

Calderdale Clinical Commissioning Group Emollient Formulary January 2019

The most cost effective products in each group are **highlighted**.



Emollients also suitable for use as a Soap Substitute (all pack sizes 500g unless otherwise stated)

1st choice - Epimax Cream £2.49
Alternatives - ExmaQS Cream £2.95; ZeroAQS Cream £3.29

Cream Emollients (all pack sizes 500g unless otherwise stated)

1st choice - ExCetra Cream £2.95; Exocream Cream £3.99; Aquamax Cream £3.99
Alternatives - Zerocream Cream £4.08; Exmaben Cream £4.25;
Exmalatum Cream £4.45; Soffen cream £ 4.79; Aproderm Cream £4.95

Gel Emollients (all pack sizes 500g unless otherwise stated)

1st choice - Exmabase £2.85; Isomol gel £2.92
Alternatives - Aproderm Gel £3.99; Myribase Gel £4.66; Zerodouble Gel £4.90

Ointment Emollients (all pack sizes 500g unless otherwise stated)

1st choice - Epimax ointment £2.99;
Alternatives - Fifty:50 ointment £3.66; Aproderm Ointment £3.95;
Zeroderm ointment £4.10

Paraffin free Emollients (all pack sizes 500g unless otherwise stated)

Lighter emollients: Aproderm Colloidal Oat Cream £5.80
Greasier emollients: Epimax Paraffin Free Ointment £4.99

Oat Based Emollients if an oat based emollient is required please use one of the following cost effective options:

1st choice - Epimax Oatmeal cream 500g £2.99
Alternatives - Aproderm Colloidal Oat cream 500g £5.80; Zeroveen Cream 500g £5.89

For use in specific circumstances: Infected Skin (should not normally be prescribed long term):

1st choice - Dermol Cream 500g £6.63
Alternative - Dermol Lotion 500ml £6.04; Eczmol Cream 250ml £3.70 250ml (500ml equivalent)

For use in specific circumstances: With Urea (should not normally be prescribed long term):

1st Choice - ImuDERM cream 5% urea 500g £6.55
Alternative - Balneum Cream 5% urea 500g £9.97
Podiatrist use: Cracked heels not responsive to other emollients: Flexitol Heel Balm £14.75/500g

Bath and shower emollients should not be prescribed routinely, as per CCG guidance.

See: <https://www.calderdaleccg.nhs.uk/prescribing/> for more information.

Emollients containing paraffin can be easily ignited with a naked flame. If the product comes into contact with dressings, bedding and clothes they can be more easily ignited with a naked flame. NOTE: Fire risk CANNOT BE EXCLUDED with paraffin free products.

Remind patients that they should keep away from fire, cigarettes and sources of ignition when using ALL types of emollient. Patients should change and wash clothing and bedding regularly because emollients soak into fabric and this becomes a fire hazard

https://www.gov.uk/drug-safety-update/emollients-new-information-about-risk-of-severe-and-fatal-burns-with-paraffin-containing-and-paraffin-free-emollients?utm_source=eshot&utm_medium=email&utm_campaign=DSU_December2018Split2

Appendix One – supporting information

Eczema and other dry skin conditions

Inflammation of the skin can lead to loss of its barrier function. Emollients are moisturisers that soothe, smooth and hydrate the skin, leaving a protective layer that traps moisture and prevents the penetration of irritants by forming a protective barrier. The importance of regular emollient use, particularly after skin washing and instead of soap, should be emphasised to patients.

The mainstay of treatment for eczema and other dry skin conditions is regular use of emollients. Mild-to-moderate eczema can be managed with emollients alone. In more severe case, short bursts of moderate-to-high potency topical corticosteroids are required, but emollients can reduce a patient's topical corticosteroid requirement.

Before prescribing emollients, ensure that the indication is a **documented dermatological condition**. Prescribing of emollients for mild dry skin and non-clinical cosmetic purposes does not comply with CCG recommendations and should be reviewed. NHS England recommends that emollients for mild dry skin conditions should be considered self-care.

Emollient preparations – general advice

Quantity on prescription:

Emollients are often underused by all but the most motivated of patients. The prescribing guidelines below show an indicative value for suitable quantities based on BD use – it should be borne in mind that depending on use, patients may require more or less than these amounts to minimise medicines waste.

Clinicians are advised to prescribe smaller quantities of cream initially to allow patients to find an emollient that suits them, but then prescribe larger quantities for regular use.

Suitable quantities of emollients to be prescribed for specific areas of the body:

Area of the body	Creams/ointments BD for one week (short term)	Creams/ointments BD use for one month(regular repeats)
Face	15–30g	60-120g
Both hands	25–50g	100-200g
Both arms or both legs	100–200g	400-800g
Trunk	400g	1600g
Groin and genitalia	15–25g	60-100g
Scalp	50-100g	200-400g
WHOLE BODY	500g	2000g

NICE CG57 recommends an average child requires 250-500g per week for all over use. This would likely be for QDS use. It seems reasonable to supply 1- 2x500g per month initially, with a view to increasing the amount if requested.

PLEASE NOTE: These quantities will need to be increased significantly for patients with severe exacerbations of skin disease when emollients may need to be applied 5–6 times a day.

Use:

- Emollients are most effective if used regularly, so patient choice is paramount when selecting an emollient for regular use. Empowering patients to be involved with choosing their own emollient is established good practice and helps to increase concordance.
- Many patients will require more than one emollient to suit their lifestyles e.g. a cream for use during the day and a greasier emollient for use at night or during flare ups.
- For maintenance treatment (between exacerbations) — lighter emollients i.e. creams are often more tolerable.
- If a rash is weeping /exudative use a cream or lotion. These are non-occlusive and will allow evaporation to occur.
- For acute exacerbations — greasier emollients i.e. ointments are more effective and if a rash is dry and scaly, use an ointment. The occlusive base will help to retain moisture.
- Patients should be advised to apply as a thin coating three or four times a day (using a downward motion in the direction of hair growth to avoid precipitating folliculitis).
- Take care if emollients are used in the bath as soap substitutes, as the surface will become slippery.

Points to consider:

- Aqueous cream is NOT an effective moisturiser and contains Sodium Lauryl Sulphate (SLS) which can irritate some patients' skin. It should NEVER be used as a leave-on emollient. Whilst it can be used as soap substitute, there are more cost effective items available and therefore this emollient is not recommended for prescribing.
- Some items are very expensive compared to these cost effective options and should be avoided if at all possible. Aveeno Cream (especially in the 300ml size), Epaderm Cream and Hydromol Cream are examples.
- There are now alternative colloidal oatmeal containing creams becoming available – they are significantly more cost effective than the brand leader Aveeno – so if an oatmeal product is considered absolutely necessary.
- Bath/shower products - Calderdale CCG does not routinely recommend prescribing of Bath and Shower emollients. <https://www.calderdaleccg.nhs.uk/prescribing/>
- PLEASE NOTE: Paraffin based products are flammable and patients should be counselled on this. Paraffin Free products cannot be excluded from this risk and patients should be counselled in the same way as for any emollient. This includes advice about smoking, avoiding naked flames and washing clothes and bedding frequently.
https://www.gov.uk/drug-safety-update/emollients-new-information-about-risk-of-severe-and-fatal-burns-with-paraffin-containing-and-paraffin-free-emollients?utm_source=eshot&utm_medium=email&utm_campaign=DSU_December2018Split2

Emollients also suitable for use as a Soap Substitute:

All of these products can be used as cost effective leave-on emollients, if they are tolerated.

Other emollients can also be used as a soap substitute but may be less cost effective.

First Choice: **Epimax Cream 500g £2.49** In a squeeze bottle, more suitable for use in the shower

Alternative Choices: ExmaQS 500g £2.95 In a tub, so may be less suitable for use in a shower.

ZeroAQS 500g £3.29 In a tub, so may be less suitable for use in a shower.

PLEASE NOTE: Care should be taken when using any soap substitute because they can make the bath or shower tray slippery.

Emollient creams:

First Choices: **ExCetra 500g squeezezy bottle = £2.95**

Exocream 500g pump = £3.99

Aquamax cream 500g tub = £3.99

Alternative choices: Zerocream 500g pump = £4.08

Exmaben Cream 500g pump = £4.25

Exmalatum Cream 500g pump = £4.45

Soffen Cream tub 500g =£4.79

Aproderm Cream 500g pump = £4.95

Gels:

First Choices: **Exmabase Gel 500g pump = £2.85**

Isomol gel 500g squeezezy bottle = £2.92

Alternative choices: Aproderm Gel 500g pump = £3.99

Myribase gel 500g pump = £4.66

Zerodouble gel 500g pump = £4.90

PLEASE NOTE: Can sting on application to sore chapped skin

Ointments:

1st choices: **Epimax ointment 500g = £2.99**

Alternative choice: Fifty:50 ointment 500g = £3.66

Aproderm ointment 500g = £3.95

Zeroderm ointment 500g = £4.10

Paraffin Free Emollients

1st choices: Lighter: Aproderm Paraffin Free Emollient pump 500g £5.80

Greasy: Epimax Paraffin Free Ointment tub 500g = £4.99

NOTE: Fire risk CANNOT BE EXCLUDED with paraffin free products.

Oat Based Emollients:

Cost effective Choices: **Epimax Oatmeal cream 500g squeezezy bottle £2.99**

Aproderm Colloidal Oat cream 500g pump £5.80

Zeroveen 500g pump £5.89

Emollient lotions:

Lotions have a higher water content than creams, which makes them easier to spread but less effective as emollients. They are not on the flow chart as use would not routinely be first line. However, they may be preferred for hairy areas of skin or if a rash is weeping/exudative, depending on the patient.

First choice: **E45 lotion - 500-mL pump pack = £4.59**

Alternative choice: QV lotion 500mls = £5.32

Cetraben Lotion 500ml = £5.64

Emollients for use in specific circumstances:

With Antimicrobial activity:

NICE recommend using topical antiseptics as adjunct therapy to decrease bacterial load in children who have recurrent infected atopic eczema.

Some specialists recommend that emollients with antimicrobials should only be used when infection is present.

If antimicrobial activity will be of benefit, use of emollients containing antimicrobials should be targeted and short term as these products are more likely to cause skin sensitisation reactions and may cause bacterial resistance

1st Choice: **Dermol (chlorhexidine hydrochloride 0.1% & benzalkonium chloride 0.1%) Cream 500g pump £6.63**

Alternative choices: Dermol (chlorhexidine hydrochloride 0.1% & benzalkonium chloride 0.1%) Lotion 500ml pump £6.04. The lotion may be more suitable if the infected areas are weeping or exudative
Eczmol Cream (chlorhexidine gluconate 1% w/w) 250ml £3.70

With Urea

Urea is a keratin softener and hydrating agent used in the treatment of dry, scaling conditions. Urea can cause stinging and irritation for some people and preparations are generally more costly. It is therefore reasonable to target use to specific groups, e.g. those with scaling skin, or those who have tried other emollients without success.

Emollient products containing urea are not all interchangeable. The urea content of products varies widely and some contain additional active ingredients such as salicylic acid or lactic acid (keratolytic properties), or lauromacrogols (reputed to reduce itch).

1st Choice: **Imuderm Cream 500g pump pack =£6.55 (5% Urea)**

Alternative: Balneum Cream 500g pump pack =£9.97 (5% Urea)

IN ADDITION: Flexitol Heel Balm (25% Urea) has been approved for use by Podiatrists in patients whose feet are not responding to standard emollients. This should not routinely be prescribed by practices as the cost is high – from £14.75 and as much as £34 per 500g depending on the pack size chosen.

Appendix Two

Table – Brand Leaders and On Formulary alternatives

Brand leader	Formulation	Excipients	On Formulary Alternative(s)	Formulation	Excipients
Diprobase Cream	Liquid paraffin 6%, white soft paraffin 15%	Chlorocresol; Macrogol Cetostearyl Ether (Cetomacrogol); Cetostearyl alcohol; Phosphoric acid; Sodium dihydrogen phosphate; Sodium hydroxide; Purified water.	Epimax cream	Liquid paraffin 6%, white soft paraffin 15%	Purified Water Ph. Eur., Polysorbate 60, Cetosteryl Alcohol, Phenoxyethanol.
			ZeroAQS cream	Liquid paraffin 6%, white soft paraffin 15%	Macrogol Cetostearyl Ether, Cetostearyl alcohol, Chlorocresol, PurifiedWater
			Exmalatum cream	Liquid paraffin light 6%, white soft paraffin 15%	Caprylyl Glycol, Carbomer, Cetearyl Alcohol, Glycerin, Glyceryl Stearate, Glyceryl Stearate SE, PEG-100 Stearate, Phenoxyethanol, Sodium Hydroxide, Xanthan Gum & Purified Water.
			ExmaQS cream	Liquid paraffin light 6%, white soft paraffin 15%	Caprylyl Glycol, Carbomer, Cetearyl Alcohol, Glyceryl Stearate, PEG-100 Stearate, Phenoxyethanol, Sodium Hydroxide, Xanthan Gum & Purified Water
			Aproderm cream	White Soft Paraffin 15%, Liquid Paraffin 6%.	Ceteareth-20, Macrogol Cetostearyl Ether, Cetostearyl Alcohol, Sodium Hydrogen Phosphate, Phosphoric Acid / Sodium Hydroxide, Euxyl PE 9010, Purified Water.
Oilatium Cream	Contains Light Liquid Paraffin 6.0% w/w and White Soft Paraffin 15.0% w/w	Macrogol 1000 Monostearate Cetostearyl alcohol Glycerol Potassium sorbate Benzyl alcohol Citric acid monohydrate Povidone Purified water	Exmalatum cream	Liquid paraffin light 6%, white soft paraffin 15%	Caprylyl Glycol, Carbomer, Cetearyl Alcohol, Glycerin, Glyceryl Stearate, Glyceryl Stearate SE, PEG-100 Stearate, Phenoxyethanol, Sodium Hydroxide, Xanthan Gum & Purified Water.
			Epimax cream	Liquid paraffin 6%, white soft paraffin 15%	Purified Water Ph. Eur., Polysorbate 60, Cetosteryl Alcohol, Phenoxyethanol.
			ZeroAQS cream	Liquid paraffin 6%, white soft paraffin 15%	Macrogol Cetostearyl Ether, Cetostearyl alcohol, Chlorocresol, PurifiedWater
			ExmaQS cream	Liquid paraffin light 6%, white soft paraffin 15%	Caprylyl Glycol, Carbomer, Cetearyl Alcohol, Glyceryl Stearate, PEG-100 Stearate, Phenoxyethanol, Sodium Hydroxide, Xanthan Gum & Purified Water
			Aproderm cream	White Soft Paraffin 15%, Liquid Paraffin 6%.	Ceteareth-20, Macrogol Cetostearyl Ether, Cetostearyl Alcohol, Sodium Hydrogen Phosphate, Phosphoric Acid / Sodium Hydroxide, Euxyl PE 9010, Purified Water.
E45 Cream	White Soft Paraffin 14.5% w/w, Light Liquid Paraffin 12.6% w/w and Anhydrous Lanolin 1.0% w/w.	Empilan GMS (glyceryl monostearate), cetyl alcohol, sodium cetostearyl sulphate, carbomer, methyl hydroxybenzoate, propyl hydroxybenzoate, sodium hydroxide, citric acid monohydrate, purified water.	Zerocream cream	Liquid paraffin 12.6% w/w. Soft white paraffin 14.5% w/w.	Lanolin anhydrous Glyceryl monostearate Cetyl alcohol Sodium cetostearyl sulphate Citric acid (monohydrate) (E330) Carbomer (carbopol 974P) Purified water Sodium hydroxide (10% w/v solution) 2-phenoxyethanol containing NIPA esters (phenonip) Phenonip is comprised of:- Methyl hydroxybenzoate (E218) Ethyl hydroxybenzoate (E214) Propyl hydroxybenzoate (E216) Butyl and isobutyl hydroxybenzoate
			Exocream cream	White Soft Paraffin 14.5% w/w, Light Liquid Paraffin 12.6% w/w and Anhydrous Lanolin 1.0% w/w.	Glyceryl monostearate, Citric acid monohydrate, Cetyl alcohol, Sodium hydroxide, Sodium cetostearyl sulphate, Carbomer, Methyl hydroxybenzoate, Propyl hydroxybenzoate and Purified water.
Diprobase ointment	White Soft Paraffin 95%, Liquid Paraffin 5%	-	Aproderm ointment	White Soft Paraffin 95%, Liquid Paraffin 5%	-
Epaderm ointment	Emulsifying wax 300mg/1g Yellow soft paraffin 300mg 1/g	Liquid Paraffin Ph. Eur. Cetostearyl Alcohol, Macrogol Cetostearyl Ether 22	Epimax Ointment	liquid paraffin 40% w/w and yellow soft paraffin 30% w/w	Cetostearyl Alcohol, Macrogol Cetostearyl Ether 22
			Zeroderm Ointment	Liquid paraffin 40%w/w, white soft paraffin 30%w/w and emulsifying wax 30%w/w	CetearylAlcohol, Polysorbate60

Aveeno Cream	Avena Sativa (Oat) Kernel Flour,	Aqua Glycerin Distearylidimonium Chloride Isopropyl Palmitate Paraffinum Liquidum Cetyl Alcohol Dimethicone Allantoin Paraffin Cera Microcristallina Isopropyl Alcohol Stearyl Alcohol Myristyl Alcohol Sodium Chloride Benzyl Alcohol	Epimax oatmeal Cream	Avena Sativa (Oat) Kernel Flour.	Aqua, Glycerol, Liquid Paraffin, Isopropyl Palmitate, Distearylidimonium Chloride, Dimethicone, Allantoin, Sodium Chloride, Isopropanol, Benzyl Alcohol, Cetearyl Alcohol, White Soft Paraffin, Octyldodecanol, Phenoxyethanol
			Zeroveen Cream	Avena Sativa (Oat) Kernel Flour	Aqua Glycerin Distearylidimonium Chloride Isopropyl Palmitate Paraffinum Liquidum Cetyl Alcohol Dimethicone Allantoin Petrolatum Cera Microcristallina Stearyl Alcohol Myristyl Alcohol Sodium Chloride Benzyl Alcohol
			Aproderm Colloidal Oat Cream	Avena Sativa Kernel Flour 1%	Purified Water, Olive Oil, Apricot Kernel Oil, Glycerin, Sucrose Stearate, Cetearyl Alcohol, Glyceryl Stearate SE, Dimethicone, Phenoxyethanol, Vitamin F Ethyl Ester, Ethylhexylglycerin, Xanthan Gum, Disodium EDTA, Vitamin E
Cetralen Cream	White Soft Paraffin 13.2% w/w Light Liquid Paraffin 10.5% w/w	Emulsifying wax Cetyl stearyl Alcohol Glycerin Butylparaben Methylparaben Ethylparaben Propylparaben Phenoxetol Citric Acid Purified water	ExCetra cream	white soft paraffin 13.2% w/w and light liquid paraffin 10.5% w/w	Purified Water Ph. Eur., Glycerol, Cetosteryl Alcohol, Phenoxyethanol, Trisodium Citrate Dihydrate, Citric Acid Monohydrate, SLS-free emulsifying wax
			Soffen Cream	white soft paraffin 13.2% w/w and light liquid paraffin 10.5% w/w	Cetomacrogol Emulsifying wax (contains Cetosteryl Alcohol and Macrogol Cetosteryl Ether) Phenoxyethanol, Purified Water,
			Exmaben cream	White Soft Paraffin 13.2% w/w Light Liquid Paraffin 10.5% w/w	Caprylyl Glycol, Carbomer, Cetearyl Alcohol, Glycerin, Glyceryl Stearate, Glyceryl Stearate SE, PEG-100 Stearate, Phenoxyethanol, Sodium Hydroxide, Xanthan Gum & Purified Water
Doublebase Gel	Isopropyl myristate 150 mg per 1 gram, Liquid paraffin 150 mg per 1 gram	glycerol, carbomer, sorbitan laurate, trolamine (Triethanolamine), phenoxyethanol and purified water	Isomol Gel	isopropyl myristate 15% w/w; liquid paraffin 15% w/w.	Purified Water Liquid Paraffin Isopropyl Myristate Glycerol Polysorbate 20 Triethanolamine Carbomer Phenoxyethanol Ethylhexylglycerin
			Myribase Gel	Isopropyl myristate 150 mg per 1 gram, Liquid paraffin 150 mg per 1 gram	Glycerol, Carbomer, Sorbitan laurate, Phenoxyethanol, Triethanolamine and Purified water
			Zerodouble Gel	sopropylmyristate15%Liq uidparaffin15%	Phenoxyethanol, Glycerin , Acrylates, SorbitanLaurate, Triethanolamine Purified Water
			Aproderm Gel	Liquid Paraffin (15%) and Isopropyl Myristate (15%)	Aqua, Glycerin, Polyacrylate-13, Polyisobutene, Polysorbate-20, Phenoxyethanol, Benzoic Acid, Dehydroacetic Acid, Ethylhexylglycerin.
			Exmabase Gel	Isopropyl Myristate 15% w/w Liquid Paraffin 15% w/w	Caprylyl Glycol, Carbomer, Cetearyl Alcohol, Glycerin, Phenoxyethanol, Stearic Acid, Tetrasodium EDTA, Triethanolamine & Purified Water.
No specific paraffin free brand comparator			Epimax paraffin free ointment	Polyoxyethylene (40) Hydrogenated Castor Oil 38% w/w.	Macrogol Cetosteryl Ether (20), Medium Chain Triglycerides, Polyoxypropylene (15) Stearyl Ether, Cetosteryl Alcohol, Hydrogenated Castor Oil, D&C Yellow 11, D&C Red 17.
No specific brand comparator			Aquamax cream	White soft paraffin 20%, liquid paraffin 8%	Purified water, Cetosteryl alcohol, Polysorbate 60, phenoxyethanol.
No specific brand comparator			Fifty:50 Ointment	Liquid Paraffin 50% White Soft Paraffin 50%,	-

Appendix Three

Specials

Specials are individually prepared formulations of existing drugs, made for a specific patient. They are usually considerably more expensive than standard preparations and are likely to incur additional prescribing costs e.g. out of pocket expenses. Creams/ointments not listed in the BNF will usually fall under the specials umbrella. It is advisable to follow these key principles:

1. Establish clinical need, is there a licensed alternative?
2. Different suppliers of the same special may have a different formulation, stability and potentially bioavailability.
3. Share the decision making process with the patient.
4. Ensure regular review for ongoing need.
5. Consider issuing acute instead of repeat prescriptions to assess patient response.
6. Expiry date of products is likely to be short.
7. BNF states that diluted creams should normally be used within 2 weeks of preparation.
8. Consider prescribing a weaker proprietary steroid rather than diluting more potent steroid.
9. Consider prescribing an initial trial of urea cream rather than a special cream containing salicylic acid.

The British Association of Dermatologists (BAD) is a charity that works closely with the Department of Health to advise the best practice and the provision of Dermatology services. It has produced a [specials list](#) to help to address concerns about high cost and lack of standards on unlicensed creams and ointments used for common dermatological conditions.

Appendix Four

References

PrescQIPP Bulletin 76 - <https://www.prescqipp.info/media/1306/b76-emollients-20.pdf>

Bulletin 49 – <https://prescqipp.info/media/1268/b49-emollients-20.pdf>

NICE - <https://www.nice.org.uk/Guidance/CG57>
<https://pathways.nice.org.uk/pathways/eczema>

National Eczema Society:
<http://www.eczema.org/>

MIMS online (accessed Dec 18):
<http://www.mims.co.uk/>

Drug Tariff Online (accessed Dec 18):
<http://www.nhsbsa.nhs.uk/PrescriptionServices/4940.aspx>

Vale of York emollient guidelines:
<http://www.valeofyorkccg.nhs.uk/rss/data/uploads/prescribing/medal-ranked-drugs/emollients-medr-v1.03.pdf>

NHS Rotherham Emollient guidelines
<http://www.rotherhamccg.nhs.uk/Downloads/Top%20Tips%20and%20Therapeutic%20Guidelines/Therapeutic%20guidelines/Emollients%20Feb%202018.pdf>

Derbyshire Medicines Management, Prescribing and Guidelines:
http://www.derbyshiremedicinesmanagement.nhs.uk/assets/Clinical_Guidelines/Formulary_by_BNF_chapter_prescribing_guidelines/BNF_chapter_13/Chapter_13_Skin.pdf

Primary care Dermatology Society:
<http://www.pcds.org.uk/clinical-guidance/atopic-eczema>

MIMS potential skin sensitisers ingredients:
<https://www.mims.co.uk/table-emollients-potential-skin-sensitisers-ingredients/dermatology/article/1428147>

British Association of Dermatologists Specials information:
<http://www.bad.org.uk/healthcare-professionals/clinical-standards/specials>

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Approved by: The Calderdale CCG Medicines Advisory Group 17.1.19

Review by: January 2022