



Emollient prescribing for psoriasis: Information for primary care prescribers

Dear GP,

Recent NHS England guidance¹ lists emollients as items that should no longer be prescribed for mild, dry and pruritic skin conditions. This guidance does **not** include emollients for any type of psoriasis. Psoriasis, as a long-term chronic 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 effective management of all types of psoriasis. The British Association of Dermatologists explain that emollients work by moisturising dry skin, reducing scaling and relieving itching. They soften cracked areas and help other topical treatment get through the skin and work more effectively. They can also be used instead of soap for washing and cleansing washing and should be applied as often as needed until the skin is no longer dry². **They are essential for treating psoriasis.**

Dr Bruce Warner, Deputy Chief Pharmaceutical Officer at NHS England has recently issued a statement affirming that *"The clinical working group did not intend for this guidance to be used as a mechanism to initiate a blanket ban on emollients. If CCGs have implemented the guidance as intended, patients with chronic and severe skin conditions should still be able to receive their emollients on prescription as it is a chronic condition. The recommendation in this guidance only applies to those with mild dry skin."*

Similarly, 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 composition and additives. Switching to a cheaper emollient might not actually save costs in the long run 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 psoriasis leading to further consultations
- Cost differences in emollients are relatively small and likely to be outweighed by more patient appointments and consulting.

Anyone diagnosed with any type of psoriasis is entitled to receive emollients on prescription.

The Psoriasis Association, August 2019



References:

1. NHS England 'Guidance for which over the counter items should not routinely be prescribed in primary care' (2018) <https://www.england.nhs.uk/wp-content/uploads/2018/03/otc-guidance-for-cggs.pdf>
2. BAD Patient information Leaflet – 'Psoriasis: Topical Treatments - <http://www.bad.org.uk/shared/get-file.ashx?id=123&itemtype=document>