Cost-effective prescribing in dermatology

This bulletin provides an overview of appropriate, cost-effective topical treatment choices for psoriasis and eczema, topical corticosteroids and dermatology specials. This bulletin should be read in conjunction with the following resources on emollients and shampoo and scalp preparations:

- Bulletin 239. Emollients
- Bulletin 312. Shampoos and scalp preparations

Key recommendations

- Use a licensed topical product in preference to dermatology specials.
- Prescribe appropriate quantities, specific to the body area.
- Ensure that topical preparations are added to the acute, rather than repeat prescriptions (or if appropriate for management, 'variable repeat') to ensure there is a regular review of the continued need.
- Vitamin D analogue monotherapy (calcipotriol, calcitriol, tacalcitol) and/or corticosteroid therapy are first line treatments for the majority of patients with chronic plaque psoriasis. If both vitamin D and a corticosteroid are needed together, prescribe these separately, one in the morning and the other in the evening, rather than using a combination product.

Topical corticosteroids

- Do not initiate very potent topical corticosteroids in primary care.
- Use the most cost-effective topical corticosteroid of the lowest potency required, taking into account patient formulation preference, pack size needed for the area to be covered and frequency of application.
- Educate patients on the amount of topical corticosteroid to be used in fingertip units and how long it should be used for, especially when used on sensitive parts of the body such as the face and genitals.
- Use short term or intermittently.
- Consider reducing the potency or frequency of application (or both) for patients currently receiving long-term topical corticosteroid treatment.
- Avoid using combined corticosteroid/antimicrobial preparations as this will increase the risk of antibiotic resistance.

Vitamin D analogues

- When a vitamin D analogue is required, use the least costly preparation suitable for the individual. Dovonex® (calcipotriol) ointment is the least expensive of the vitamin D analogue preparations when used at the maximum weekly (100g) application for four weeks.
- A potent corticosteroid and vitamin D/vitamin D analogue (one applied in the morning and the other in the evening) are offered first-line for psoriasis of the trunk and/or limbs.
- Enstilar® foam is more expensive than Dovobet® gel and generic calcipotriol/betamethasone gel, but may be considered as an alternative to these preparations to aid adherence to treatment.
- Calcipotriol scalp solution for the treatment of scalp psoriasis is expensive and should only be used in people who are intolerant of, or cannot use, topical corticosteroids and have mild to moderate scalp psoriasis.

Dermatology specials products

- Develop a local formulary with dermatologists that lists the dermatology specials that can be prescribed and where they can be obtained from.
- If an unlicensed topical preparation is required, consider prescribing only those listed on the British Association of Dermatologists (BAD) list.
- Review the prescribing of any dermatology specials which are non-formulary or not on the BAD list. Assess if there is a continued need for prescribing or whether a licensed, formulary or BAD list preparation would be a suitable alternative for the individual.
- Prescribe appropriate quantities to reduce potential waste due to the short expiry date.

Costs and savings

By reviewing topical corticosteroid prescribing (excluding those containing antimicrobials or OTC products) and ensuring that the least costly preparation within each topical corticosteroid potency group, that is suitable for the individual is used, **could result in savings of £6.6million in England and Wales and £948,851 in Scotland** (NHSBSA March-May 22 and Public Health Scotland Feb-Apr 22). **This is equivalent to £10,722 per 100,000 patients.**

Reviewing topical corticosteroids containing antimicrobials prescribed for more than two weeks and deprescribing in 50% of patients **could save £11.3million in England and Wales and £1.6million in Scotland** (NHSBSA March-May 22 and Public Health Scotland Feb-Apr 22). **This is equivalent to £18,227 per 100,000 patients.**

A 30% reduction in prescribing of topical corticosteroids available over the counter, **could release savings of £4.5million in England and Wales and £786,865 in Scotland** (NHSBSA March-May 22 and Public Health Scotland Feb-Apr 22). **This is equivalent to £7,536 per 100,000 patients.**

A treatment review of psoriasis of trunk and limbs and reduction in prescribing costs of Enstilar® cutaneous foam in 25% of individuals could result in **potential annual savings of £6.4million in England and Wales and £773,910 in Scotland** (NHSBSA March-May 22 and Public Health Scotland Feb-Apr 22)**. This is equivalent to £10,097 per 100,000 patients.**

Reviewing the use of calcipotriol scalp solution and deprescribing 25% of individuals **could save £1million in England and Wales and £130,636 in Scotland** (NHSBSA March-May 22 and Public Health Scotland Feb-Apr 22)**. This is equivalent to £1,636 per 100,000 patients.**

If a review of prescribing led to a 25% reduction of dermatology specials not included in the BAD list then **this could produce savings of £663,783 in in England and Wales and £3,089 in Scotland** (NHSBSA March-May 22 and Public Health Scotland Feb-Apr 22)**. This is equivalent to £942 per 100,000 patients.**

Additional resources available	Bulletin	https://www.prescqipp.info/our-resources/bulletins/bulletin-307-cost-effective-prescribing-in-dermatology/
	Tools	
	Data pack	https://data.prescqipp.info/views/B307_Costeffectiveprescribingindermatology/InfoBriefDermatologySpecials?%3Aembed=y&%3Aiid=1&%3AisGuestRedirectFromVizportal=y

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