

Oxfordshire CCG Policy for Sunscreens

Oxfordshire CCG is to restrict the prescribing of sunscreens for skin protection against ultraviolet radiation to **SPF50** preparations, a maximum of 200ml per month (enough for four applications per day to hands & face, other areas of the body should be protected by clothing or self-purchased sunscreen) and for the following specific ACBS conditions:

- ❖ abnormal cutaneous photosensitivity resulting from genetic disorder – albinism, xeroderma pigmentosum.
- ❖ Vitiligo.
- ❖ Photodermatoses resulting from radiotherapy.
- ❖ Lupus, both cutaneous and systemic.

For all other sun protection, patients should be advised to **self-purchase** sunscreen preparations with dual protection against UVB and UVA rays with an SPF value minimum of 30.

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. SPF indicates the level of protection a product gives to UVB but not UVA.
- UVA is associated with skin ageing and can also cause skin cancer. Check preparations for a UVA seal - a logo with 'UVA' inside a circle -which indicates that a product meets the EU recommendation for sun creams to offer a UVA protection factor equivalent to at least a third of their SPF.
- Approximately 30 mL sunscreen is required to cover the average body of an adult.
- Sunscreen should be applied 15-30 minutes 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 the British Association of Dermatologists that these products are also re-applied every two hours.

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Approved by Area Prescribing Committee – May 2016

Medicines Optimisation Team

Sunscreens Background Information

The preparations below when marked 'ACBS' are regarded as drugs when prescribed for skin protection against ultraviolet radiation in abnormal cutaneous photosensitivity resulting from genetic disorders or photodermatoses, including vitiligo and those resulting from radiotherapy; chronic or recurrent herpes simplex labialis. Anything outside of this is not permissible. Need to be endorsed 'ACBS' on FP10 prescription

Anthelios® XL SPF 50+ Melt-in cream (UVA and UVB protection; UVB-SPF 50+)

Ingredients: avobenzone 3.5%, bemotrizinol 3%, drometrizole trisiloxane 0.5%, ecamsule 1%, octocrilene 2.5%, titanium dioxide 4.2%

Excipients include *disodium edetate, stearyl alcohol*

50 mL = £3.80

Sunsense® Ultra Lotion (UVA and UVB protection; UVB-SPF 50+)

Ingredients: octinoxate 6%, enzacamene 4%, avobenzone 2%, oxybenzone 2%, ensulizole 2%, titanium dioxide 3%

Excipients: include butylated hydroxytoluene, *cetyl alcohol, fragrance, hydroxybenzoates (parabens), propylene glycol*

50-mL bottle with roll-on applicator = £5.01

125 mL = £8.14

500-mL pump pack = £18.17

Uvistat® (UVA and UVB protection; UVB-SPF 50)

Ingredients: amiloxate 2%, avobenzone 5%, bisoctrizole 6%, octinoxate 10%, octocrilene 4%, titanium dioxide 4.8%

Excipients: include *disodium edetate, polysorbate 60, propylene glycol*

Cream 125 mL = £8.45

For optimum photo-protection, sunscreen preparations should be applied thickly and frequently (approximately 2 hourly). In photodermatoses, they should be used from spring to autumn. As maximum protection from sunlight is desirable, preparations with the highest SPF should be prescribed. **Anthelios XL** has less *skin sensitisers* in its formulation than the others, but patient preference between the 3 products can be taken into account.

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