

Patient Group Direction

For the supply of

Clotrimazole 1% and 2% cream (20 g)

By registered community pharmacists providing the

NHS Wales Clinical Community Pharmacy Service for

the treatment of athlete's foot, fungal skin infection
(tinea corporis/tinea cruris), nappy rash and vulvo-
vaginal candidiasis

in [Powys Teaching Health Board]

Operational from: 1st July 2023

Review Date: 31st March 2026

Version number: 1.0

*PGD for the supply of clotrimazole 1% / 2% cream for the treatment of athlete's foot,
fungal skin infection (tinea corporis/ tinea cruris) and vulvo-vaginal candidiasis
as part of the Community Pharmacy Common Ailment Service
Valid from: 1st July 2023 Expiry Date: 30th June 2026*

PGD 0214
Valid from 01/07/2023
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PGD for the supply of clotrimazole 1% or 2% cream for the treatment of athlete's foot, fungal skin infection (tinea cruris/ tinea corporis), nappy rash and vulvo-vaginal candidiasis by pharmacists delivering the Common Ailment Scheme component of the Clinical Community Pharmacy Service

Reference: PGD for Clotrimazole 1% / 2% cream
 Version no: 1.0
 Valid from: 1st July 2023
 Review date: 31st March 2026
 Expiry date: 30th June 2026

Welsh Medicines Advice Service has developed this PGD for local authorisation

Those using this PGD must ensure that it is authorised by the Local Health Board in which they are operating and signed in section 2 by an appropriate authorising person, relating to the class of person by whom the product is to be supplied, in accordance with the Human Medicines Regulations 2012 (HMR2012)¹. **THE PGD IS NOT LEGAL OR VALID WITHOUT SIGNED AUTHORISATION IN ACCORDANCE WITH HMR2012 SCHEDULE 16 Part 2.**

Authorising organisations must not *alter*, *amend* or *add* to the *clinical* content of this document. Such action will invalidate the *clinical sign-off* with which it is provided.

As operation of this PGD is the responsibility of service providers, the authorising organisation can decide which staff groups, in keeping with relevant legislation, can work to the PGD.

INDIVIDUAL PRACTITIONERS MUST BE AUTHORISED BY NAME, UNDER THE CURRENT VERSION OF THIS PGD BEFORE WORKING ACCORDING TO IT.

Practitioners and organisations must check that they are using the current version of the PGD. Amendments may become necessary prior to the published expiry date.

Any queries regarding the clinical content of this PGD should be addressed to: welshmedicines.information@wales.nhs.uk

Change history:

Version number	Change details	Date
1.0	Original PGD template developed	16 th January 2023

¹ this includes any relevant amendments to legislation (e.g. [2013 No.235](#), [2015 No.178](#) and [2015 No.323](#)).

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 Valid from: 1st July 2023 Expiry Date: 30th June 2026

1. PGD development

This PGD has been developed and peer reviewed by an expert panel and approved by the Community Pharmacy Clinical Advisory Group (CPCAG) in accordance with the PGD Policy.

This section MUST REMAIN when a PGD is adopted by an organisation

Expert panel

Name	Position	Designation
Alya Al-Affan	Main author	Formulary and PGD Lead for the Common Ailments Service, Welsh Medicines Advice Service, Cardiff and Vale UHB
Louise Allen	CPCAG reviewer	Head of Community Pharmacy, Primary, Community and Intermediate Care. Cardiff and Vale UHB
Rachel James	CPCAG reviewer	Advanced Pharmacist, Community and Practice Development, Hywel Dda UHB
Dr Sarah Medicott	Medical Reviewer	Senior GP Partner on Medicines Management and Expenditure Committee, Cwm Taf Morgannwg UHB

Date CPCAG approval of PGD: 20th June 2023

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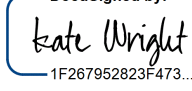
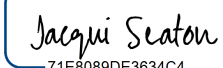
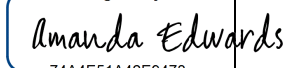

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2. Organisational authorisations

The PGD is not legally valid until it has had the authorisation of the Local Health Board in which the community pharmacy using it operates.

It is the responsibility of the Local Health Board, to ensure that all legal and governance requirements are met. The Local Health Board accepts governance responsibility for the appropriate use of the PGD.

Powys Teaching Health Board authorises this PGD for use by community pharmacies within its area that have been commissioned to provide the Common Ailments Service component of the Clinical Community Pharmacy Service. This authorisation is limited to those pharmacists that meet the requirements set out within the PGD.

Local Health Board approval (legal requirement) as per health board policy			
Role	Name	Sign	Date
Lead Doctor for PTHB	Dr Kate Wright	DocuSigned by:  1F267952823F473...	9/4/2023
Chief Pharmacist for PTHB	Jacqui Seaton	DocuSigned by:  71E8089DE3634C4...	8/23/2023
Clinical Governance Lead for PTHB	Amanda Edwards	DocuSigned by:  74A4E51A42E9473...	9/6/2023
Senior Pharmacist Lead for Community Pharmacies, PTHB	Emlyn Pritchard	DocuSigned by:  EB776BA7283F49B...	8/24/2023

Local enquiries regarding the use of this PGD may be directed to welshmedicines.information@wales.nhs.uk

[Appendix B](#) provides a practitioner listing sheet. Individual practitioners must be listed by name to work to this PGD. Alternative practitioner listing sheets may be used where appropriate in accordance with local policy, but this should be an individual agreement or a multiple practitioner listing sheet as included at the end of this PGD.

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3. Characteristics of Staff

Qualifications and professional registration	This PGD is for use by pharmacists currently registered with the General Pharmaceutical Council (GPhC).
Additional requirements	<p>Pharmacists must:</p> <ul style="list-style-type: none"> ➤ be employed by, or providing services on behalf of a pharmacy listed in the All Wales Pharmacy Database (AWPD) for the Clinical Community Pharmacy Service. ➤ be authorised by name as an approved practitioner under the current terms of this Patient Group Direction before working to it by completing Appendix B. ➤ be familiar with the medicine and alert to changes in the Summary of Product Characteristics (SmPC). ➤ have access to the Patient Group Direction and associated resources (including the service specification and the clinical guidance document supporting the PGD) and must be competent in the use of PGDs (see NICE Competency framework for health professionals using PGDs). ➤ be named in the All Wales Pharmacy Database for the Common Ailment component of the Clinical Community Pharmacy Service. ➤ have met the training requirements for the service as set out by HEIW (Health Education and Improvement Wales). ➤ be familiar with the British National Formulary (BNF) and SmPC entries for clotrimazole 1% and 2% cream. ➤ have awareness of the adverse drug reactions associated with clotrimazole 1% and 2% cream. <p>The pharmacist must be listed by name, under the current version of this PGD that has been issued by the local health board in which area they are operating before working under its authority.</p>
Ongoing training and competency	<p>Pharmacists must:</p> <ul style="list-style-type: none"> ➤ undertake regular CPD and maintain own level of competence and knowledge in this clinical area to provide the service. ➤ be aware of any updates made to the products in the SmPC and BNF. ➤ be aware of any updates to relevant national and local guidelines. ➤ as registered professionals, be professionally accountable and must work within their competence.

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	A record of any training and competency assessments undertaken must be maintained.
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4. Clinical condition

Clinical condition or situation to which this PGD applies	<p>For the management of:</p> <ul style="list-style-type: none"> ➤ athlete's foot (tinea pedis) ➤ fungal skin infection (tinea corporis/ tinea cruris) ➤ nappy rash ➤ vulvo-vaginal candidiasis <p>in accordance with the community pharmacy Common Ailment Service (CAS) component of the Clinical Community Pharmacy Service (CCPS).</p>
Criteria for inclusion	<p>Clotrimazole 1% cream can be supplied:</p> <p><u>Athlete's foot</u></p> <ul style="list-style-type: none"> ➤ To individuals over 1 month of age presenting with symptoms of athlete's foot. ➤ If the individual is pregnant: Topical treatment results in low systemic exposure of clotrimazole and so harmful effects with respect to reproductive toxicity are not predicted. Therefore, clotrimazole cream can be used during pregnancy. ➤ If the individual is breastfeeding: Although there is no data on the excretion of clotrimazole into human milk, systemic absorption is minimal after administration and is unlikely to lead to systemic effects. Clotrimazole cream may be used during breastfeeding. <p><u>Fungal skin infection (tinea corporis/tinea cruris)</u></p> <ul style="list-style-type: none"> ➤ To individuals over 1 month of age presenting with symptoms of tinea corporis/tinea cruris. ➤ If the individual is pregnant: Topical treatment results in low systemic exposure of clotrimazole and so harmful effects with respect to

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	<p>reproductive toxicity are not predicted. Therefore, clotrimazole cream can be used during pregnancy.</p> <ul style="list-style-type: none"> ➤ If the individual is breastfeeding: <p>Although there is no data on the excretion of clotrimazole into human milk, systemic absorption is minimal after administration and is unlikely to lead to systemic effects. Clotrimazole cream may be used during breastfeeding.</p>
	<p><u>Nappy rash</u></p> <ul style="list-style-type: none"> ➤ To babies over 1 month of age, presenting with symptoms of nappy rash that persists and where candida infection is suspected. <p>Clotrimazole 1% or 2% cream can be given:</p> <p><u>Vulvo-vaginal candidiasis</u></p> <ul style="list-style-type: none"> ➤ To individuals aged 16-60 years old, already being treated with 1st or 2nd line therapy for vaginal candidiasis (as listed in the CAS formulary), where vulval symptoms are also present. ➤ If the individual is pregnant: <p>Topical treatment results in low systemic exposure of clotrimazole and so harmful effects with respect to reproductive toxicity are not predicted. Therefore, clotrimazole can be used during pregnancy.</p> <ul style="list-style-type: none"> ➤ If the individual is breastfeeding: <p>Although there is no data on the excretion of clotrimazole into human milk, systemic absorption is minimal after administration and is unlikely to lead to systemic effects. Clotrimazole may be used during breastfeeding.</p> <p><u>For all indications supply can be made provided:</u></p> <ul style="list-style-type: none"> ➤ informed consent has been given (patient, parent/guardian, carer) ➤ the individual has no contraindications to clotrimazole 1% or 2% cream – see SmPC

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Criteria for exclusion²	<p><u>For all indications:</u></p> <ul style="list-style-type: none"> ➤ if the pharmacist is unsure of the diagnosis ➤ to individuals with severe, extensive or persistent symptoms ➤ to individuals with signs of an untreated bacterial or viral infection (e.g. if severe redness/soreness is present with/without exudate or if infected lesions are present)
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² Exclusion under this PGD does not necessarily mean the medication is contraindicated, but it would be outside its remit and another form of authorisation for supply will be required.

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<p>Criteria for exclusion (continued)</p>	<ul style="list-style-type: none"> ➤ to individuals who are immunocompromised as these individuals may require systemic treatment (for further information regarding supply of medication to diabetic individuals see under individual ailments below) ➤ if an individual is in significant pain and discomfort or appears systemically unwell ➤ if the individual has reinfection or recurrent episodes which fall outside maximum issues in a 12 month period ➤ if symptoms have not improved after using advised treatment ➤ if the pharmacist is unable to undertake an appropriate assessment, in order to determine the need for the medicine and that it would be appropriate for the patient to use it ➤ to individuals who are unable to administer or use the product effectively themselves or who do not have a parent/guardian/carer to administer or apply the medication for them ➤ if individual does not agree to share relevant clinical information ➤ to individuals with known hypersensitivity to clotrimazole 1% or 2% cream or any of the excipients – see SmPC <p><u>Athlete's foot:</u></p> <p>Clotrimazole 1% cream should not be supplied:</p> <ul style="list-style-type: none"> ➤ if an individual is in significant pain and discomfort ➤ to an individual with diabetes, if, in the opinion of the pharmacist - <ul style="list-style-type: none"> ○ there are concerns regarding diabetic control ○ the individual is at increased risk of detrimental symptoms associated with poorly controlled diabetes; symptoms can include thirst, blurred vision, fatigue and increased frequency of urination, poor sensation to extremities and poor circulation ○ the individual is unsure how to manage their diabetes ➤ if the intended use is for more than 28 days ➤ if the intended use is for an area other than the affected
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(continued over page)	<p>toes/feet</p> <ul style="list-style-type: none"> ➤ to treat nail/scalp infections
<p>Criteria for exclusion (continued)</p>	<p><u>Fungal skin infection (tinea corporis/tinea cruris)</u></p> <p>Clotrimazole 1% cream should not be supplied:</p> <ul style="list-style-type: none"> ➤ to an individual with diabetes, if, in the opinion of the pharmacist - <ul style="list-style-type: none"> ○ there are concerns regarding diabetic control of the individual ○ the individual is at increased risk of detrimental symptoms associated with poorly controlled diabetes; symptoms can include thirst, blurred vision, fatigue and increased frequency of urination ○ the individual is unsure how to manage their diabetes <p><u>Nappy rash</u></p> <p>Clotrimazole 1% cream should not be supplied:</p> <ul style="list-style-type: none"> ➤ if a topical hydrocortisone preparation is being used unless the candida infection has settled and inflammation is still present (shouldn't be used concurrently) ➤ where a barrier preparation is being used on the affected area until the candida infection has settled ➤ if punched out ulcers or erosions with elevated borders are present (possible erosive diaper dermatitis) ➤ if smooth, red, moist papules or nodules are present in the nappy area, around the perianal skin and /or involving genital, suprapubic and buttock skin (suspected perianal pseudoverrucous) ➤ if asymptomatic, cherry-red, 0.5 cm-4 cm plaques and nodules present (suspected granuloma gluteal infantum) <p><u>Vulvo-vaginal candidiasis</u></p> <ul style="list-style-type: none"> ➤ To individuals with diabetes if: <ul style="list-style-type: none"> ○ there are concerns regarding the individual's diabetic control

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(continued over page)	<ul style="list-style-type: none"> ○ the individual is at increased risk of detrimental symptoms associated with poorly controlled diabetes; symptoms can include thirst, blurred vision, fatigue and increased frequency of urination ○ the individual is unsure how to manage their diabetes <p>➤ If a foul-smelling vaginal discharge is present</p>
Criteria for exclusion (continued)	<ul style="list-style-type: none"> ➤ In the presence of increased urinary frequency ➤ In the presence of abnormal vaginal bleeding/blood-stained discharge of unidentified cause ➤ In the presence of vulval or vaginal ulcers, blisters or sores ➤ In the presence of unidentified abdominal pain or dysuria ➤ If the individual is experiencing nausea, vomiting or diarrhoea ➤ If diagnosis is unclear and the individual has a history of a sexually transmitted infection (STI) ➤ If the individual has current exposure to a partner with an STI ➤ If the individual has had more than two treated episodes in the last 6 months ➤ Recurrent or unresolved symptoms of vulvovaginal candidiasis within 4 weeks of being treated
Cautions (including relevant actions to be taken)	<p>Please refer to the SmPC for clotrimazole 1% or 2% cream for full details of special warnings and precautions for use.</p> <ul style="list-style-type: none"> ➤ Clotrimazole 1% and 2% cream is for external use only. ➤ Individuals should be informed not to smoke or go near naked flames when using this cream due to the risk of severe burns. ➤ Fabric (clothing, bedding, dressings etc) that has been in contact with this product burns more easily and is a serious fire hazard. Washing clothing and bedding may reduce product build-up but not totally remove it. <p>Athlete's foot</p> <p>Individuals with diabetes can be supplied with treatment if, in the opinion of the pharmacist, there are no concerns or symptoms</p>

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(continued over page)	<p>suggestive of poor control. For example, thirst, blurred vision, fatigue, poor sensation to extremities, poor circulation etc. Where treatment is supplied, the individual must be advised to make an appointment with their diabetic clinic/diabetic nurse for review within 7 days of supply.</p> <p>Fungal skin infection (tinea corporis/tinea cruris)</p> <ul style="list-style-type: none"> ➤ Individuals with diabetes can be supplied with treatment if, in the opinion of the pharmacist, there are no concerns or symptoms suggestive of poor control. For example, thirst, blurred vision, fatigue etc.
<p>Cautions (including relevant actions to be taken) (continued)</p>	<p>Vulvo-vaginal candidiasis</p> <ul style="list-style-type: none"> ➤ Individuals with diabetes can be supplied with treatment if, in the opinion of the pharmacist, there are no concerns or symptoms suggestive of poor control. For example, thirst, blurred vision, fatigue etc. ➤ Previous history of a sexually transmitted disease or exposure to a partner with a sexually transmitted disease. In this case, a referral to the GP may be indicated. ➤ When clotrimazole cream is used with latex contraceptives it may damage them, thus reducing their effectiveness. Individuals should therefore use alternative precautions for at least 5 days after using the cream. ➤ Superficial pain on intercourse (dyspareunia) may be a symptom of vaginal candidiasis. ➤ If, following a discussion with the patient, the pharmacist feels that the pain is not related to vaginal thrush, refer to GP. ➤ If the pharmacist is comfortable that symptoms are related to vaginal candidiasis and treatment is supplied, advise the individual to promptly see their GP if any pain on intercourse has not resolved after treatment. <p>See also drug interactions section below for additional cautions.</p>
<p>Action to be taken if the individual is excluded or declines treatment</p>	<ul style="list-style-type: none"> ➤ Explain the reasons for exclusion to the individual and document in the consultation record. ➤ If the individual declines, record the reason and advise of the consequences of not receiving treatment. Document the advice

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	<p>given alongside details of any referral made and their (patient, parent, guardian) intended actions.</p> <ul style="list-style-type: none"> ➤ If appropriate, patients may be offered a suitable alternative to clotrimazole 1% or 2% cream from the All Wales Common Ailments Service Formulary. Alternatively, refer the individual to their GP if appropriate and/or provide them with information about further options. ➤ Where there are safeguarding concerns, seek advice from local safeguarding services.
Further advice	<ul style="list-style-type: none"> ➤ Further information can be found in the SmPC, BNF and the All Wales Common Ailments Service Formulary.

5. Description of treatment

Name, strength & formulation of drug	<p>Clotrimazole 1% cream (non-proprietary)</p> <p>Clotrimazole 2% cream (non-proprietary)</p>
Legal category	<p>GSL (General Sales List)</p> <p>P (Pharmacy only)</p>
Black triangle ▼	No
Off-label use	<p>Yes</p> <ul style="list-style-type: none"> • SmPC states the product can be used in pregnancy/breastfeeding, but only under the supervision of a physician or midwife. • SmPC states medical advice should be sought if this is the first time the patient has experienced symptoms of vaginal candidiasis. <p>Where a drug is recommended off-label, consider as part of the consent process, informing the individual/parent/carer that the drug is being offered in accordance with national guidance but that this is outside the product license.</p>
Route / method of administration	Topical. For external cutaneous use only.
Dose and frequency of administration	<p><u>Clotrimazole 1% cream:</u></p> <p><i>Athlete's foot:</i> for individuals over 1 month of age</p>

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(continued over page)	<p>Apply thinly to the affected area TWO to THREE times a day for at least 28 days until all skin lesions are healed.</p> <p>A strip of about 0.5 cm long is enough to treat an area about the size of an adult hand.</p> <p><i>Fungal skin infection (tinea corporis/tinea cruris):</i> for individuals over 1 month of age</p> <p>Apply thinly to the affected area TWO to THREE times a day for at least 28 days until all skin lesions are healed.</p> <p>A strip of about 0.5 cm long is enough to treat an area about the size of an adult hand.</p>
<p>Dose and frequency of administration</p> <p>(continued)</p>	<p><i>Nappy rash:</i> for infants over 1 month of age</p> <p>Apply thinly to the affected area TWO to THREE times a day and rub in gently until the area is healed.</p> <p>A strip of about 0.5 cm long is enough to treat an area about the size of an adult hand.</p> <p><i>Vulvo-vaginal candidiasis (with vulval symptoms):</i> for individuals 16-60 years of age</p> <p>Apply thinly to the affected area TWO to THREE times a day for a maximum of 14 days.</p> <p><u>Clotrimazole 2% cream:</u></p> <p><i>Vaginal candidiasis (with vulval symptoms):</i> for individuals 16-60 years of age</p> <p>Apply thinly to the affected area TWO to THREE times a day for a maximum of 14 days.</p>
<p>Duration of treatment</p>	<p>This PGD only allows for the duration stated in the dosage schedule above, depending on indication.</p>
<p>Quantity to be supplied/administered</p>	<p>Appropriately labelled pack to provide treatment for a minimum of 7 days, dependent on dosing schedule.</p> <p>Between 1 x 20 g and 4 x 20 g pack(s) to provide sufficient quantity for treatment at the dose and duration of indicated schedule.</p>
<p>Drug interactions</p>	<p>➤ The SmPC for clotrimazole 1% / 2% cream does not state any known drug interactions.</p> <p>Cautions</p>

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	<p>➤ The BNF states that since systemic absorption can follow topical application, the possibility of interactions with topical clotrimazole should be considered. Avoid concomitant administration with the following (theoretical risk) or separate doses as per recommendations below:</p> <ul style="list-style-type: none"> ○ lomitapide (separating administration by 12 hours is recommended). ○ sodium zirconium cyclosilicate (separating administration by 2 hours is recommended). <p>A detailed list of drug interactions can be found in the SmPC and the BNF.</p>
<p>Identification & management of adverse reactions</p>	<p>A detailed list of adverse reactions is available in the SmPC, and the BNF. This list does not reflect all reported side effects.</p> <p>If the individual experiences any of the following they must discontinue treatment:</p> <ul style="list-style-type: none"> ➤ difficulty breathing or swallowing ➤ swelling of the mouth, face, lips, tongue or throat (severe allergic reaction symptoms) ➤ severe itching of the skin, with a rash or raised lumps, hives or blisters <p>The following possible side effects are based on spontaneous reports, therefore assigning frequency of occurrence for each is not possible:</p> <ul style="list-style-type: none"> ➤ syncope, hypotension ➤ dyspnoea ➤ contact dermatitis, blistering, erythema, paraesthesia, skin exfoliation, pruritis, rash, urticaria, stinging skin/burning skin sensation ➤ application site irritation, application site reaction, oedema, pain

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<p>Patient or carer advice/follow up</p> <p>(continued over page)</p>	<p>Supply the marketing authorisation holder's patient information leaflet (PIL).</p> <p>For all indications, inform the individual or their carer:</p> <ul style="list-style-type: none"> ➤ skin should be clean and dry prior to application and should be applied in a thin layer on and around the affected skin; the cream should be rubbed in gently. ➤ the infection usually appears to improve within a few days of starting to use the cream. ➤ it is important that the individual uses the cream regularly even when the infection improves. ➤ full skin healing after fungal infection has cleared will continue for up to 4 weeks; if there is no sign of improvement within 7 days of starting treatment, they should talk to their GP. <p>Inform the individual or their carer:</p> <p><u>Athlete's foot</u></p> <ul style="list-style-type: none"> ➤ If applicable, that immunocompromised individuals (including individuals who have diabetes) are at increased risk of developing a severe, resistant or extensive fungal foot
<p>Patient or carer advice/follow up</p> <p>(continued)</p>	<p>infection. As a result, the infection should be monitored and if not healing or worsening the individual should seek medical attention.</p> <ul style="list-style-type: none"> ➤ To minimise exposure to risk factors for developing recurrent fungal foot infection including: <ul style="list-style-type: none"> ○ hot, humid climates or working in high temperature environments ○ wearing occlusive footwear (may be prevalent in e.g. athletes, soldiers, construction workers); wear footwear that keeps the feet cool and dry, leaving shoes and socks off as much as possible when at home instead ○ walking on floor surfaces contaminated with infectious desquamated skin scales e.g. communal shower facilities, swimming pools and saunas ○ hyperhidrosis (if able via treatment options available OTC or via the GP)

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<p>(continued over page)</p>	<ul style="list-style-type: none"> ➤ Wear a fresh pair of cotton socks every day. ➤ Change to a different pair of shoes every 2–3 days. ➤ Wash the feet daily, then dry them thoroughly, especially between the toes. ➤ Avoid using moisturiser between the toes because this may help fungi to multiply. ➤ Antifungal dusting powders may help prevent re-infection. ➤ To reduce transmission risk do not share towels, and wash them frequently. <p><u>Fungal skin infection (tinea corporis/tinea cruris)</u></p> <ul style="list-style-type: none"> ➤ Minimise exposure to risk factors for developing recurrent fungal foot infection including: <ul style="list-style-type: none"> ○ hot, humid climates or working in high temperature environments ○ avoid wearing tight-fitting clothing; wear loose-fitting clothes made of cotton or a material designed to keep moisture away from the skin instead ○ maintain good hygiene by washing affected skin areas daily; after washing, dry thoroughly, especially in the skin folds
<p>Patient or carer advice/follow up (continued)</p>	<ul style="list-style-type: none"> ○ avoid scratching affected skin, as this may spread infection to other sites ○ do not share towels, and wash them frequently, to reduce the risk of transmission ○ wash clothes and bed linen frequently to eradicate fungal spores ○ consider losing weight if obese ○ take your pet to the vet if you think they might have ringworm (for example, patches of missing fur) ○ hyperhidrosis (if able via treatment options available OTC or via the GP) <p><u>Vulvo-vaginal candidiasis</u></p>

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(continued over page)	<ul style="list-style-type: none"> ➤ Minimise exposure to risk factors for developing recurrent vaginal/vulval candidiasis, including: <ul style="list-style-type: none"> ○ use water and an emollient, instead of soap, to clean or moisturise the vulval area, and dry properly ○ avoid potential irritants in toiletries (including soaps or shower gels), antiseptics, wipes, and 'feminine hygiene' products ○ avoid vaginal douching ○ avoid washing underwear in biological washing powder and avoid fabric conditioners ○ wear cotton underwear ○ avoid tight fitting clothing and non-absorbent clothing ➤ See GP if symptoms not improving within 7 days. ➤ If using a concurrent intravaginal pessary, avoid treatment during the menstrual period due to the risk of the pessary being washed out by the menstrual flow. Do not use tampons, intravaginal douches, spermicides or other vaginal products while using the pessary. ➤ Avoid use of complementary therapies such as application of yoghurt, topical or oral probiotics, and tea tree or other essential oils. ➤ Clotrimazole cream may cause damage to latex condoms, thus reducing the effectiveness of such contraceptives. It is advised to use alternative precautions during and for at least 5 days after using this cream.
Patient or carer advice/follow up (continued)	<ul style="list-style-type: none"> ➤ If sexual partner is symptomatic, treatment should be sought by them and they should consider accessing sexual health screening. <p>Signposting</p> <p>Inform the individual or their carer:</p> <ul style="list-style-type: none"> ➤ if they get any side effects, to talk to their doctor, or pharmacist or nurse and report any suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) by using the Yellow Card reporting scheme. This includes any possible side effects not listed in the PIL.

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	<ul style="list-style-type: none"> ➤ to seek medical advice if their condition deteriorates and/or they become systemically unwell. ➤ to read the PIL before taking the medication. ➤ to visit the NHS website on athlete's foot, fungal skin infection, nappy rash or vulvovaginal candidiasis for more information.
Records	<p>The consultation details including any medication supplied under this PGD must be recorded in Choose Pharmacy at the time of the consultation. Where the Choose Pharmacy platform is not available, temporary records must be made using the paper-based consultation record. Paper based records must be transferred into Choose Pharmacy as soon as practically possible following the consultation. If the patient is excluded, a record of the reason for exclusion and any specific advice that has been given must be documented within the consultation notes.</p>

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Appendices

Appendix A: Key references

- British National Formulary (BNF) – current edition. Available from: <https://bnf.nice.org.uk/> [accessed 20 March 2023]
- Summary Product Characteristics (SmPC). Available from: <https://www.medicines.org.uk/emc> [accessed 20 March 2023]
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Appendix B: *Healthcare Professionals Agreement to Practice*

Authorisation for the use of the Patient Group Direction for the supply of:
Clotrimazole 1% or 2% cream by community pharmacists under the Clinical Community Pharmacy Service, Common Ailment Service (for the treatment of athlete's foot, fungal skin infection (tinea corporis/ tinea cruris), nappy rash and vulvo-vaginal candidiasis)) commissioned by Powys Teaching Health Board

Patient Group Directions do not remove inherent professional obligations or accountability.

Once completed and approved, health professionals wishing to use the PGD must sign up to the PGD for the local health board in which they will be providing services. Only pharmacists who are accredited in line with the National Service Specification can operate under the PGD.

This Patient Group Direction is to be read, agreed and signed by all registered healthcare professionals authorised to operate the PGD. By signing this document, the professional operating the PGD confirms that they have read and understood the content of this PGD and are willing and competent to work under it within their professional code of conduct. One copy should be given to each named pharmacist and a signed copy must be kept within the pharmacy by the nominated member of staff with responsibility for PGDs. This will usually be the Superintendent Pharmacist or Responsible Pharmacist.

Name and address of pharmacy:

For registered professional

I confirm that I have read and understood the content of this PGD and that I am willing and competent to work under it within my professional code of conduct.

Name of registered pharmacist	Signature	GPhC number	Date

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