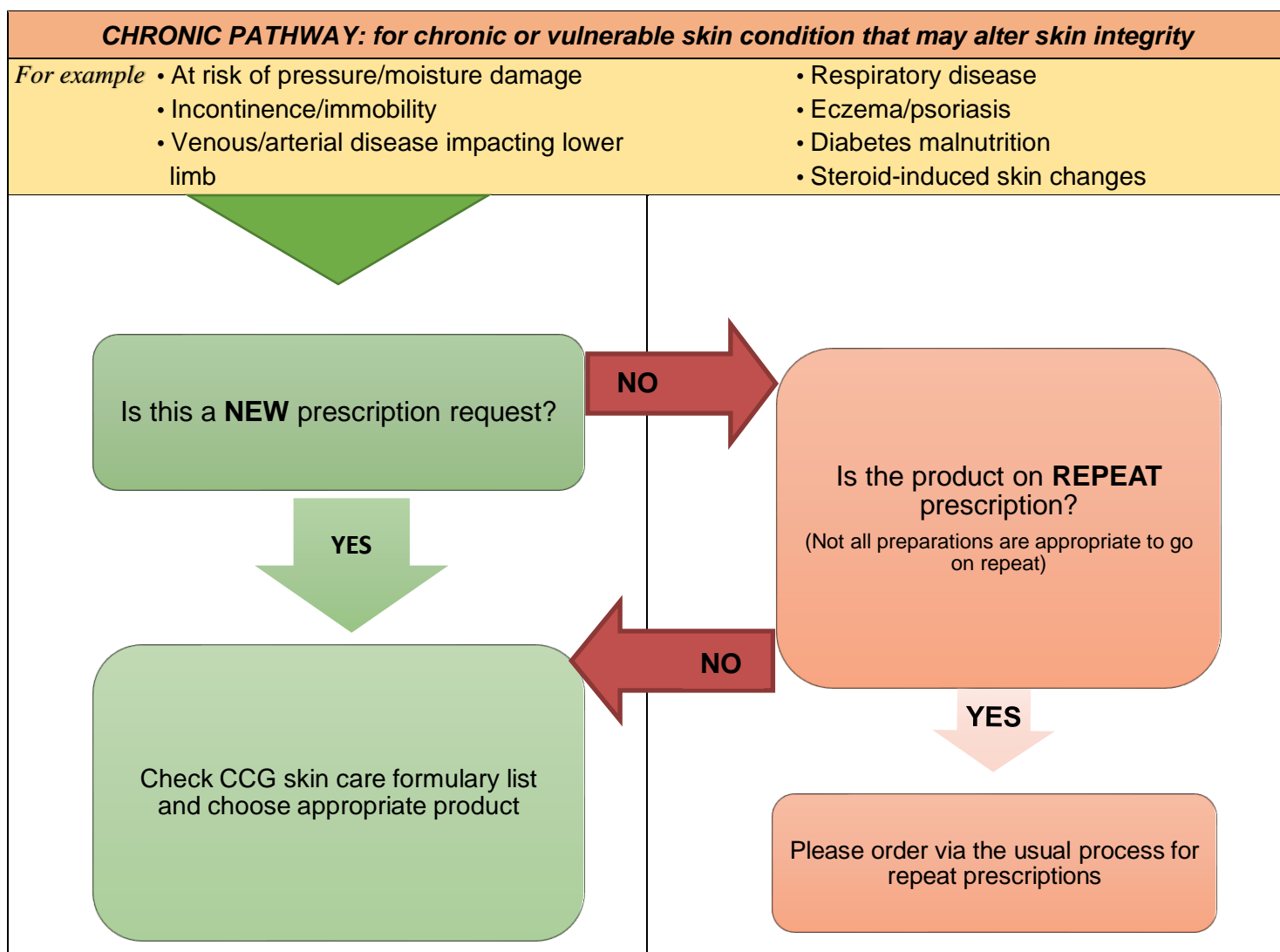
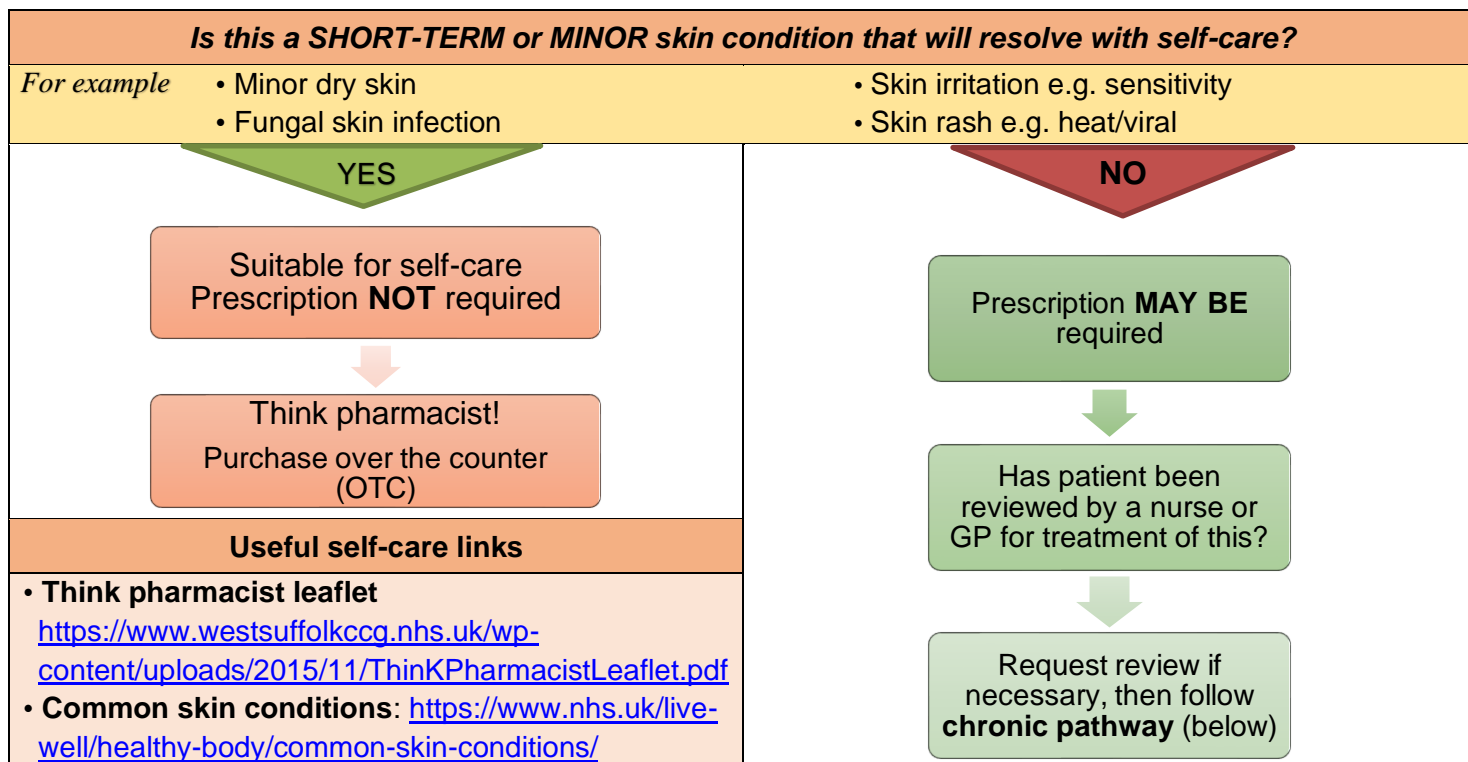
#### **More serious dry skin conditions**

- New patients: Prescribe a cost-effective option as listed in this document.
- Existing patients: If on-going prescribing is appropriate (rather than self-care), switch non-formulary emollients to the formulary equivalent as shown in the table below.

#### **Reasons for switching to formulary emollients:**

1. They are cost-effective choices.
2. They are therapeutically equivalent to the non-formulary products listed.
3. They have been tested and approved by local dermatologists and infection control specialists. There is no difference between flexi dispensers (soft bottles) and pumps regarding potential contamination issues.
4. They have been approved for use by CCG prescribing workstreams.
5. They are available from major wholesalers.

## Skin Care Pathway



## Skincare Products

Product	
1. Soap Substitute: <b>When using to wash and moisture 1-2 containers per month may be required</b>	
EPIMAX <sup>®</sup> Original Cream (previously EPIMAX Cream) (OTC)	Patients should be advised to wash with their usual emollient as a soap substitute, instead of bath and shower products. This is more cost effective and provides better moisturisation.
Zero AQS <sup>®</sup> cream (OTC)	
Emulsifying ointment (OTC)	
Dermol <sup>®</sup> 500 Lotion (OTC)	Only if infection present or frequent complication and must be reviewed.

2. Emollients (leave on preparations): <b>Please prescribe one container per month</b>	
<p>Please prescribe when required in Primary Care for patients with chronic long-term skin conditions.</p> <p>When use is intermittent, smaller packs are appropriate. When required for simply dry skin, these are available to purchase.</p> <p>Lanolin based products e.g. E45<sup>®</sup> or Exocream<sup>®</sup> are <b>not</b> routinely recommended for chronic skin conditions due to allergy risk.</p> <p>Please note <b>ONLY</b> <u>Conotrane<sup>®</sup></u> and <u>EPIMAX<sup>®</sup> Ointment</u> are appropriate for prescribing in tubs for care homes as there is no suitable alternative product.</p>	
First Line	
EPIMAX <sup>®</sup> <b>Original Cream</b> 500g £2.49	This is equivalent to Diprobase <sup>®</sup> Cream. Can be used as a soap substitute. <b>Low fire risk</b>
EPIMAX <sup>®</sup> <b>Isomol Gel</b> 500g £2.92	This is equivalent to Doublebase <sup>®</sup> <b>Low fire risk</b>
EPIMAX <sup>®</sup> <b>Ointment</b> 500g £2.99	<u>Tub only</u> <i>Please see guidelines for use in care home settings on page 11</i> Can be used as a cleanser.
Zeroderm <sup>®</sup> ointment 500g £4.10	<u>Tub only</u> <i>Please see guidelines for use in care home settings on page 11</i> Second line alternative to EPIMAX <sup>®</sup> Ointment <b>High fire risk</b>
White soft paraffin 50% / liquid paraffin 50% ointment (OTC) 500g £3.66	<b>High fire risk</b>
EPIMAX <sup>®</sup> Paraffin-free Ointment 500g £4.99	Can be used as a cleanser. Contains no paraffin.
EPIMAX <sup>®</sup> Oatmeal Cream 500g £2.99	Light and non-greasy for skin conditions triggered by allergens.
Emollient preparations - Restricted Use	
Emollin <sup>®</sup> spray	Usually only on advice from specialist where: <ul style="list-style-type: none"> <li>Sore and inflamed skin so unable to spread cream/lotion</li> <li>Access to the affected site is difficult</li> </ul> <b>High fire risk</b>
Dermol <sup>®</sup> cream (OTC)	Only if infection present or is a frequent complication

Zeroveen® cream (OTC)	Usually only on advice from specialist. Restricted to paediatric use where they are unable to tolerate other emollients.
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3. Emollients with urea	
Emollients - Restricted Use	
ImuDERM® (OTC)	Equivalent to Balnuem® cream
Balneum® Plus cream (OTC)	Usually only on advice from specialist
Eucerin® Intensive lotion	Usually only on advice from specialist
Dermatonics® Once Heel Balm cream	Inpatient use only

**4. Emollient bath and shower preparations**

**IESCCG, WSCCG and NEECCG do not support the prescribing of bath and shower preparations for any indication due to the lack of robust evidence of clinical effectiveness (NHS England).**

Bath and shower preparations are listed in the NHS England 'Items which should not routinely be prescribed in primary care'.

Soap avoidance and 'leave-on' emollient preparations can still be used for treating eczema and psoriasis. These emollients can also be used as a soap substitute. An example of this is EPIMAX® Original cream.

**Recommendations:**

Do not initiate the prescribing of bath and/or shower preparations

Identify patients prescribed bath and/or shower preparations and stop all prescribing.

Switch patients with a diagnosed dry skin condition to the formulary choice of leave-on emollient, to be used as soap substitute

**CAUTION: FIRE HAZARD WITH PARAFFIN EMOLLIENTS. KEEP AWAY FROM FIRE/FLAMES**

**In July 2020, MHRA updated its guidance. It advises people who use an emollient or skin cream to:**

- Keep away from open or gas fires or hobs and naked flames, including candles.
- Avoid smoking when using paraffin containing preparations.
- Patients on medical oxygen who require an emollient should not use any paraffin-based products.
- Wash bedding/clothing regularly at 60 degrees, to minimise the build-up of impregnated paraffin which can be a fire hazard. There is still a risk of residue.
- Keep cream off furniture
- Inform healthcare professionals or carers that they are using emollients.
- Document appropriately if using in a care home.

5. Barrier Preparations: <b>Please prescribe one container per month</b>			
Please see CCG Skin Care Algorithm for indications and correct treatment depending on severity of moisture damaged skin.			
<b>Barrier Cream – 1<sup>st</sup> Line</b>			
Conotrane <sup>®</sup> Cream (OTC)	500g (tubes discontinued)	£3.51	<b>Tub only</b> Please see guidelines for use in care home settings on page 11 First line for INTACT skin
<b>Barrier Cream</b>			
Medi Derma-S <sup>®</sup> Barrier Cream	90g tube	£5.95	For use on mildly damaged skin
<b>Barrier Ointment and Incontinence Cleanser – Restricted use</b>			
Medi Derma-Pro <sup>®</sup> Skin Protectant Ointment (equivalent to PROSHIELD)	115g tube	£8.50	For severe moisture excoriation <b>Trial for up to 2 weeks</b>
Medi Derma-Pro <sup>®</sup> Foam & Spray Incontinence Cleanser (equivalent to PROSHIELD spray)	250ml bottle	£5.95	*When skin integrity restored return to 1 <sup>st</sup> line barrier cream*
<b>Barrier Films</b>			
Medi Derma Barrier Film <sup>®</sup> applicators (for use on peri-wound skin)	1ml applicators (5)	£3.70	For use on moisture damaged skin around wounds, skin folds and creases.
Medi Derma Barrier Film <sup>®</sup> Pump Spray	30ml spray	£5.35	

When a barrier preparation is required for the treatment of a minor or self-limiting condition, it is expected that care homes or patients would purchase a suitable product over the counter (OTC). It is not necessary or appropriate to request a prescription in these circumstances. Those products that are available for purchase OTC are indicated clearly in the formulary. Where a barrier preparation is required for a more serious or long-term condition, a formulary product should be prescribed.

### Appropriate changes to prescribing

Patients currently being prescribed the following preparations should be reviewed. Where considered appropriate, patients should be switched to the following alternative products:

- **Cavilon<sup>®</sup> barrier preparation** and **PROSHIELD<sup>®</sup> Plus Skin Protectant** should be switched to **Conotrane<sup>®</sup> cream** as the first line option for intact skin.
- **Medi Derma-S<sup>®</sup>** is the first line option for broken skin, returning to **Conotrane<sup>®</sup>** when skin has healed.
- **Care homes should follow specific guidelines for use of Conotrane as the first line option due to infection control.**
- **PROSHIELD<sup>®</sup> Foam & Spray Incontinence Cleanser** should be switched to **EPIMAX<sup>®</sup> Original cream** as an alternative soap substitute.
- **Medihoney<sup>®</sup>** is not recommended on the Suffolk CCG formulary.

**Medi Derma-Pro<sup>®</sup>** should only be prescribed for severe moisture-damaged skin, alongside an appropriate skin care regime and holistic assessment, and should not be used long term. See CCG Skin Care Algorithm which can be used as a tool to ensure skin care regimes are reviewed appropriately. Ointments are occlusive, harder to apply and must be applied appropriately.

## **Cavilon® Advanced Skin Protectant**

Cavilon® Advanced skin protectant should **only** be recommended by a Tissue Viability Nurse under clinical observation and should **not** routinely be prescribed in primary care. It is only in very exceptional cases a prescription will be requested and an exception reporting form **must** be completed by the requesting clinician.

This is a specialist product and should only be issued following tissue viability specialist approval. If approval has been given, a **maximum of x4 devices** should be issued. the product is only to be applied **twice in 7 days** for a maximum of 2 weeks, then stopped

Cavilon® Advanced Skin Protectant is designed to help manage severe skin damage and protect at-risk skin. The thin yet durable barrier solution is able to attach to wet, weepy surfaces and create a protective environment that repels irritants and supports skin healing.

### **Key points**

1. Attaches to wet, weepy and damaged skin.
2. Provides a barrier for skin from moisture associated incontinence.
3. Comes in a single use applicator
4. Application only needed **two times per week**.
5. The film will wear off prior to the next application and will not require removal
6. Specific adhesive removers are required to remove the product should the need arise.

Cavilon® Advanced comes in an individual applicator which is applied to the skin in a specific way. Please refer to application leaflet found here:

<https://multimedia.3m.com/mws/media/1340305O/3m-cavilon-advanced-skin-protectant-application-guide.pdf>

### **Application**

- Skin needs to dry for at least 60 seconds before applying a dressing/further product to any missed areas.
- Product must only be applied **twice a week** and **no more**. Frequent application will result in build-up on the skin.
- Please review skin integrity every application and re-consider continuation of the product after two weeks.
- This product is very specialist and must be applied appropriately.

Each ampoule is £10.59 so the product must be used **only in exceptional circumstances**. No more than two vials a week will be permitted to be prescribed for **very short-term use**.

For any concerns on this product please consult your Medicines Management Appliance Nurse.

Please refer to [Sharon.jones@medicareplus.co.uk](mailto:Sharon.jones@medicareplus.co.uk) Nurse Specialist (Medicareplus) for any training needs regarding the Medi Derma® range.

## Pressure Prevention Products

### 6. Pressure sore prevention and low friction products

Pressure reducing gel or foam pads are not an alternative to appropriate pressure relieving equipment. Patients will still require a skin and pressure relief assessment, undertaken by a clinician within this field of expertise.

**Pressure reducing gel pads are not for use over broken skin.**

They are re-usable and can be washed with warm water and soap. They must be changed once signs of wear appear or it loses its natural tack. They are hard wearing and can be used many times over. Please be mindful how many are being prescribed, if used correctly they should last several months.

Dermis® Plus Gel Pads	10 x 10 x 0.3 cm	£3.52	1 in a pack	Gel pressure relieving strips
	10 x 10 x 1.2 cm	£10.55	1 in a pack	
	20 x 20 x 0.3 cm	£14.05	2 in a pack	
	30 x 5 x 0.3 cm	£5.28	5 in a pack	Not to be used over broken skin
	50 x 2.5 x 0.3 cm	£4.40	5 in a pack	Gel pressure relieving pads for vulnerable intact skin
	Heel Standard	£12.30	2 in a pack	
	Heel Extra Large	£14.01	2 in a pack	Does not replace appropriate pressure relieving equipment
	Sacrum/Ankle Wrap	£13.81	1 in a pack	
Kerrapro® Gel Pads	50 x 2.5 x 0.3 cm	£5.39		Gel pressure relieving strips
	30 x 5 x 0.3 cm	£6.47		
	10 x 10 x 1.2M cm	£12.95		Not to be used over broken skin
	10 x 10 x 0.3 cm	£4.30		
	Heel	£15.18		Gel pressure relieving pads for vulnerable intact skin
	Sacrum/Ankle	£17.09		
Dyna-Tek® Foam Positioning Products	Foot & Heel protector (pair)	£3.99		Not for use as seating pressure relief
	Devon Utility Pad	£3.87		



## Steroid Preparations

### 7. Topical Corticosteroids

Topical corticosteroids are steroids that are applied to the skin and are used to treat a variety of skin conditions. They work by reducing inflammation within the skin, making it less red and itchy.

Ointments have the highest oil content and are therefore usually preferred for dry skin conditions. Creams are less greasy than ointments and are sometimes preferred for application to the face and hands, or if the skin condition is weeping.

#### Different formulations:

**Creams:** for moist or weeping lesions/skin

**Ointments:** for dry or scaly lesions/skin

**Gels and liquids:** for scalp and nails

The length of treatment will depend on the severity of the skin condition, the strength of topical steroid and the site to which it is applied. The risk of side effects can increase after one to two months of continuous use. If topical steroids are used for longer than this, sometimes a change in treatment or rest period can reduce side effects. Do not suddenly stop treatment, as previous skin conditions can flare up.

Clear directions must be given by the GP or specialist nurse. Review is essential to ensure patients complete treatment appropriately.

Product and potency	Indications	Contra-indications and cautions
<b>Mild</b>		
<b>Hydrocortisone</b> 0.5% and 1% cream and ointment	<ul style="list-style-type: none"> <li>• Irritant contact dermatitis</li> <li>• Allergic contact dermatitis</li> <li>• Insect bite reactions</li> <li>• <u>Mild to moderate eczema</u></li> </ul>	Please seek advice from your GP when applying to the face. For use on the body a moderate steroid may be required. Can be bought OTC for patients over the age of 10yrs
<b>Moderate</b>		
<b>Betamethasone 0.025% (Cream and ointment)</b>	<ul style="list-style-type: none"> <li>• Irritant contact dermatitis</li> <li>• Allergic contact dermatitis</li> <li>• Insect bite reactions</li> <li>• <u>Mild to moderate eczema</u></li> </ul>	Can be bought OTC for patients over the age of 12yrs
<b>Clobetasone Butyrate 0.05% (cream and ointment):</b> (Eumovate®)	<ul style="list-style-type: none"> <li>• Irritant contact dermatitis</li> <li>• Allergic contact dermatitis</li> <li>• Insect bite reactions</li> <li>• <u>Mild to moderate eczema</u></li> <li>• Can treat swelling or itching</li> </ul>	If bought OTC do not use on the face. Can be bought OTC for patients over the age of 12yrs
<b>Potent</b>		
<b>Mometasone Furoate 0.1% (cream, ointment and scalp lotion)</b>	Treats inflammatory skin conditions such as severe eczema and dermatitis	Use once daily. Only a small amount is required.
<b>Betamethasone Valerate 0.1%</b> (cream, ointment and scalp application)	Treats the scalp Decreases swelling, inflammation and itching	Use once daily Apply small amount

## Topical corticosteroids including antibacterial/antifungal properties

The advantages of including antibacterial or antifungals with corticosteroids in topical preparations are uncertain. Such combinations may have a place where inflammatory skin conditions are associated with bacterial or fungal infection. In these cases, the antimicrobial drug should be chosen according to the sensitivity of the infecting organism.

There are OTC options available in the mild steroid class for short term minor conditions.

Product	Indications	Contra-indications and cautions
<b>Mild</b>		
<b>Hydrocortisone 1% with Clotrimazole 1%</b> (Canesten <sup>®</sup> HC cream)	Treats fungal skin infections, swelling and inflammation.	Can be bought OTC Treatment should be for seven days only as per manufactures guidance.
<b>Hydrocortisone Acetate 1% with Fusidic Acid 2%</b> (Fucidin <sup>®</sup> H cream)	Used to treat bacterial infections Application is dependent on severity and area affected.	Available on prescription only.
<b>Hydrocortisone 1% with Miconazole Nitrate 2%</b> (Daktacort <sup>®</sup> cream/ointment)	For seborrheic dermatitis Antifungal medication used to treat inflamed, infected skin disorders. Contains two active ingredients, <b>miconazole</b> , to treat fungal infections, and <b>hydrocortisone</b> , to reduce inflammation	
<b>Moderate</b>		
<b>Trimovate<sup>®</sup></b> (antifungal and antibacterial)	Treats swelling, itching and irritation. It can make some skin conditions worse on the face	Currently only available as an unlicensed medicine Do not apply to the face without guidance.
<b>Potent</b>		
<b>Betamethasone (as Valerate) 0.1% with Fucidic Acid 2%</b> (Fucibet <sup>®</sup> cream)	Severe inflammatory skin disorders such as eczemas associated with infection and unresponsive to less potent corticosteroids  It treats bacterial infections not fungal	Not licensed for children under six years of age. It can cause allergic reactions Apply once/twice a day thinly and not for longer than necessary  <u>Do not</u> use on open areas or wounds unless TVN advice has been sought
<b>Betamethasone Dipropionate 0.064% with Clotrimazole 1%</b> (Lotriderm <sup>®</sup> cream)	Apply twice a day for no more than four weeks. Used to treat fungal infections	Short term treatment only Do not use under 12 years old

## Do Not Prescribe: Therapeutic Clothing or Silk Garments

**IESCCG, WSCCG and NEECCG do not support the prescribing of therapeutic clothing for any indications.**

The prescribing of therapeutic clothing is not supported due to the lack of robust evidence of clinical effectiveness (NHS England) and not recommended on the NHS.

Silk garments are listed in the NHS England 'Items which should not routinely be prescribed in primary care'.

### **Rationale**

The CLOTHEs trial funded by the National Institute for Health Research in the UK concluded 'wearing specialist silk garments did not reduce eczema severity, nor did it reduce the amount of creams and ointments used, or the number of skin infections experienced'. The overall trial concluded that using silk garments for the management of eczema is unlikely to be cost-effective for the NHS.

A variety of silk and cotton therapeutic garments are now listed in the drug tariff for the management of a variety of conditions including eczema, psoriasis, thrush and lichen sclerosis. Brands currently include DermaSilk®, DreamSkin® and Skinnies®, however this policy would also include other brands as they become available.

All CCGs have a duty to ensure limited resources are used on non-evidence-based treatments and therefore prescribing of these items cannot currently be supported until further information is available concerning benefit and place in treatment.

### **Recommendations**

- **Do not** initiate silk garments
- Identify patients prescribed silk garments and **stop all prescribing**. Recommend self-care should patients wish to continue.

### **Patient queries or complaints**

Any patient queries or complaints should be directed to PALS:

- **Suffolk:** 08003896819 or Email [PALS@Suffolk.nhs.uk](mailto:PALS@Suffolk.nhs.uk)
- **NEECCG:** PALS 01206 918730 or [NEECCG.PALS@nhs.net](mailto:NEECCG.PALS@nhs.net)

### **References**

- Items which should not routinely be prescribed in primary care: Guidance for CCGs, Available at: <https://www.england.nhs.uk/wp-content/uploads/2019/08/items-which-should-not-routinely-be-prescribed-in-primary-care-v2.1.pdf>
- Silk clothing 'offers no benefit for children with eczema', Available at: <https://www.nursingtimes.net/news/research-and-innovation/silk-clothing-offers-no-benefit-for-children-with-eczema/7017310.article>
- Centre of Evidence Based Dermatology, Available at <http://www.nottingham.ac.uk/research/groups/cebd/projects/clothes/index.aspx>

This document was taken in agreement and in collaboration from NEECCG

# Guidance on the use of Tubs in Care Homes

## Introduction

All health and social care organisations are accountable for ensuring the safe management of emollients. This guidance is intended to encourage good practice in the management of products like creams and ointments, to ensure they are used appropriately. Residents should always have these medicines applied correctly, stored correctly, their application recorded and used within expiry dates.

Tubes or pump dispensers are always the preferred product in care homes, as there is less risk of contamination. However, when there is **no other alternative** and a tub must be used then this guidance **must** be followed. **It is vital to adhere to the following steps to reduce the risk of infection.**

- Wash hands before and after applying cream.
- Ensure clean disposable gloves are worn when administering creams or ointments.
- Check to ensure product is used by the expiry date.
- Always use a clean spatula for removing the cream or ointment. Do not place this back into the tub after use. Each Spatula is one use only and then must be discarded.
- Do not return any unused cream to the tub as this will contaminate the rest of the product.
- Once the seal is broken and the lid is removed for application, please replace immediately after the ointment or cream has been applied. Document the opening date on the tub.
- If further application is required, then wash hands and change gloves.
- Always apply to dry and clean skin.
- Once open discard after **one month** if using spatulas for removal.
- If more than one cream or ointment is applied you should wait 15 minutes between each application.

## Storage

Always store in areas which are secure and there is no risk of products being shared from resident to resident. Each tub must be specific to each patient and clearly labelled with their name. Application must be documented in the resident's notes or MARS so it is clear which part of the body needs treatment and how often. Body Maps are best practice where possible to ensure application is recorded. Store at an appropriate temperature which does not exceed manufacturer's guidance. Do not place near windows.

## Application Guide

Area of the Body	Weekly application (if used twice daily)	Monthly application (if used twice daily)
Hands	25-50g	100-200g
Both Arms	100-200g	400-800g
Both Legs		
Face	15-30g	60-120g
Trunk	400g	1600g
Scalp	50-100g	200g-400g

Going back into the pot ("double dipping") and not washing hands in between were identified as some of the issues that led to outbreaks of infection in some areas. If another application is needed, ensure gloves are changed, hands are washed, and a fresh spatula is chosen.

## Useful Resources

<https://www.cqc.org.uk/guidance-providers/learning-safety-incidents/issue-3-fire-risk-use-emollient-creams>

<https://www.gov.uk/guidance/safe-use-of-emollient-skin-creams-to-treat-dry-skin-conditions#tell-your-healthcare-professional>

<https://www.nhs.uk/conditions/emollients/>

# Process for Reviewing Formulary Products

