

Medicines

Optimisation news headlines

May 2017

Sun protection update

Sunscreen preparations, such as Uvistat SPF30 and SPF50 and Sensense Ultra SPF50, can only be prescribed on NHS prescription for skin protection in patients suffering from certain skin conditions called photodermatoses (BNF June 2017). All NHS prescriptions for sunscreens must be endorsed 'ACBS' by the prescriber indicating that the patient has one of the qualifying conditions.

Photodermatoses are a group of skin conditions associated with an abnormal reaction to UV (ultraviolet) radiation and are typically conditions where the person has a specific medical condition (e.g. albinism, xeroderma pigmentosum; vitiligo; skin damage from radiotherapy; lupus erythematosus) that is sensitive to light or is made worse by light. UVA light is largely responsible for the photodermatoses. This is in contrast to other types of skin sensitivity or fair skin which is prone to sunburn, primarily from exposure to UVB rays. Further clarification on the definitions and effects of UVA / UVB light can be obtained from the [Primary Care Dermatology Society](#).

Eczema and sensitive, fair skin without a diagnosis of photodermatoses, does not qualify for NHS sunscreen prescription. Likewise, patients who require sunscreen because of risk of skin cancer do not qualify for NHS prescription of sunscreen either and should be recommended to purchase routine sun protection.

Whether on a prescription or self-purchased, it is recommended that sunscreen preparations provide dual protection against UVB and UVA rays – so called broad spectrum sunscreens. The SPF value indicates the level of protection a product gives against UVB and should have a minimum value of 30. UVA protection is denoted by a star rating that indicates a ratio to the SPF. The UVA protection factor should be equivalent to at least a third of the SPF, represented by a 4 or 5 star rating. A UVA seal - a logo with 'UVA' inside a circle - indicates that a product fulfils both these criteria and meets the EU recommendation for UVA and UVB protection. The [British Association of Dermatologists \(BAD\)](#) website provides more detail on this.

Advise all patients on the following:

- Skin should be protected with clothing (hat, t-shirt sunglasses) and exposure to sun between 11am and 3pm minimised by staying in the shade. Babies and young children should be kept out of direct sunlight.
- UVB is mainly responsible for sunburn and has strong links to malignant melanoma and basal cell carcinoma.
- UVA is associated with skin ageing and can also cause skin cancer. Approximately 30 mL sunscreen is required to cover the average body of an adult.
- Sunscreen should be applied 15-30minutes before sun exposure. Reapply every two hours and immediately after swimming, perspiring and towel drying or if it has rubbed off.



- “Once a day” products can be accidentally removed by water, sweating, abrasion and by towel drying, all of which reduce effectiveness. It is recommended by BAD that these products are also re-applied every two hours.

Abuse potential of pregabalin and gabapentin

We have previously discussed the possibility of diversion with gabapentin and pregabalin (gabapentoids), but a [recent study](#) has further reminded us of their abuse potential. It concluded that “for heroin users, the combination of opioids with gabapentin or pregabalin potentially increases the risk of acute overdose death through either reversal of tolerance or an additive effect of the drugs to depress respiration”. It was also noted that the number of deaths involving gabapentoids increased from fewer than one per year prior to 2009, to 137 in 2015; 79% of these deaths also involved opioids.

Epiduo gel and pregnancy

This product is a combination of adapalene and benzyl peroxide and was recently added to local formularies.

Adapalene has retinoid-like properties and as such has the potential to cause teratogenic effects. Harmful effects have not been seen with Epiduo, but due to the limited available data and because a very weak cutaneous passage of adapalene is possible, it is recommended the product is not used in pregnancy. In the case of unexpected pregnancy, treatment should be discontinued.

Sucralfate

There is an ongoing manufacturing problem with Antepsin (sucralfate) and community pharmacies are no longer able to obtain supplies. Where sucralfate is supplied it will only be as an unlicensed special that has to be imported.

It is recommended that patients are not initiated on sucralfate and we are currently in discussion with local secondary care units to discuss alternatives

Full details can be found on the [Pharmaceutical Services Negotiating Committee](#) (PSNC) website.

Blephaclean wipes

These wipes have not been listed in the Drug Tariff and are no longer available on NHS prescription. Wipes are available for patients to purchase, but local centres have their own but similar recommendations for alternative methods for lid hygiene:

- UHS - has a lid hygiene leaflet that can be obtained through your medicines optimisation pharmacist or technician.
- Bournemouth hospital – lid hygiene discussed on page 5 of their [Dry Eye Pathway](#)
- [NHS Choices](#) provides guidance on treatment of blepharitis

Correction

Apologies for an error in the March 2017 News Headlines.

The paragraph on Sorbact Swabs should direct prescribers to type **Cutimed Sorbact Swabs** in full into the search bar, in order to select the accepted formulary products.

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