

















**Self Care: Patients with mild dry skin, who do not have a diagnosed dermatological condition or risk to skin integrity, should be advised to purchase a suitable product over the counter ([patient leaflet](#))**

The prescribing of emollients should be reserved for the management of diagnosed dermatological conditions such as eczema or psoriasis, as in the [NHSE guidance](#) .



Please note that an exemption from prescription charges does not exclude a patient from the NHSE guidance.

Indication	Emollient Type	First Line options (container and preferred pack size to prescribe)	Cost	Second line options (container and preferred pack size to prescribe)	Cost	Additional Information  Risk of severe and fatal burns with all emollients. <a href="#">MHRA Emollients and risk of severe and fatal burns. Drug Safety Update Aug-20</a>
<b>Severe dry skin</b>	Ointments	Epimax® Ointment <sup>^</sup>  (Tub, 500g)	£3.13	Ovelle® Emulsifying ointment (prescribe by brand in primary care) (Tub, 500g) 	£4.15	Hydromol®, Epimax®, Zeroderm® and Epaderm® ointments are comparable.
		White Soft Paraffin 50:50 (prescribe by brand Fifty:50® in primary care) <sup>^</sup> (Tub, 500g) 	£3.66	Hydromol® ointment <sup>^</sup> (Tub, 500g) 	£4.96	
		Zeroderm® Ointment <sup>^</sup> (Tub, 500g) 	£4.10			
	Urea & lauro-macrogols	Balneum® Plus Cream <sup>^</sup> (Tube, 100g)	£3.29			Lauro-macrogols have the properties of a topical anaesthetic and have an antipruritic effect. Use only if using emollient alone has not helped with itching.
	Spray	Emollin® <sup>^</sup> (Spray, 240ml)	£6.56			Restrict for patients unable to use ointment/creams/lotions or where application without touching skin is required. <b>Highly Flammable.</b>
<b>Moderate dryness</b>	Gel Creams	Epimax Isomol® gel <sup>^</sup> (Easy squeeze dispenser, 500g)	£3.08	AproDerm® gel <sup>^</sup> (Pump dispenser, 500g)	£3.99	Epimax Isomol® gel and Aproderm® are comparable to Doublebase® gel (500g £5.83, 1kg £10.98) - can still be used as third line if the alternatives are not tolerated.
	Creams	Epimax Original® cream <sup>^</sup>  (Easy squeeze dispenser, 500g)	£2.67	Zerobase® cream <sup>^</sup>  (Pump dispenser, 500g)	£5.26,	Epimax Original® cream and Zerobase® creams are comparable to Diprobace® cream (discontinued Feb 2022)
		Epimax Excetra® cream <sup>^</sup>  (Easy squeeze dispenser, 500g)	£3.09			Epimax Excetra® cream is comparable to Cetraben®
	Urea based Creams & Lotions	ImuDERM® emollient 5% urea <sup>^</sup>  (Pump dispenser, 500g)	£6.71	Hydromol® Intensive cream 10% urea (Tube, 100g)	£4.51	Eucerin UreaRepair Plus® 10% urea lotion (Bottle, 250ml, £7.93) can be used if lotion required ( <b>not available on FP10, must be bought over the counter</b> ). Eucerin Intensive® 10% urea lotion was discontinued April 2022

<b>Nottinghamshire Emollient Formulary</b>	V4.0	Last reviewed: May 2022	Review date: May 2024
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<b>Mild Dryness</b>	Creams	ExoCream® (Pump dispenser, 500ml)	£3.99	Zerocream® (Pump dispenser, 500g) 	£4.08	Exocream® and Zerocream are comparable to E45®.
	Lotions	QV 5%® skin lotion ^ (Pump dispenser, 500ml)	£5.32			
	Oat based Creams	Epimax® oatmeal cream^  (Easy squeeze dispenser, 500g)	£3.10	Zeroveen® cream ^  (Pump dispenser, 500g)	£5.89	Epimax Oatmeal® cream and Zeroveen® oatmeal creams are comparable to Aveeno®. Avoid using skin products which contain food allergens, particularly on skin that is inflamed.
<b>Confirmed skin infection</b>	Anti-bacterial	Dermol 500® lotion ^  (Pump dispenser, 500ml)	£6.04	Dermol Cream® ^ (Pump dispenser, 500g)	£6.63	Use in confirmed staphylococcal infection e.g. recurrent folliculitis and impetiginised eczema. Discourage use of emollients with active antimicrobial ingredients wherever appropriate.
<b>Heel Balm</b>	Urea based	Dermatonics ONCE Heel Balm® 25% urea (Tube, 75ml)	£3.60	Flexitol 25% Urea Heel Balm® (Tube, 75g)	£3.80	For treatment of callused, fissured and hard foot skin. Any other emollient with low percentage urea can be used for maintenance following the treatment phase.
<b>Low paraffin (&lt;20%)</b>	AproDerm® Emollient Cream^ (500g £4.95), Epimax Isomol gel (500g £2.92)^, Aproderm® gel (500g £3.99) and Imuderm® Emollient^ 5% urea (500g £6.71)					Paraffin free products should be reserved for patients who are intolerant/unsuitable for paraffin containing products.
<b>Paraffin Free</b>	Epimax® paraffin-free ointment (500g, £4.99) AproDerm® colloidal oat cream^ (500g, £5.80)					
<b>Bath Additives</b>	Bath additives should not be prescribed due to the lack of evidence of efficacy ( <a href="#">guidance</a> ) and have not been included on this formulary. Many of the listed emollients can be used as a soap substitutes denoted with  .					

### Key

-  Highlights lanolin free products
-  Emollients that can be used as a soap substitute

Emollient products available on [Nottinghamshire Area Prescribing Committee Formulary \(nottinghamshireformulary.nhs.uk\)](http://nottinghamshireformulary.nhs.uk)

**Emollients in pots should be dispensed with clean spoons/spatulas to prevent cross contamination. Pump dispensers eliminate this risk and are suitable for patients with limited hand dexterity.**



### Risk of severe and fatal burns with all emollients.

See [MHRA Drug Safety Update Aug 20](#).

Patients should be advised to thoroughly wash any surface, clothing and bedding coming into contact with emollients. Even after washing residual emollient may remain.

**Healthcare Professional Guidance** ([here](#))

**Patient Information Leaflet** ([here](#))

**Rationale**

Dry skin conditions lead to impaired skin barrier function and increased trans-epidermal water loss. Emollients improve both of these factors and can help with scaling, and sensations of itching or skin tightness.

Choice is based largely on patient preference (e.g. greasiness, feel, smell & cosmetic acceptability), site of application, sensitivity to excipients and extent and severity of condition.

Patient compliance and education regarding appropriate application is key. All patients with dry skin conditions should be counselled on appropriate application technique.

**It is essential to find an emollient that is acceptable to the patient as this will enhance compliance.**

Type	Comments
<b>Ointments</b> (highest oil/paraffin content)	Restore skin barrier most rapidly and contain fewest preservatives so less likely to cause skin reactions. Ideal under wet wraps and some can be used as soap substitutes. Some patients may find ointments less cosmetically acceptable. Advise night-time application. May exacerbate acne and folliculitis.
<b>Creams with humectants</b> (contain urea/glycerine)	Urea & glycerin have low molecular weight and water attracting properties and as they penetrate the epidermis they draw water from the dermis. Good for more severe dry skin such as ichthyosis. May cause stinging.
<b>Creams &amp; gels</b> (emulsions of oil & water)	Their less greasy consistency makes them cosmetically acceptable and suitable for daytime application. Absorbed quickly and well tolerated. Some can be used as soap substitutes. May contain sensitizers.
<b>Lotions</b> (high water content)	Absorbed quickly, spreads easily, minimal greasiness and no staining. Less likely to cause folliculitis in patients with hairy skin. Useful for scalp application. However less effective, can have alcohol base which can sting, can contain irritants. More frequent applications required.

**Emollient application and use:**

Each patient should have a personalised emollient plan.

All emollients should be applied at least twice a day and more frequently if skin is extremely dry.

Apply routinely and continue to do so even when the skin is clear, to maintain skin integrity.

Apply gently in downward strokes in the direction of hair growth – rubbing can exacerbate itch and thicker products applied upwards can lead to folliculitis.

Ensure that emollients are fully absorbed into the skin if continence pads are used.

**Consider the following when choosing an emollient:**

- History, type and severity of skin condition as well as previous emollients and their effectiveness.
- Patient preference – consider providing a selection of trial size packs to allow an informed decision about which product suits best.
- **Known allergens/irritation to skin products** – check ingredients (ointments have fewer potential allergens). Avoid using skin products which contain food allergens, particularly on skin that is inflamed.
- Emollient requirements may vary between 250g to 600g per week depending on severity of dryness, product and frequency of application.
- Cost: prescribed vs. purchased – ensure the most cost effective products are chosen.
- Switching to first line emollients should be considered when reviewing patients' therapy.
- Follow up to assess acceptability and effectiveness

**For patients who have been reviewed by secondary care** and require an emollient not listed in this guideline, written rationale should be provided including why other first line products are unsuitable, and the request discussed between prescribers.

**Guidance: Suitable quantities to be prescribed for an adult for twice daily application (half this amount for a child)**

Body Site	Cream or Ointment	Lotions
	One month	One month
Face	60-120g	400ml
Both hands	100-200g	800ml
Scalp	200-400g	800ml
Both arms /legs	400-800g	800ml
Trunk	1600g	2000ml
Groin & genitalia	60-100g	400ml

Avoid soaps, detergents, bubble-bath etc. which disrupt skin barrier. Hot showers can exacerbate itching.

Use an emollient as soap substitute. Soap substitutes can be applied before or during showering and then rinsed off. Although they generally don't foam they are effective at cleaning the skin. Patients should take care as emollients can make the skin and surfaces slippery.

Other topical preparations e.g. corticosteroids should be applied 30 minutes before or after emollients to prevent dilution, or spread to unaffected skin.

**References:** Best Practice in Emollient Therapy. A statement for healthcare professionals. December 2012. pdf document. <https://bdng.org.uk/resource/bdng-resources/> (Accessed Feb-18)

PrescQIPP Bulletin 239: [Bulletin 239: Emollients | PrescQIPP C.I.C](#) Accessed Jan 22)

British National Formulary <https://www.new.medicinescomplete.com> (Accessed Feb 22). Prices updated from [Drug Tariff](#) and dm+d database (April 22).