Cost effective prescribing of emollients

This document is intended to guide cost effective prescribing when initiating or changing emollient therapy. Prescribing may involve trialling different emollients (in small quantities) until a suitable preparation that is acceptable to the patient is found.

Additional resources available: Bulletin | Data pack | Patient letter

http://www.prescqipp.info/resources/viewcategory/344-emollients

Key recommendations[1-14]

- Agree a local list of cost effective emollients with local dermatologists and other key stakeholders. These should be a starting point for prescribing. Suggestions have been made in this bulletin based on cost per 100g/100ml of product.
- When initiating prescribing, patient preference as well as severity of condition and site of application should be considered.
- Ensure that the indication is a documented dermatological condition. Prescribing of emollients for non-clinical cosmetic purposes is not recommended and should be reviewed.
- Initially prescribe a small amount to gauge suitability to patient. Once a suitable emollient is found, prescribe a sufficient amount (see table 5 in the full bulletin).
- Check sensitivities and previous emollients that have been unsuccessfully tried before prescribing.
- Do not prescribe moisturisers and creams not listed in the Drug Tariff. These are considered to be cosmetic treatments.
- Prescribe a cost effective alternative to soap for the patient to wash with.
- Aqueous cream carries a higher risk of causing skin irritation particularly in children with eczema, possibly due to its sodium lauryl sulphate content. There are several cost effective leave-on emollients and soap substitutes that can be chosen instead.
- State criteria for using emollients containing additional ingredients such as antimicrobials or urea, to avoid routine use of these products.
- Prescribe pump dispensers to minimize the risk of bacterial contamination, when they are available for the patient's selected emollient. For emollients that come in pots, using a clean spoon or spatula (rather than fingers) to remove the emollient helps to minimize contamination.
- Review repeat prescriptions of individual products and combinations of products at least once a year to ensure that therapy remains optimal in accordance with NICE guidance.

Emollients with additional ingredients

- Use of emollients containing antimicrobials should be targeted and short term.
- It is reasonable to target use of emollients containing urea (a keratin softener and hydrating agent[5]) to specific groups, e.g. those with scaling skin, or those who have tried other emollients without success.

There are no products that cost below the £1.15 per 100ml/100g threshold within these categories. See full bulletin for further details.

Bath and shower emollients

People with dry skin conditions should be offered an alternative to soap to wash with.[2-4,6-10] This could be either:

- A regular leave on emollient that is also suitable for use as a soap-substitute. Many standard emollients can be used in this way (products that are completely immiscible with water such as 50:50 white soft paraffin and liquid paraffin ointment are not suitable).
- Or, an emollient product designed specifically for washing with in the bath or shower.

There are a number of cost effective options for both of the above approaches to avoiding soap use. See full bulletin for further details.

Cost savings

(Based on ePACT data Dec 2014 - Feb 2015)

The national annual spend on emollients is nearly £116.2 million.

If all the preferred choices were prescribed, **the potential annual cost saving across NHS England would be approximately £14.2 million**.

See full bulletin for details of preferred products and prices of individual products.

Further savings may be possible by directing prescribers to cost effective alternatives to soap, and by ensuring emollients containing additional ingredients such as antimicrobials or urea are used appropriately.

References

1. Hoare C, Li Wan Po A, Williams H. Systematic review of treatments for atopic eczema. Health Technology Assessment 2000;4:(37)
2. National Institute for Health and Clinical Excellence (NICE): Atopic eczema in children - Management of atopic eczema in children from birth up to the age of 12 years. [CG57] London: National Collaborating Centre for Women's and Children's Health; 2007. Accessed via: http://www.nice.org.uk/guidance/CG57/chapter/1-Guidance Accessed 06/06/2014
3. Scottish Intercollegiate Guidelines Network (SIGN). Management of atopic eczema in primary care. SIGN no. 125. March 2011. http://www.sign.ac.uk/pdf/sign125.pdf Accessed 06/06/2014
4. Eczema - atopic, Clinical Knowledge Summary, last revised August 2012. Accessed via www.cks.nice.org.uk March 2013.
5. British National Formulary. London: British Medical Association and The Royal Pharmaceutical Society of Great Britain; Accessed on December 2014 and January 2015 via https://www.medicinescomplete.com/mc/bnf/current/
6. Emollient Prescribing Guidelines, NHS Rotherham. Ratified October 2012, review October 2014.
7. British Association of Dermatologists & Primary Care Dermatology Society. Guidelines on the management of atopic eczema. 2006, reviewed Jan 2010. Accessed via: http://www.bad.org.uk Accessed 10/06/2014
8. Penzer R. Best Practice in Emollient Therapy – A statement for healthcare professionals. December 2012 Dermatological Nursing 2012;11(4):s1-s19. http://www.bdng.org.uk/documents/EmollientBPG.pdf Accessed 28/07/2014
9. National Eczema Society website. Emollients. Accessed 28/07/2014 http://www.eczema.org/emollients
10. Knott L. Emollients (moisturisers) for Eczema Patient.co.uk website Last checked: 21/02/2012 Accessed 28/07/2014 http://www.patient.co.uk/health/Emollients-(Moisturisers)-for-Eczema.htm
11. Martindale: The Complete Drug Reference. Urea drug monograph. Accessed January 2015 via www.medicinescomplete.com
12. MHRA Drug Safety Alert. Aqueous cream: may cause skin irritation, particularly in children with eczema, possibly due to sodium lauryl sulfate content. March 2013 http://www.mhra.gov.uk/Safetyinformation/DrugSafetyUpdate/CON254804 Accessed 28/07/2014
13. Bath emollients for atopic eczema: why use them? Drugs and Therapeutics Bulletin 2007;45:73-5
14. Tarr A, Iheanacho I. Should we use bath emollients for atopic eczema? BMJ 2009; 339:b4273