Emollients Review - switch to Zeroderma range

Applies to

HaRD CCG employed Pharmacists and Medicines Optimisation Technicians.

These protocols are produced by the NY&AWC MM team hosted by HaRD CCG for use by their employed MM team members. They can be adopted for use by other healthcare staff working in GP practices across NY&AWC CCGs but HaRD CCG accepts no responsibility for the use and application of these protocols in these situations. External staff working to these protocols must agree with their own employer whether they are competent and able to work to these protocols.

Rationale

Prescribing medicines by generic rather than brand name can improve cost-effectiveness and is encouraged[1]. However there are some circumstances in which it is preferable to prescribe by brand name. Most emollients are prescribed by brand and there are no financial savings for the NHS by prescribing emollients generically.

In the current economic climate, the NHS is constantly looking for areas to maximise cost-effective prescribing and in utilising this protocol, the CCG has agreed that Zeroderma emollients offer equivalent products to other brands at a more cost-effective price without compromising on patient care. The table below shows typically prescribed emollients and their Zeroderma brand equivalent and the price difference:

BNF Name	Price of branded emollient	Zeroderma emollient equivalent	Price of Zeroderma emollient	Price difference
Aveeno Cream	£7.19 (500g)	Zeroveen	£5.89 (500g)	£1.30
Diprobase Cream	£6.32 (500g)	Zerobase	£5.26 (500g)	£1.06
Epaderm Ointment	£6.53 (500g)	Zeroderm	£4.10 (500g)	£2.43
Hydromol Ointment	£4.96 (500g)	Zeroderm	£4.10 (500g)	£0.86
Aqueous Cream	£3.35 (500g)	ZeroAQS	£3.29 (500g)	£0.06
E45 Cream	£5.99 (500g)	Zerocream	£4.08 (500g)	£1.91
UnguentumM	£8.48 (500g)	Zeroguent	£6.99 (500g)	£1.49
Doublebase Gel	£5.83 (500g)	Zerodouble	£4.90 (500g)	£0.93
Prices correct as of BNF July 2018				

Appendix 2 shows a comparison of ingredients of the above emollients.

1. *North West UKMi November 2017 – Which medicines should be considered for brand-name prescribing in primary care?*

Method

1. Staff working to the protocol should be familiar with the current BNF advice and the Summary of Product Characteristics for medicines included in the protocol.
2. Check the practice has agreed to the protocol and a signed copy is in place.
3. Check for any extra exclusions or amendments to the protocol made by the practice.

4. Rearrange practice formulary/add "do not use" codes where used to prevent future inadvertent prescribing. Check prescribing support software prompts are in place where relevant.

5. Notify local pharmacies/dispensary of work being undertaken and inform any relevant practice staff e.g. dispensary staff.

6. Run a computer search to identify patients who are currently receiving prescriptions for *Aveeno cream/Diprobase cream/Epaderm ointment/Hydromol ointment/Aqueous cream/ E45 cream/UnguentumM/Doublebase gel* (generically or by brand).

7. Use the data collection form (Appendix 1) and the medical records to record the following:
    - Patient identifier
    - Allergies checked
    - Current prescription (generic or brand)
    - Previous prescriptions (e.g. has patient had drug you are switching to before?)
    - Contraindications
    - Exclusions
    - Patient referred to prescriber?

8. Identify patients to exclude, those considered suitable to 'switch now' and those needing special consideration by prescriber.

9. If a patient is excluded, add a consultation note listing reasons why they are unsuitable.

10. For those patients who can be switched now or when approved by prescriber; change repeat medication on computer from:

Current Emollient		**Zeroderma equivalent**
Aveeno Cream	→	Zeroveen
Diprobase Cream	→	Zerobase
Epaderm/Hydromol Ointment	→	Zeroderm
Aqueous cream	→	ZeroAQS
E45 Cream	→	Zerocream
UnguentumM	→	Zeroguent
Doublebase Gel	→	Zerodouble

(specify if same or different dosing instructions)

11. Ensure that the old medication is archived.

12. Send a letter to the patient advising them of the change. Liaise with practice staff to organise mail merge of letters and posting. At the end of the session, for all those changes that have been completed, a letter must be ready to send to the patient for information.

13. Add READ code 8BIr or XaJKo (on Systm One) 'drug changed to cost effective alternative' for all patients switched.
14. Problem link drug to disease (where possible).
15. Inform relevant practice staff.
16. Use an activity log to review all changes made and to measure the effectiveness of the switch. Estimate cost savings made and present results back to the practice and organisation
17. Continue to monitor the long term outcomes of the switch e.g. cost savings via PPD data, complaints, problems encountered etc.

Exclusions - do not switch

1. History of sensitivity to Zeroderma products.
2. Tried and failed with a Zeroderma product in the past.
3. History of sensitivity to any of the ingredients of these products (see Appendix 2)

To flag up for special consideration by prescriber – approval required via electronic task

1. Significant drug interaction with any of the active ingredients in the Zeroderma product being switched to. (see BNF Appendix 1 and data sheet (available at www.medicines.org.uk for further details).Also check prescribing systems for any interactions at the time of adding. Seek advice from pharmacist as to the significance of the interaction, and flag to the prescriber for consideration, rather than just excluding from the switch.
2. Any patient that you are concerned may be unsuitable for switching, or other prescribing issue that you are concerned about.

Points to discuss with practice

1. Who is the contact in the practice for the project?
2. Seek agreement from practice as to whether palliative care patients can be switched. Patients considered to be in the last few weeks of life would not normally be recommended for the switch.
3. Agree content of patient letter – a possible form of words is attached below
4. Agree the number of repeats to issue for patients who are switched.
5. Any practice additions, deletions or amendments to the protocol.

References

Comparison of ingredients - Zeroderma website - Link accessed July 2018

http://qipp.zeroderma.co.uk/downloads/Zeroderma-range-comparison-to-leading-emollient-brands.pdf

The Current BNF and SPC must be checked as a minimum standard.

Agreement to protocol

Please detail any amendments to the protocol here/or attach a copy of agreed changes:

Signature of practice prescribing lead/ manager	
Practice name	
Date	
Signed on behalf of NYAWC MMT	

Please note that the practice representative signing this protocol agrees that:

- **The practice will take responsibility for the notification of all relevant practice staff.**
- **The practice has made patients aware that their records are accessed by medicines optimisation team staff for these purposes e.g.: via practice leaflet, website or other communication and that the practice has applied appropriate restriction to the records of patients who have withdrawn consent.**

Possible letter

Dear ~*[Title/Initial/Surname]*

Your repeat prescription for (insert name of current emollient)

The practice has been reviewing its prescribing of **(**insert name of current emollient)**. This is to ensure our patients receive the best treatment with the lowest cost for the NHS. As a result we have changed your future prescriptions to (**insert name of Zeroderma equivalent).

(**Insert name of Zeroderma equivalent) is in a group of preparations called emollients which help to soothe, smooth and hydrate dry skin conditions and work in the same way as your current preparation. You should not notice any change in effect.

Your medication will be changed automatically so please order your next prescription in the usual way. It would help the NHS save money if you would use up any remaining (**insert name of current emollient) first.

If you have any queries regarding this letter please contact [*insert name of contact, practice]* and or *[insert email of local CCG patient relations team]*

All medicines should be safely stored out of the reach of children.

Yours sincerely

~ [Usual prescriber/Registered prescriber/GP Prescribing Lead/Other]

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Agreement to letter

Please detail any amendments to the letter here/or attach a copy of agreed changes:

Signature of practice prescribing lead/ manager	
Practice name	
Date	
Signed on behalf of NYAWC MMT	

Appendix 1 - Data Collection Form

Patient identifier:	Present Emollient prescribed, quantity and dose	Check history of sensitivity of any ingredients in proposed switch	Tried Proposed (insert name of product) product in past (Y/N)	Reason Why stopped.	Allergies or Intolerances checked Y/N	Comments/any other concerns	Flag to prescriber? Y/N Record reason	Patient switched? Y/N	Letter sent? Y/N

Document version control

Version	State changes	New version	Actioned by

Protocol approval details

Written by	Jonathan Ainley	June 2018
Clinically checked by	Claire Hutchinson	June 2018
Tested in practice by		
Authorised by		

Appendix 2 - Comparison of ingredients

	E45 Cream	Zerocream
Ingredients		
Emollient	Light Liquid Paraffin 12.6%	Light Liquid Paraffin 12.6%
Emollient	White Soft Paraffin 14.5%	White Soft Paraffin 14.5%
Emollient-purified lanolin	Hypoallergenic Anhydrous Lanolin 1.0%	Hypoallergenic Anhydrous Lanolin 1.0%
Emulsifier	Glyceryl Monostearate	Glyceryl Monostearate
pH Modification	Citric Acid Monohydrate	Citric Acid Monohydrate
Emulsifier	Cetyl Alcohol	Cetyl Alcohol
pH modification-alkaline	Sodium Hydroxide	Sodium Hydroxide
Emulsifier	Sodium Cetostearyl Sulphate	Sodium Cetostearyl Sulphate
Thickener (viscosity modifier)	Carbomer	Carbomer
Preservative (parabens)	Hydroxybenzoates	Hydroxybenzoates
Water based cream	Purified Water	Purified Water
Other Information		
Manufacturer	Reckitt Benckiser	T&R Derma
Legal Category	GSL	Medical Device Class 1

	Epaderm Ointment	Hydromol Ointment	Zeroderm Ointment
Ingredients			
Emollient	Liquid Paraffin 40%	Liquid Paraffin 40%	Liquid Paraffin 40%
Emollient	Yellow Soft Paraffin 30%	Yellow Soft Paraffin 30%	White Soft Paraffin 30%
Emulsifier	Cetomacrogol Emulsifying Wax (contains Cetostearyl Alcohol and Macrogol Cetostearyl Ether)	Cetomacrogol Emulsifying wax (contains Cetostearyl Alcohol and Cetostearyl ether)	Cetearyl Alcohol
Emulsifier	-	-	Polysorbate 60
Other Information			
SLS-Free	Yes	Yes	Yes
Manufacturer	Molnlycke Health Care	Alliance Pharmaceuticals	T&R Derma
Legal Category	Medical Device Class1	Medical Device Class1	Medical Device Class1

	Diprobase Cream	Zerobase Cream
Ingredients		
Emollient	Liquid Paraffin 6%	Liquid Paraffin 11%
Preservative	Chlorocresol	Chlorocresol
Emollient	White Soft Paraffin 15%	White Soft Paraffin 10%
Emulsifier	Cetomacrogol	Cetomacrogol
Emulsifier	Cetostearyl Alcohol	Cetostearyl Alcohol
pH modification acid	Phosphoric Acid	Phosphoric Acid
pH modification alkaline	Sodium Dihydrogen Phosphate	Sodium Dihydrogen Phosphate
Water based cream	Purified Water	Purified Water
pH modification alkaline	Sodium Hydroxide	-
Other Information		
Manufacturer	Bayer	T&R Derma
Legal Category	GSL	Medical Device Class 1

	Aqueous Cream	ZeroAQS
Ingredients		
Emulsifier		Macrogol cetostearyl ether
Emulsifier	Cetostearyl Alcohol	Cetostearyl Alcohol
Preservative		Chlorocresol
Emollient	Liquid Paraffin 6%	Liquid Paraffin 6%
Emollient	White Petroleum Jelly 15%	White soft paraffin 15%
Water based cream	Purified Water	Purified Water
Emulsifier	Sodium Lauryl Sulphate	
Preservative	Phenoxyethanol	
Other Information		
Manufacturer	Various	T&R Derma
Legal Category	GSL	Medical Device Class 1

	Aveeno Cream	Zeroveen
Ingredients		
Emollient	Isopropyl Palmitate	Isopropyl Palmitate
Emollient & Emulsifier	Stearyl Alcohol	Stearyl Alcohol
Emollient & Emulsifier	Myristyl Alcohol	Myristyl Alcohol
Emulsifier	Cetyl Alcohol	Cetyl Alcohol
Emulsifier, Occlusive barrier	Dimethicone	Dimethicone
Occlusive barrier	Paraffinum Liquidum	Liquid Paraffin
Occlusive barrier	Paraffin	White Soft Paraffin
Humectant	Glycerin	Glycerol
Solvent	Aqua	Purified Water
Cationic emulsifier	Distearyldimonium Chloride	Distearyldimonium Chloride
Texturising / skin conditioning agent	Avena Sativa Kernel Flour	Avena Sativa Kernel Flour
Skin conditioning agent	Allantoin	Allantoin
Viscosity agent & Emollient	Cera Microcristallina	Cera Microcristallina
Stabiliser and viscosity agent	Sodium Chloride	Sodium Chloride
Preservative	Benzyl Alcohol	Benzyl Alcohol
Drying agent	Isopropyl Alcohol	-
Other Information		
Manufacturer	Johnson & Johnson	T&R Derma
Legal Category	Cosmetic / Borderline Substance	Class I Medical Device

	UnguentumM	Zeroguent
Ingredients		
Emollient	Liquid Paraffin	Light Liquid Paraffin 8%
Emollient	White Soft Paraffin	White Soft Paraffin 4%
Emollient		Soya Bean Oil 5%
Emulsifier	Glyceryl Monostearate	Glyceryl Monostearate
Emulsifier	Cetostearyl Alcohol	Cetostearyl Alcohol
Humectant	Propylene Glycol	Propylene Glycol
Viscosity modifier (thickener)	Colloidal Anhydrous silica	Colloidal Anhydrous silica
Preservative	Sorbic Acid	Sorbic Acid
Emulsifier	Polysorbate	Polysorbate
Emollient	Medium-chain triglycerides	-
Water based cream	Purified Water	Purified Water
pH Modification - acid	-	Hydrochloric Acid
pH Modification - alkaline	Sodium Hydroxide	-
Other Information		
Manufacturer	Almirall	T&R Derma
Legal Category	GSL	Medical Device Class 1

	Doublebase Gel	Zerodouble
Ingredients		
Emollient	Isopropyl myristate 15% Liquid paraffin 15%	Isopropyl myristate 15% Liquid paraffin 15%
Preservative	Phenoxyethanol	Phenoxyethanol
Humectant	Glycerol	Glycerin
Emulsifier	Carbomer	Acrylates
Emulsifier/Surface Wetting Agent	Sorbitan Laurate	Sorbitan Laurate
pH modifier	Triethanolamine	Triethanolamine
Water base	Purified Water	Purified Water
Other Information		
Common sensitisers & irritants	None	None
Manufacturer	Dermal Laboratories	T&R Derma
Legal Category	Licensed Medicine	Medical Device Class 1