Use of sunscreens for approved indications:

1. **Rationale:**

Sunscreen should be prescribed in line with Advisory Committee on Borderline Substances (ACBS) approved indications. Sunscreens marked as ACBS in the British National Formulary are regarded as drugs when prescribed for skin protection against UV radiation in abnormal cutaneous photosensitivity resulting from genetic disorders or photodermatoses, including vitiligo and those resulting from radiotherapy; chronic or recurrent herpes simplex labialis\(^1\). Prescribing for other indications is not permitted on FP10.

2. **Costs:**

**Table 1: ACBS approved sunscreens and cost per pack\(^{1,4}\)**

<table>
<thead>
<tr>
<th>Product</th>
<th>Cost per original pack</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthelios XL Cream Spf 50+</td>
<td>50mL = £11.40</td>
</tr>
<tr>
<td>Sunsense Ultra Lotion Spf 50+</td>
<td>50mL roll-on = £5.09</td>
</tr>
<tr>
<td></td>
<td>125mL bottle = £8.26</td>
</tr>
<tr>
<td></td>
<td>500mL pump = £18.43</td>
</tr>
<tr>
<td>Uvistat Sun Cream Spf 30</td>
<td>125mL = £7.66</td>
</tr>
<tr>
<td>Uvistat Sun Cream Spf 50</td>
<td>125mL = £8.68</td>
</tr>
<tr>
<td>Uvistat Lipscreen Spf 50</td>
<td>5g = £2.99</td>
</tr>
</tbody>
</table>

3. **Clinical evidence:**

The National Institute for Health and Care Excellence (NICE) Guideline NG34 “Sunlight exposure: communicating the benefits and risks to the general population” does not give specific guidance on the use of sunscreens in abnormal skin photosensitivity from photodermatoses, genetic disorders, vitiligo, radiotherapy or rosacea\(^2\).

The European Dermatology Guidelines for photo-protection acknowledge the efficacy of broad-spectrum, high protection sunscreens in the prevention of polymorphic light eruption. However, they also report on the lack of compliance among patients suffering from photodermatoses and that this may account for the variable effect of sunscreens\(^3\).

In one study, the median application thickness was found to be only 0.5mg/cm\(^2\) which reduced a declared SPF 50+ into an effective SPF of 2-3. The patients in this study reported only slight protection from previous use of sunscreens but after the study, and its consequent education of this patient group, much better protection was reported\(^3\).
The key to the management of photodermatoses is photoprotection, which includes seeking shade; wearing photoprotective clothing, wide brimmed hats, and sunglasses; and applying sunscreens. Sunscreens with a SPF over 30 that incorporate photostabilized UVA filters are usually the appropriate choice for adequate photoprotection\(^3\).

### 4. Options to review therapy

ENHCCG encourage all prescribers to:

- Ensure all patients prescribed sunscreens on FP10 prescriptions meet the ACBS criteria\(^1\).
- The only ACBS approved indication is for skin protection against UV radiation in abnormal cutaneous photosensitivity. This includes genetic disorders, photodermatoses, vitiligo from radiotherapy and chronic or recurrent herpes simplex labialis\(^2\).
- Discontinue any prescribing for:
  1. Sunscreens other than the five products listed in table 1 as these are the only sunscreen products which meet ACBS criteria.
  2. Patients who do not meet ACBS criteria. Advise these patients to purchase an appropriate sunscreen over-the-counter (OTC) instead. Further information on sun safety for patients is available from the British Association for Dermatologists and NHS Choices.
- Prescribing of sunscreens is governed by the Advisory Committee on Borderline Substances. FP10s ordering sunscreens should be endorsed “ACBS”. All other prescribing should be discontinued and OTC purchase advised for those who wish to continue using them. Substantial savings can be achieved by reviewing prescribing.

### 5. References