

## Rubefacients for the treatment of soft-tissue disorders and topical pain relief (DROP-List)

This briefing focuses on the prescribing of rubefacients, their review and discontinuation if appropriate. Rubefacients feature on the DROP-List as an item that has limited clinical value, is on the National Institute for Health and Care Excellence (NICE) 'do not do' list, is suitable for self care and should be purchased over-the-counter (OTC) if a patient wishes to use them.<sup>1</sup>

### Recommendations

- All patients prescribed rubefacients should have their therapy reviewed.
- Discontinue the prescribing of rubefacients on FP10.
- Consider recommending or prescribing an effective alternative treatment if appropriate.
- If these patients still wish to use a rubefacient they should be advised that they can be purchased as self care OTC with the support of the community pharmacist.
- Do not initiate new prescriptions for rubefacients.

### Costs and savings

There are many rubefacients on the market and the products vary in composition and cost. A table of costs is available in the accompanying bulletin.

In England over £6.9 million was spent on prescribing rubefacients over the course of a year (ePACT data March - May 2015). It is hoped that prescribers will recognise that the evidence available does not support the use of rubefacients and they will participate in releasing cost savings by reviewing their use.

**An 80% reduction in the prescribing of rubefacients, could release savings of approximately to £5.5 million across England.**

**This equates to £9,770 per 100,000 patients.**

### Rationale for discontinuation of prescribing rubefacients

The BNF states that there is a lack of evidence to support the use of rubefacients in acute or chronic musculoskeletal pain.<sup>2</sup> A recently updated Cochrane review looked at salicylate-containing rubefacients for acute and chronic musculoskeletal pain in adults and found that any evidence of efficacy came from the older, smaller studies, while the larger, more recent studies showed no effect.<sup>3</sup>

In February 2014, the NICE included "do not offer rubefacients for treating osteoarthritis" to its 'do not do' recommendations database. This is a database of NHS clinical practices that they recommend should be discontinued completely or should not be used routinely as they are not on balance beneficial or there is a lack of evidence to support continued use.<sup>4,5</sup>

Scottish Intercollegiate Guidelines Network (SIGN) clinical guidelines for the management of chronic pain include topical rubefacients treatment. It states that they are more effective than topical placebo for pain reduction and they should be considered only if other pharmacological therapies have been ineffective.<sup>6</sup>

The NICE Clinical Knowledge Summaries for the treatment of chilblains states that patients should be informed that no evidence supports the use of OTC topical preparations for chilblains, and they are not recommended.<sup>7</sup>

Some rubefacients are included in Part XVIII A of the Drug Tariff - Drugs, Medicines and Other Substances not to be ordered under a General Medical Services Contract. Examples include: Mentholatum Deep Freeze Spray; Mentholatum Deep Heat Rub; Ralgex Cream and Elliman's Universal Embrocation. These are not permitted on FP10 and will not be reimbursed by the NHS Prescription Services.<sup>8</sup>

### Benefits to patients

- Patients are counselled to help them understand that using rubefacients are unlikely to help relieve their musculoskeletal pain and therefore they will not be prescribed on FP10.
- If considered appropriate patients are recommended or prescribed an effective alternative treatment.
- A reduction in the prescribing of rubefacients will release cost savings for the NHS which could be invested in improving local healthcare services for patients.

Additional resources available:



Bulletin



Data pack



Patient letter & audit

<http://www.prescqiip.info/resources/viewcategory/402-rubefacients-drop-list>

## References

1. The PrescQIPP DROP-List. Bulletin 63. May 2014. Version 3.01. Available at [www.prescqipp.info](http://www.prescqipp.info)
2. British National Formulary. February 2015. Accessed 23/02/2015. Available online at <https://www.medicinescomplete.com/mc/bnf/current/index.htm>
3. Derry S, Matthews PRL, Wiffen PJ, Moore RA. Salicylate-containing rubefacients for acute and chronic musculoskeletal pain in adults. Cochrane Database of Systematic Reviews. November 2014, Issue 11. Art. No.: CD007403. DOI: 10.1002/14651858.CD007403.pub3 Accessed 27/02/2015. Available online at <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD007403.pub3/abstract>
4. National Institute for Health and Care Excellence (NICE). Do not do recommendations. Do not offer rubefacients for treating osteoarthritis. February 2014. Accessed 28/02/2015. Available online at: <https://www.nice.org.uk/donotdo/do-not-offer-rubefacients-for-treating-osteoarthritis>
5. National Institute for Health and Care Excellence (NICE), Clinical Guideline 177. Osteoarthritis: Care and management in adults. February 2014. Accessed 03/03/2015. Available online at <http://www.nice.org.uk/guidance/CG177>
6. Scottish Intercollegiate Guidelines Network (SIGN), Management of chronic pain, A national clinical guideline. SIGN 136. December 2013. Accessed 03/03/2015. Available online at <http://sign.ac.uk/guidelines/fulltext/136/index.html>
7. National Institute for Health and Care Excellence (NICE). Clinical Knowledge Summaries (CKS). Chilblains. August 2013. Accessed 22/04/2015. Available online at <http://cks.nice.org.uk/chilblains#!scenario>
8. Drug Tariff, March 2015. Accessed 06/03/2015. Available online at [http://www.ppa.org.uk/ppa/edt\\_intro.htm](http://www.ppa.org.uk/ppa/edt_intro.htm)

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