NSW PHARMACIST PRACTICE STANDARDS FOR MANAGEMENT OF ACUTE EXACERBATIONS OF MILD TO MODERATE ATOPIC DERMATITIS

CONTENTS

A. APPROVED MEDICINES

Approved Medicines are listed in the NSW Health Authority (dated 29 August 2025), including:

a. Methylprednisolone aceptonate 0.1% ointment or fatty ointment
b. Triamcinolone acetonide 0.02% ointment
c. Mometasone furuoate 0.1% ointment
d. Betamethasone dipropionate 0.05% ointment
e. Betamethasone valerate 0.1% ointment
f. Desonide 0.05% lotion
g. Pimecrolimus 1% cream
h. Crisborole 2% ointment
i. Hydrocortisone 1% ointment*

*This approved for use as part of pharmacist management of acute exacerbations of mild to moderate atopic dermatitis, but is not listed in the NSW Health Authority as it is a Schedule 3 (Pharmacist Only) Medicine and therefore does not require special authorisation.

B. GENERAL REQUIREMENTS

Pharmacists must hold general registration under the Health Practitioner Regulation National Law and have successfully completed the training requirements detailed in the NSW Health Authority (dated 29 August 2025).

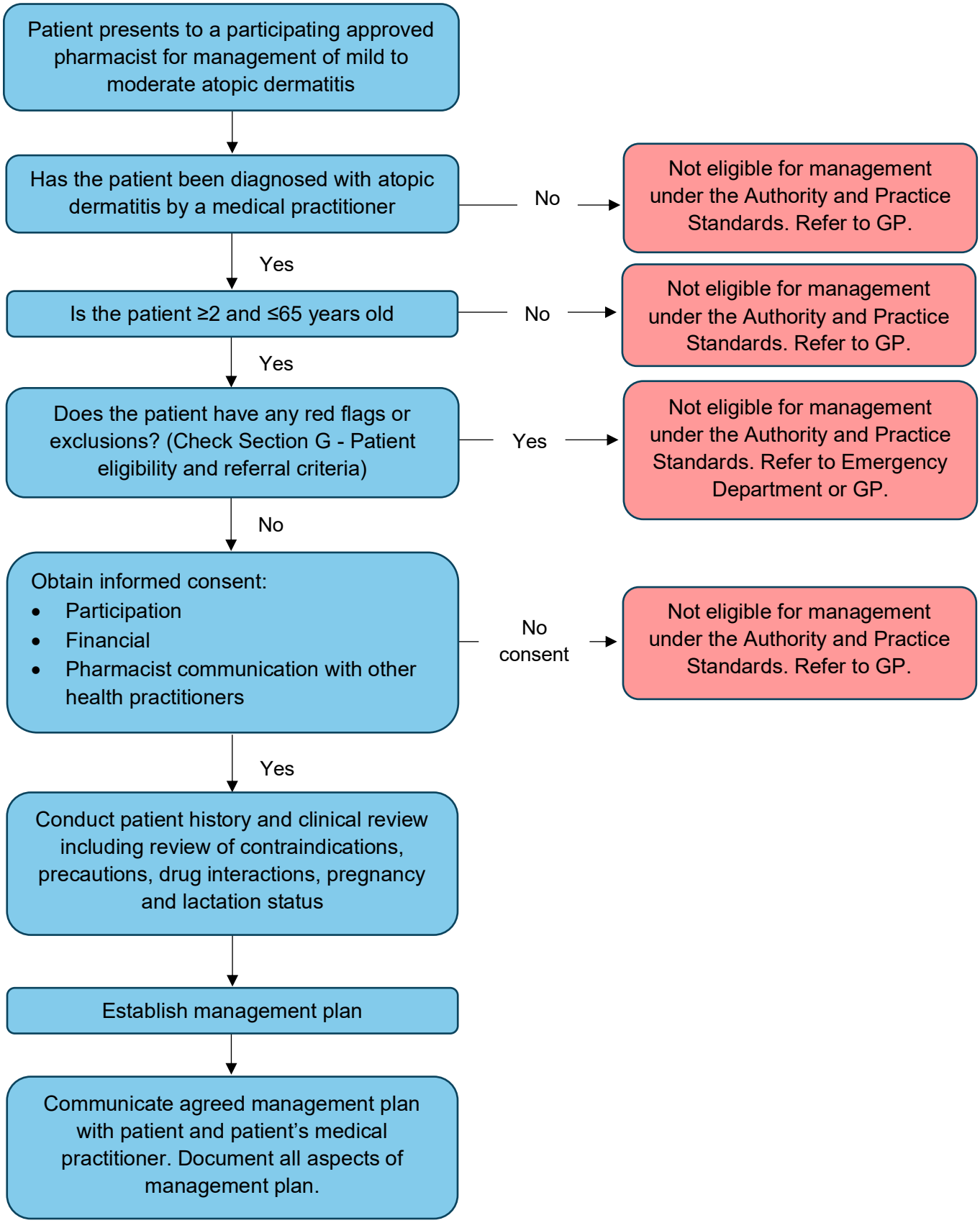
C. ADVERSE EVENTS

If the treating pharmacist becomes aware of an uncommon, unexpected or serious adverse event following treatment with an Approved Medicine, this should be reported to the Therapeutic Goods Administration. This should be conducted via the usual processes, by reporting online at https://aems.tga.gov.au/.

Additionally, you must notify the patient's usual general practitioner (if they have one).

D. PATIENT ASSESSMENT FLOWCHART

The following guideline should be used in consultations to assess the eligibility, identity and govern supply of suitable treatments, and guide associated referral requirements.



E. SUPPLEMENTARY INFORMATION AND NOTES

This supplementary information provides guidance and information for pharmacists managing mild to moderate atopic dermatitis under the Community Pharmacy Dermatology Service. It is to be used together with the training modules and other resources provided by education providers.

Key points

- The Practice Standards provide a framework for appropriately trained approved pharmacists to manage eligible patients as part of the NSW Health Authority (dated 29 August 2025).
- To receive management for mild to moderate atopic dermatitis under this service, the patient must fulfill the eligibility requirements set out under Section G of the Practice Standards. Patients who have requested the service but are not eligible for management should be referred to their regular medical practitioner or health service.
- Pharmacists can supply up to 14 days of therapy before referring a patient to a medical practitioner.
- Pharmacists must only supply formulations listed in the Authority.
- Patients must be physically present in the pharmacy to be eligible for management.
- Patients are required to have a consultation with an approved pharmacist before a medication can be supplied under the Authority.
- Pharmacists must make a full clinical record of the consultation and the details of all consultations and outcomes must be recorded using secure digital software. Records must be stored securely for minimum seven (7) years or, in the case of health information collected while the patient was under the age of 18 years, until the patient has attained the age of 25 years.
- Pharmacists must exercise professional discretion and judgement when applying the information within these Practice Standards. The Practice Standards do not override the responsibility of the pharmacist to make decisions appropriate to the circumstance of the individual, in consultation with their patient.

F. PATIENT CONSENT

Informed clinical and financial consent must be obtained from the patient (or, if relevant, a parent, guardian or other substitute decision maker) prior to providing care under this practice standard.

The pharmacist must seek consent to share a record of the consultation and any subsequent consultations (including adverse events) with the patient's usual treating medical practitioner or medical practice, where the patient has one. If the patient (or substituted decision maker) consents to the disclosure, the record must be shared within a week following the consultation.

G. PATIENT ELIGIBILITY AND REFERRAL CRITERIA

- Patients must be aged between 2 years to 65 years (inclusive) to be eligible for the service.
- Patients who meet any of the urgent referral criteria below must be referred to their regular medical practitioner, maternity provider, health service, or Emergency Department (ED) as indicated in the table.
- Pharmacists must not provide management to individuals specified in the table below, where there is a 'No' in the 'Treat' column for the patient group, and must take appropriate action in accordance with established referral pathways.
- Pharmacists must apply clinical judgement and refer any patient considered appropriate for medical care.
- Pharmacists must consult the Therapeutic Guidelines and other relevant references to confirm management is appropriate, including for:
    - Contraindications and precautions
    - Drug interactions
    - Pregnancy and lactation

	Referral criteria	**Treat**	**Referral**
'Red flag' warning signs	Severe or widespread or painful rash	No	Urgent: ED
	Raised purple rash that doesn't blanch	No	Urgent: ED
	Generalised erythema that covers 90% or more of the skin (this is a medical emergency and requires immediate ED referral)	No	Urgent: ED
	Signs of sepsis, systemic illness or other complications such as: fever, confusion, lethargy, tachycardia, hypotension, hypertension, clammy skin, rash, nausea, vomiting, diarrhea, facial or peripheral oedema, headache, joint pain and/or swollen joints	No	Urgent: ED
	Blistering of the skin and mucous membranes (including mouth and eyes)	No	Urgent: ED
	Non-healing broken skin, sores, ulcers or crusts that are chronic (more than 4 weeks)	No	Urgent: ED
	Immunocompromised patients • due to underlying medical condition (e.g. transplant recipients, patients with malignancies, patients receiving chemotherapy, HIV infection, uncontrolled diabetes, advanced age) • due to medication taken by the patient (such as immunomodulatory therapy, prednisone therapy)	No	Urgent: ED or GP
	Significant body surface area involvement (>30% body surface area)	No	GP
	The condition is having a marked negative emotional and social effect	No	GP

	Referral criteria	Treat	Referral
	Complex presentation, such as those requiring antibiotic therapy for secondary infection. Pharmacists must not supply antibiotic therapy.	No	GP
Details of presenting complaint	The patient is below 2 years or over 65 years of age	No	GP
	The diagnosis is unclear	No	GP
	The patient has not been diagnosed with atopic dermatitis by a medical practitioner	No	GP
	Atopic dermatitis affecting the genitals	No	GP
	Pregnant or planning a pregnancy	No	GP
	Atypical presentations of atopic dermatitis (i.e. not classic atopic dermatitis)	No	GP
	A paediatric patient that presents with a history of immediate or delayed-type hypersensitivity to food, poor feeding or sleep, concerns about failure to thrive	No	GP
	Patient presents with or develops complication (e.g. eczema herpeticum)	No	GP
	There is no response to optimal treatment (within 7 days) or the condition worsens or reoccurs	No	GP
	Patient requires large quantities of topical products (such as topical corticosteroids) that require an authority from the pharmaceutical benefits scheme	No	GP

H. BACKGROUND

- Atopic dermatitis is a chronic inflammatory skin disease.
- It is characterised by pruritic, scratching and dry, scaly, erythematous, crusted patches. It can affect any area of skin, but typically occurs on the face, cubital and popliteal fossae (behind the elbows and knees), wrists and ankles. Atopic dermatitis is the result of a complex interplay between genetic and environmental factors. It follows a relapsing course with flares at varying frequency and periods of remission.
- Both pruritus and rash must be present for a diagnosis of atopic dermatitis. Only patients who have previous been diagnosed with atopic dermatitis by a medical practitioner can be managed by pharmacists under these Practice Standards.
- Atopic dermatitis imposes a significant financial, psychological and social burden on the lives of patients and their families, and is associated with poor sleep, depression, anxiety, poor self-esteem and reduced quality of life.
- Secondary infection is a common complication of atopic dermatitis. If a secondary infection co-occurs in the presentation, the patient must be referred to a medical practitioner for investigation and management. Treatment of infection in atopic dermatitis is beyond the scope of these Practice Standards and requires a referral to a medical practitioner.
- Patients with atopic dermatitis are more likely to have an immediate or family history of atopic conditions (e.g. allergic rhinitis and asthma).

- Atopic dermatitis is often misdiagnosed as a contact irritant or allergic dermatitis. Pharmacists must be aware of potential differential diagnoses and refer these presentations for management by a medical practitioner. Only management of atopic dermatitis is permitted under these Practice Standards.
- Itch is the most significant complaint in patients presenting with atopic dermatitis and is a complicating factor of the disease. Pharmacists should provide education and advice on the itch-scratch cycle and how to manage itch appropriately.
- Aggravating and triggering factors cause flare-ups of atopic dermatitis and can impair response to treatment. Regular use of moisturisers (emollients) and avoiding aggravating and triggering factors are a central component of managing atopic dermatitis.
- Treatment of acute atopic dermatitis usually involves topical corticosteroids in combination with emollients, identification and avoidance of triggers, and the early treatment of infection. Treatment of infection in atopic dermatitis is beyond the scope of these Practice Standards and requires a referral to a medical practitioner.
- Clinical features:
    - Atopic dermatitis is characterised by dry, scaly erythematous patches with the primary hallmark being itch.
    - Atopic dermatitis can affect any area of the skin, the most common locations are the face, inside of the elbow/arm (cubital fossa), back of the knee (popliteal fossa), wrist and ankles
    - The skin signs of atopic dermatitis may vary depending on age and ethnicity
    - People with atopic dermatitis are at a higher risk of allergic contact reactions (e.g. nickel is a common contact allergen) and are prone to other viral skin infections (e.g. common warts and molluscum contagiosum)
- Severity:
    - SCORing Atopic Dermatitis (SCORAD) index and the Eczema Area and Severity Index (EASI) can be used to assess the severity of atopic dermatitis to determine whether the patient requires a referral and to inform the treatment plan and monitor treatment effectiveness. Use of these scoring systems are beyond the scope of these Practice Standards.
    - Conventional scoring systems may underestimate severity and erythema in people with darker skin tones including Aboriginal and Torres Strait Islander and Pacific Islander populations, and people of African descent. Consider the skin tone when assessing erythema.
    - Patients presenting with generalised erythema that covers 90% of the skin require urgent referral to a medical practitioner.
    - All severe cases of atopic dermatitis must be urgently referred to a medical practitioner for management without any treatment by the pharmacists.

Complications of atopic dermatitis

Caution must be exercised by pharmacists managing patients with suspected complex presentations and complications of atopic dermatitis. Pharmacists are required to immediately refer these patients for urgent medical assessment at presentation or at any stage if a complication develops.

- Secondary infections (bacterial, viral and fungal) are the most common complications of atopic dermatitis due to an inherently abnormal skin barrier cutaneous and systemic immune system abnormalities and scratching the itch.
    - Early treatment of the concurrent infection is important for successful management of active atopic dermatitis

- Suspected co-occurrence of a secondary infection must be referred to a medical practitioner for investigation and management
- **Eczema herpeticum** is an infection of atopic dermatitis with herpes simplex virus (HSV)
    - Vesicles develop usually in areas of active or recent atopic dermatitis, followed by the onset of high fever and adenopathy
    - Painful corneal lesions will develop if the eye is involved and if the HSV infection becomes systemic. This may be fatal. This is a medical emergency. Pharmacists are required to immediately refer these patients to an emergency department for urgent medical assessment.
- Clinical signs of impetiginisation are itch, red or darker areas of atopic dermatitis, progressing to weeping and crusting, periauricular fissuration, or small superficial pustules

I. PATIENT ASSESSMENT

A patient history and examination that is tailored to the patient's presentation is required to inform the management approach, including appropriate referral. The prompts provided below are not exhaustive, pharmacists should maintain an open mind and be aware of cognitive bias.

PATIENT HISTORY

Sufficient information must be obtained from the patient to assess the safety and appropriateness of management. The My Health Record should be reviewed where appropriate and available.

The patient history should include:

- Age
- Weight (if a child)
- Pregnancy and lactation status (if applicable)
- Onset, duration, nature, location, severity and extent of the rash including recent or previous relapse or flare ups, and other symptoms
- Previous diagnosis of atopic dermatitis and any current or past management plan
- Underlying associated medical conditions including asthma, allergic rhinitis, allergic conjunctivitis, allergic contact dermatitis, food allergy and depression
- Details of and response to previous treatments
- Impacts on quality of life and psychosocial wellbeing including sleep and learning
- Dietary history and changes in diet
- Exposure to potential triggers or irritants
- Other factors including family history, environmental factors (e.g. exposure to smoking and airborne pollution) and infectious factors
- Current, recently commenced or recently ceased medications (including prescribed medications, vitamins, herbs, other supplements and over-the-counter medicines)
- Allergies/adverse drug events.

EXAMINATION

- Physical examination of the patient's skin is required to identify, assess and classify the severity of an acute exacerbation of atopic dermatitis. Itching and rash must be present.

J. MANAGEMENT AND TREATMENT PLAN

Pharmacists need to refer to the Therapeutic Guidelines and the Australian Medicines Handbook for details on management.

Pharmacist management of mild to moderate atopic dermatitis involves:

- Development of an Eczema Action Plan:
    - Based on the Australasian Society of Clinical Immunology and Allergy Action Plan for Eczema template
- Non-pharmacological/general measures:
    - Advice regarding skin care and minimising aggravating factors
    - Advice on how to manage the itch-scratch cycle
- Pharmacotherapy as per the Therapeutic Guidelines
    - Patients should be advised that each new treatment may take time to work and should be trialled for 7 days. If there is no improvement, then patient must be referred to a medical practitioner.
    - Pharmacists can only manage mild to moderate presentations of atopic dermatitis that has previously been diagnosed by a medical practitioner as part of these Practice Standards.
    - Topical corticosteroids
        - Selecting the correct potency and formulation of topical corticosteroids is important to avoid both undertreatment and fears around topical corticosteroids use. Pharmacists should consult the Therapeutic Guidelines: Consideration in the use of topical corticosteroids, the Australian Medicines Handbook: Corticosteroid (skin) and the Australian College of Dermatologists consensus statements on Management of atopic dermatitis in adults and Topical corticosteroids in paediatric eczema, and other relevant sources.
        - For management of the face, pharmacists must use hydrocortisone 1% ointment only. All stronger potency corticosteroid therapies cannot be supplied by the pharmacist under the Practice Standards and can only be prescribed by a medical practitioner.
        - For management of flexural sites, pharmacists must use hydrocortisone 1% ointment or desonide 0.05% lotion only. All stronger potency corticosteroid therapies cannot be supplied by the pharmacist under the Practice Standards and can only be prescribed by a medical practitioner.
        - Management of the groin is beyond the scope of the Practice Standards.
        - For management of the scalp in children, pharmacists can use desonide 0.05% lotion or methylprednisolone aceponate 0.1% lotion only.
    - Tar preparations can cause sensitivity reactions and are beyond the scope of these Practice Standards, and can only be initiated by a medical practitioner.

- Therapeutic regimens for atopic dermatitis can be expensive and complicated, making long-term compliance difficult and leading to poor outcomes for patients. Choice of treatment should consider the impact of factors such as age, socioeconomic status, cost and literacy on the patient's ability to adhere to prescribed therapies.

Counselling

- Comprehensive advice and counselling (including supportive written information when required) should be provided to the patient regarding:
  - Product and medication use: dosing and application instructions for topical corticosteroids, emollients, and other topical products, wet dressing use)
  - How to manage adverse reactions
  - When to seek further care and/or treatment from a medical practitioner
  - How to recognise infection
  - When to return for a clinical review
  - How to manage the itch-scratch cycle
- Treatment may be unsuccessful when there is poor adherence with therapy, skin infection, allergy or severe dermatitis.
- Patient should be advised to immediately see a medical practitioner if symptoms worsen after commencing treatment.
- Common adverse effects of topical corticosteroids such as transient burning, stinging or pain on application can generally be reversed by stopping the medication. Referral to a medical practitioner is required if the adverse effect does not resolve quickly.
- When recommending topical corticosteroids for atopic dermatitis, pharmacists should reassure patients/caregivers who have concerns about the safety of topical corticosteroids that they are safe when used appropriately.
- The agreed management plan must be documented in the patient electronic clinical record and shared with members of the patient's multidisciplinary team, in accordance with the Authority.
- Where a patient has a My Health Record, the pharmacist must ensure the details of the supply are uploaded to My Health Record, unless requested otherwise by the patient.
- All patients should be advised to contact a medical practitioner if:
  - They are not responding to treatment (within 7 days)
  - Their signs and symptoms worsen
  - They are experiencing complications (as soon as they become evident)
  - They are having unmanageable adverse effects.

FOLLOW-UP CARE AND REVIEW

- Clinical review with the pharmacist should occur in line with recommendations in the Therapeutic Guidelines.
- Patients should be advised and educated on how and when to seek a review with medical practitioner

- If a patient experiences worsening of symptoms, minimal improvement in symptoms after commencing pharmacist care, a secondary infection, they must be referred for an urgent review by a medical practitioner.
- Clinical review is recommended 7 to 14 days after the initiation of treatment for acute atopic dermatitis to assess:
    - Response to treatment
    - Adverse effects
    - If changes are required to the treatment plan, decisions to continue, modify or stop treatment should be reflected in the patient's eczema action plan.
- If a good response has been achieved, the medication can be reduced or stopped, and the patient can continue using regular moisturiser only.
- If there has been an inadequate response to therapy due to compliance issues such as inappropriate use, or a patient not applying enough medication, the pharmacist may provide further advice.
- Pharmacists should generally only supply a sufficient quantity of medicine (including repeats) for the period until the patients review. Pharmacists can only supply a maximum of 14 days of therapy under these Practice Standards.
- Pharmacotherapy for management of atopic dermatitis may be required longer-term, pharmacists should refer patients to a medical practitioner for a review and ongoing management after the acute flare has been managed. An annual review by a medical practitioner is recommended to assess for adverse effects from topical corticosteroid therapy.

K. CLINICAL DOCUMENATION AND COMMUNICATION

- The pharmacist must make an electronic clinical record, and a record in a pharmacy dispensing system regarding the supply of any medications under these services, in accordance with the Authority.
- Where a patient has a My Health Record, the pharmacist must ensure the details of the supply are uploaded to My Health Record, unless requested otherwise by the patient.

L. RESOURCES

Patient information/resources:

- It is the pharmacist's responsibility to ensure the suitability and accuracy of any resources provided to patients.
- Eczema Association Australia: How to manage Eczema
- American Academy of Dermatology Association: Eczema Resource Centre
- Therapeutic Guidelines: Modified dressings for inflammatory dermatoses
- The Royal Children's Hospital Melbourne: Kids Health Info: Fact sheets: Eczema
- Raising Children: Eczema
- Healthdirect: Eczema
- Ask the Allergist: Breaking the Itch-Scratch Cycle
- Itching and scratching: How to control eczema-related itching

Pharmacist resources:

- Therapeutic Guidelines:
    - Dermatology: Atopic dermatitis
    - Dermatology: Topical corticosteroids for atopic dermatitis
- Australian Medicines Handbook:
    - Drugs for Eczema
    - General principles: topical treatment of skin conditions
    - Topical steroids: how much do I use
- DermNet NZ:
    - Atopic dermatitis
    - Atopic dermatitis images
    - Guidelines for the diagnosis and assessment of eczema
    - Fingertip unit
- MSD Manual (Professional version): Atopic dermatitis (Eczema)
- Australian Journal of General Practice: Selection of an effective topical steroid
- Australasian Society of Clinical Immunology and Allergy: Action Plan for eczema
- Australasian College of Dermatologists
    - Consensus statement: Management of atopic dermatitis in adults
    - Consensus statement: Topical corticosteroids in paediatric eczema
    - A-Z of skin: Atopic dermatitis
- Skin Deep: An open access bank of high-quality photographs of medical conditions in a wide range of skin tones for use by both healthcare professionals and the public
- Royal Children's Hospital Melbourne – Clinical Practice Guidelines for Eczema
- National Eczema Association: Managing itch

M. ACKNOWLEDGEMENTS

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29 August 2025