

Emollient Prescribing Guideline for Primary and Secondary Care

This guideline has been developed for use in the management of patients with a diagnosed dermatological condition or where skin integrity is at risk through xerosis or pruritis. Its application must be guided by professional judgement. Those people without a dermatological condition requesting a general skin moisturiser should purchase these over the counter.

Consistency / Formulation	Preferred products	Active constituents	Advice, Restrictions and / or similar product	Cost per 500ml/g unless indicated (Drug Tariff and C&D 2019) (PD= Pump Dispenser)	
	LP = Liquid paraffin, WSP = White Soft Paraffin, EW = Emulsifying wax, WP = White Paraffin, LLP = light, liquid Paraffin, YSP = Yellow Soft Paraffin Excipients listed are rarely associated with sensitisation.				
Greasy Ointments	White soft paraffin in liquid paraffin (50:50)	First Line	LP 50% and WSP 50%	For very dry skin and / or acute flares. Low risk of sensitivity	£4.57
	Epimax Ointment	First Line	YSP 30%, LP 40%, EW 30%	Similar to emulsifying ointment	£2.99
	Epimax (paraffin free)	Second Line	Polyoxyethylene hydrogenated castor oil	Only use for patients who continue to smoke	£4.99
	ZeroDerm Ointment	Second Line	LP 40%, WSP 30%, EW 30%	Similar to emulsifying ointment	£4.10
	Hydromol Ointment	Second Line	YSP 32%, Cetomacrogol EW 25.5%, LP 42.5%		£4.96
	QV Intensive Ointment	Second Line	WSP and LP		£5.75 (450g)
Creams	Epimax Cream	First Line	WSP15%, LP6%		£2.49
	ExCetra Cream	First Line	WSP 13.2%, LLP 10.5%	Similar to Cetraben	£2.95
	Zerobase Cream	Second Line	LP 11%, WSP 10%	Similar to Diprobace cream	£5.26 (PD)
	Ultrabase Cream	Second Line	WSP10%		£6.96 (PD)
	Oilatum Junior Cream	Second Line	LLP 5% WSP 5%		£5.28

Creams	QV Cream	Second Line	Glycerol 10%, LLP 10%, WSP 5%		£5.96 (PD)
Light Creams	Epimax Oatmeal	First Line	Oat kernel flour	Similar to Aveeno cream	£2.99
	AproDerm Colloidal oatmeal	Second Line		Similar to Aveeno cream	£5.80 (PD)
Gels	Isomol gel	First line	LP15%, isopropyl Myristate 15%	Similar to Doublebase gel	£2.92
	Doublebase DayLeve gel	Second line	Isopropyl myristate 15%, liquid paraffin 15%		£6.29 (PD)
Lotions	Cetraben lotion	Second Line	White soft paraffin 5%, light liquid paraffin 4%, glycerol 3%		£5.64 (PD)
Sprays	Emollin Spray	Second line	LP50% and WSP 50% excipients: cetostearyl alcohol, polysorbates, propylene glycol	For very painful / fragile skin where there is difficulty with "hands on" application of creams or ointments	1 x 240ml £6.39
Preparations containing antimicrobials	Dermol 500 Lotion	Second line	LP 2.5% + benzalkonium chloride 0.1% + chlorhexidine 0.1% + isopropyl myristate 2.5 % Excipients: cetostearyl alcohol, phenoxyethanol		£6.04 (PD)
	Dermol cream	Second line	LP 10% + benzalkonium chloride 0.1% + chlorhexidine 0.1% + isopropyl myristate 10% Excipients: cetostearyl alcohol, phenoxyethanol		£6.63 (PD)
Soap Substitute	use any cream or ointment above as a soap substitute except 50:50				
Products for relief of itch	Balneum cream		Urea 5% and Ceramides 0.1%	Useful where a keratolytic is required e.g. hyperkeratosis, ichthyosis	£9.97
	Balneum Plus Cream		Lauromacrogols 3%, urea 5%		£14.99 (PD)
	Eurax		Crotamiton 10%		£4.35 (100g)
	Aquadrate 10%		Urea 10%		£4.40 (100g)
	Menthoderm 1%, 2% and 5%		Menthol 1%, 2% and 5% in aqueous cream		For 1%: £3.70 (100g) £14.79 (500g)

PD = Pump Dispenser

Keratolytics	Dermatonics Once heel balm 25%	Specialist recommendation only	Urea 25%	Only for palmar plantar psoriasis, with deep fissures where there is a risk of cellulitis developing. Patients should be asked to purchase this themselves for other indications	£8.50 (200ml)
Bath Emollients / wash products	<p>Nationally, emollient bath additives and wash products are no longer considered a standard component of ‘total emollient therapy’ and are NOT included in the formulary. See Low Priority Prescribing NHS Guidance 2019.</p> <p>There is a lack of convincing evidence to support the use of bath emollients or wash products; the amount of emollient deposited on the skin during bathing/showering is likely to be far lower than with directly applied emollient creams/ointments which can also be used as soap substitutes; and, bath additive emollients will coat the bath and make it greasy and slippery. They are widely available to purchase.</p> <p>Where there is exceptional need a bath emollient or wash product may be recommended by dermatology specialists if this prevents disease deterioration or increased use of topical corticosteroids.</p>				
Barrier creams	Conotrane	Benzalkonium 0.1%, Dimethicone 22%			£3.51
	Cavilon Durable Barrier cream			In line with wound care formulary and continence guidance as appropriate	£6.55 (92g)

Key Information For Emollient Prescribing:

- Emollients are essential in the management of diagnosed dermatological conditions but are often underused
- When used correctly, emollients can help maintain and/or restore skin suppleness, prevent dry skin and itching
- Regular use of sufficient emollient reduces the number of flare-ups and therefore reduces the need for corticosteroid treatment
- Assess patient to diagnose a dermatological condition such as eczema, psoriasis or symptomatic xerosis or pruritus caused by systemic disease that threatens skin integrity e.g. in older patients
- Emollients should be purchased by patients who do not have a diagnosed dermatological condition or risk to skin integrity.

There is no evidence from randomised controlled trials to support the use of one emollient over another therefore selection is based on the known physiological properties of emollients, patient acceptability, dryness of the skin, area of skin involved and lowest acquisition costs.

All primary and secondary care prescribers should where possible select the emollient with the lowest acquisition cost from the range available in our agreed preferred product list.

Newly diagnosed patients:

Offer the product with the lowest acquisition cost from the preferred list appropriate to their condition.

Existing patients with a diagnosed dermatological condition prescribed an emollient outside the preferred product list:

Review with a view to trialling a preferred emollient from the list above. If after discussion with the patient, they agree to switch existing emollient therapy, offer the product with the lowest acquisition cost from the above list by emollient formulation. If the patient prefers to continue on their existing product this choice should be respected.

Patients who have been reviewed in secondary care and require an emollient outside the preferred product list should have the rationale for the request provided to the primary care prescriber.

Sufficient quantities should be prescribed to allow liberal application as frequently as required.

The quantity of emollient prescribed will vary depending on:

- The size of the person.
- Extent and severity of the dermatological condition.
- If the emollient is also being used as a soap substitute.

As a guide, in generalised eczema, the recommended quantities used are 600 g/week for an adult and 250-500 g/week for a child (see table overleaf).

Recommend smaller quantity packs for use at school or work.

This table suggests suitable quantities to be prescribed for an adult for a minimum of twice daily application for one week. For children approximately half this amount is suitable:

	Face	Both hands	Scalp	Both arms or legs	Trunk	Groin & genitalia
Creams and ointments	15-30g	25-50g	50-100g	100-200g	400g	15-25g
lotions	100ml	200ml	200ml	200ml	500ml	100ml

- Prescribe up to two different types of emollient to use at different times of day / different body areas / for when condition severity varies - one of which can be used as a soap substitute as well
- Aqueous cream is no longer considered suitable as a leave-on emollient or soap substitute for diagnosed dermatological conditions due to its tendency to cause irritant reactions and availability of emollient creams with a lower acquisition cost
- Emollients containing urea or antimicrobials are not generally recommended as the evidence to support their use is limited; however they may be useful in a select group of patients (see preferred list)
- Emollient creams/ointments should be used as soap substitutes for washing as conventional soaps/wash products strip the skin of natural oils & cause shedding of skin cells
- Locally, emollient bath additives and wash products are no longer considered a standard component of 'total emollient therapy' and are NOT included in the formulary. There is a lack of convincing evidence to support the use of bath emollients or wash products; the amount of emollient deposited on the skin during bathing/showering is likely to be far lower than with directly applied emollient creams/ointments which can also be used as soap substitutes. In addition, bath additive emollients will coat the bath and make it greasy and slippery. They are widely available to purchase
- Patients who have been reviewed in secondary care and require an emollient outside the preferred product list should have the rationale for the request provided to the primary care prescriber.

