

RUBEFACIENTS (excluding topical NSAIDS and capsaicin)

The Pan Mersey Area Prescribing Committee does not recommend the prescribing of RUBEFACIENTS (excluding topical NSAIDS and capsaicin).

BLACK

The NHS England document 'Items which should not routinely be prescribed in primary care: Guidance for CCGs' contains the following advice.¹

Recommendation	<p>Advise CCGs that prescribers in primary care should not initiate rubefacients (excluding NSAIDs) for any new patient.</p> <p>Advise CCGs to support prescribers in deprescribing rubefacients (excluding NSAIDs) in all patients and, where appropriate, ensure the availability of relevant services to facilitate this change.</p>
Exceptions and further recommendations	No routine exceptions have been identified.
Category	Products of low clinical effectiveness, where there is a lack of robust evidence of clinical effectiveness or there are significant safety concerns.
Annual spend (England)	£4,301,527 (NHS Digital)
Background and Rationale	<p>Rubefacients are topical preparations that cause irritation and reddening of the skin due to increased blood flow. They are believed to relieve pain in various musculoskeletal conditions and are available on prescription and in over-the-counter remedies.</p> <p>They may contain nicotinate compounds, salicylate compounds, essential oils and camphor.</p> <p>The BNF states "The evidence available does not support the use of topical rubefacients in acute or chronic musculoskeletal pain"</p> <p>NICE have issued the following "Do not do" recommendation:</p> <p>Do not offer rubefacients for treating osteoarthritis.</p> <p>Due to limited evidence and NICE recommendations the joint clinical working group considered rubefacients (excluding topical NSAIDs) suitable for inclusion in this guidance.</p>
Further Resources and Guidance for CCGs	<p>PrescQIPP CIC Drugs to REVIEW for Optimised Prescribing-Rubefacients</p> <p>NICE CG177 Osteoarthritis: care and management</p>

Note: Patients who are not eligible for treatment under this statement may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy. In this situation, follow locally defined processes.

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DE-PRESCRIBING SUPPORT INFORMATION

- > Prescribers may wish to use the NHS England Patient Information Leaflet available at: [patient-information-changes-to-rubefacient-prescribing](#) to support their discussions with patients.
- > The BNF states “that the evidence available does not support the use of rubefacients in acute or chronic musculoskeletal pain”.²
- > The National Institute for Health and Care Excellence (NICE) states that rubefacients should not be offered to treat osteoarthritis (“wear-and-tear” of the joints).³
- > 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.³
- > All patients currently prescribed rubefacients should have their therapy reviewed and no new patients should be initiated on rubefacients.³
- > An 80% reduction in the prescribing of rubefacients, could release savings of approximately £3.4 million across England. This equates to £6,039 per 100,000 patients.

DISCONTINUATION AND SWITCHING INFORMATION

- > 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.
- > Detailed information on stopping and switching is available in the PresQIPP rubefacients bulletin (subscription required) or from CCG Medicines Management teams.³

References

1. NHS Clinical Commissioners. Items which should not routinely be prescribed in primary care: Guidance for CCGNHS England Gateway Publication 07448. Document first published 30/11/17. <https://www.england.nhs.uk/publication/items-which-should-not-be-routinely-prescribed-in-primary-care-guidance-for-ccgs/> Accessed 23/04/2019
2. British National Formulary. [BNF British National Formulary - NICE](#) Accessed 23/04/2019
3. PresQIPP bulletin 114 Rubefacients. [bulletin-114-rubefacients-drop-list](#). Accessed 23/04/2019 (subscription required).