Emollient prescribing for eczema: information for patients

Are you finding it difficult to get emollients on prescription?

Over the last year, National Eczema Society has heard from many people with eczema who are no longer prescribed their preferred emollient or, in some cases, are no longer prescribed an emollient at all. You may have experienced one or more of the following situations:

- **Unexpectedly being prescribed an alternative emollient**

You or your child may have been prescribed an alternative emollient in an attempt to save costs. It is known as 'script-switching' when a medication is changed to a cheaper alternative, sometimes without any warning or discussion with your GP or pharmacist.

  - Sometimes alternative emollients aren't as effective or suitable as people's preferred emollient. Eczema is a very individual condition; different emollients suit different people.
  - Sometimes the packaging design of an alternative emollient can prove difficult to use for some people with eczema. People with weak hand grips (e.g. older people) may struggle to use 'mayonnaise-style' dispenser bottles.

- **Not being prescribed emollient altogether**

Recent NHS England guidance recommends that GPs should stop prescribing emollients for mild dry skin and mild irritant dermatitis. Some commissioners have incorrectly interpreted this guidance to mean that they should stop prescribing emollients for eczema.

- **Not being prescribed sufficient quantities of emollient**

Prescribing smaller quantities of emollient is seen as another way to save costs. Sometimes patients are asked to make their emollient last longer or the numbers of pumps/tubs prescribed each month are reduced.

People with all types of eczema other than mild irritant dermatitis <u>are</u> entitled to emollients on prescription.

Liberal and frequent use of emollients is essential for the effective management of all types of eczema. The recommended amount of emollient to be used is 500g per week for older children and adults, and 250g per week for younger children.

Everyone diagnosed with eczema (other than mild irritant dermatitis) is entitled to emollients on prescription. If you or your child are prescribed an alternative emollient that doesn't work effectively, you are entitled to have a different one (that is listed on the Drug Tariff) prescribed instead.

Please show your GP or pharmacist the information overleaf, which sets out why you or your child are entitled to obtain emollients on prescription.

National Eczema Society, November 2018

NATIONAL ECZEMA SOCIETY

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www.eczema.org

Emollient prescribing for eczema: information for primary care prescribers

Recent NHS England guidance lists emollients as items that should no longer be prescribed for mild dry skin and mild irritant dermatitis. This guidance does **not** include emollients for any type of eczema other than mild irritant dermatitis. Eczema, as a long-term condition, is included as an exception in the guidance: 'Patients prescribed an OTC treatment for a long term condition' (p. 12).

Liberal and frequent use of emollients is essential for the effective management of all types of eczema. The NICE guideline for children on 'Atopic eczema in under 12s: diagnosis and management' states:

- Emollients should form the basis of atopic eczema management and should always be used, even when the atopic eczema is clear.
- Healthcare professionals should offer children with atopic eczema a choice of unperfumed emollients to use every day for moisturising, washing and bathing.
- Leave-on emollients should be prescribed in large quantities (250–500g weekly).
- Healthcare professionals should offer an alternative emollient if a particular emollient causes irritation or is not acceptable to a child with atopic eczema.

Clinical guidance on eczema in adults and children from the Primary Care Dermatology Society (PCDS) offers the same advice.

Emollients are the mainstay of eczema treatment. Good evidence shows that regular emollient use prevents flare-ups and reduces topical steroid use. 'Compliance is essential and so always review patients to check they are happy with what has been prescribed – it may be necessary to try a range of emollients before the patient settles on the best combination.' (PCDS)

Clinical Commissioning Group (CCG) formularies advise using emollients with the lowest acquisition costs. However, emollients are unlike other medications, which are switched to lower cost generics, as there are no 'generic' emollients. Each emollient is different in its composition and additives. Switching to a cheaper emollient might not actually save costs for the following reasons:

- There is no evidence that all emollients are equivalent. The best emollient is therefore the one that the patient will actually use.
- If an alternative emollient does not suit a patient, it will not be used and the patient is more likely to have a flare-up of their eczema leading to consultations.
- Cost differences in emollients are relatively small and likely to be outweighed by more patient appointments and consulting.

References:

- Moncrieff G. et al, 'Cost and effectiveness of prescribing emollient therapy for atopic eczema in UK' (2018) BMC Dermatology Journal: www.ncbi.nlm.nih.gov/pubmed/30373584
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- Simpson E.L. et al, 'Emollient enhancement of the skin barrier from birth offers effective atopic dermatitis prevention' (2014) J Allergy Clin Immunol: www.ncbi.nlm.nih.gov/pmc/articles/PMC4180007/
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