

# Nottinghamshire Emollient Formulary

Indication	Emollient Type	First Line options (container and preferred pack size to prescribe)	Cost/500g, Cost/100g*	Other available pack sizes	Second line options (container and preferred pack size to prescribe)	Cost/500, Cost/100g*	Other available pack sizes	Additional Information	
Severe dry skin	Ointments	Emulsifying ointment (Tub, 500g) 	£2.71, 52p	None	Zeroderm® Ointment <sup>^</sup> (tub, 500g) 	£4.10, 82p	125g	<p>Hydromol®, Epimax®, Epaderm® and Zeroderm® ointments are comparable.</p> <p> Paraffin based products are a fire hazard. See <a href="#">MHRA Drug Safety Update Dec-18</a> with reference to risk of severe and fatal burns with paraffin-containing and paraffin-free emollients. Patients should be advised to thoroughly wash any surface, clothing and bedding coming into contact with emollients. Even after washing residual emollient may remain.</p> <p>Emollients in pots should be dispensed with clean spoons/spatulas to prevent cross contamination. Pump dispensers eliminate this risk. Suitable in patients with limited hand dexterity.</p>	
		Epimax® Ointment <sup>^</sup> (Tub, 500g) 	£2.99, 60p	125g	Hydromol® ointment <sup>^</sup> (Tub, 500g) 	£4.96, 98p	1kg, 125g		
		White Soft Paraffin 50:50 <sup>^</sup> (Tub, 500g) 	£3.66, 73p	None					
	Urea & lauro-macrogols	Balneum® Plus Cream <sup>^</sup> (Tube, 100g)	£14.99 £3.29	500g					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)	£6.39 (240ml)	None					Restrict for patients unable to use ointment/creams/lotions or where application without touching skin is required. <b>Highly Flammable.</b>
Moderate dryness	Gel Creams	Isomol® gel <sup>^</sup> (Easy squeeze dispenser, 500g)	£2.92, Negligible	150ml, 100ml	Aproderm® gel <sup>^</sup> (Pump dispenser, 500g)	£3.99, 80p	450g, 360g, 50g, 45g, 30g	Isomol® 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 cream <sup>^</sup> (Easy squeeze dispenser, 500g) 	£2.45, 75p	100g	Zerobase® cream <sup>^</sup> (Pump dispenser, 500g) 	£5.26, £1.05	50g	Epimax® and Zerobase® creams are comparable to Diprobace®.	
		Excetra cream <sup>^</sup> (Easy squeeze dispenser, 500g) 	£2.99 £1.75	100g				Excetra® cream is comparable to Cetraben®	
	Urea based Creams & Lotions	ImuDERM® cream 5% urea <sup>^</sup> (Pump dispenser, 500g)	£6.62, £1.30	None	Hydromol Intensive® cream 10% urea (Tube, 100g)	N/A £4.41	30g	Eucerin Intensive® 10% urea lotion (Bottle, 250ml, £7.93) can be used if lotion required.	

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<b>Mild Dryness</b>	Creams	Exocream® (Pump dispenser, 500g) 	£3.99, 80p	350g, 125g, 50g	Zerocream® (Pump dispenser, 500g) 	£4.08, 81p	50g	Exocream® and Zerocream are comparable to E45®.
	Lotions	QV 5%® skin lotion ^ (Pump dispenser, 500ml)	£5.29, £1.05	250ml				
	Oat based Creams	Epimax® oatmeal cream^ (Easy squeeze dispenser, 500g)	£2.99, £1.99	100g	Zeroveen® cream ^ (Pump dispenser, 500g)	£5.89 £2.74	100g	Epimax® and Zeroveen® oatmeal creams are comparable to Aveeno®
<b>Confirmed skin infection</b>	Anti-bacterial	Dermol 500® lotion ^ (Pump dispenser, 500ml)	£6.04, £1.02	None	Dermol Cream® ^ (Pump dispenser, 500g)	£6.63, £1.32	100g	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 (75ml)	200ml, 75ml	Flexitol 25% Urea Heel Balm® (Tube, 75g)	£3.80 (75g)	500g, 200g, 40g	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), Isomol gel^, Aproderm® gel and Imuderm® cream ^ 5% urea							Paraffin free products should be reserved for patients who are intolerant/unsuitable for paraffin containing products due to increased fire hazard risks despite appropriate counselling.
<b>Paraffin Free</b>	Epimax paraffin-free ointment (500g, £4.99), Epimax paraffin-free cream (500g, £3.99), Aproderm colloidal oat cream^ (500g, £5.80)							
<b>Bath Additives</b>	Bath additives have not been included on this formulary due to the lack of evidence of efficacy. However, many of the listed emollients can be used as a soap substitutes denoted with 							
<b>Self Care</b>	Emollients can be purchased <b>over the counter</b> by patients who do not have a diagnosed dermatological condition or risk to skin integrity (See page 3)							

### Key

\* For price comparison purpose only

^ Highlights lanolin free products

 Emollients that can be used as a soap substitute

<p><b>Rationale</b></p> <p>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.</p> <p>Choice is based largely on patient preference (e.g. greasiness, feel, smell &amp; cosmetic acceptability), site of application, sensitivity to excipients and extent and severity of condition.</p> <p>Patient compliance and education regarding appropriate application is key. All patients with dry skin conditions should be counselled on appropriate application technique.</p> <p><b>It is essential to find an emollient that is acceptable to the patient as this will enhance compliance.</b></p>	<p><b>Type</b></p>	<p><b>Comments</b></p>
	<p><b>Ointments</b> (highest oil/paraffin content)</p>	<p>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.</p>
	<p><b>Creams with humectants</b> (contain urea/glycerine)</p>	<p>Urea &amp; 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.</p>
	<p><b>Creams &amp; gels</b> (emulsions of oil &amp; water)</p>	<p>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.</p>
	<p><b>Lotions</b> (high water content)</p>	<p>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.</p>

**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)
- Emollient requirements may vary between 250 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.
- Follow up to assess acceptability and effectiveness

**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.

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

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.

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

**Self-care advice**

- Emollients should be prescribed for the management of dermatological conditions. Patients who do not have a diagnosed dermatological condition or risk to skin integrity should no longer receive NHS prescriptions and be advised to purchase emollients over the counter.
- Bath/shower products should not be prescribed.
- Switching to first line emollients should be considered when reviewing patients' therapy if they are in agreement to a trial of a drug with a lower acquisition cost.
- 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.

**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 76: <https://www.prescipp.info/media/1306/b76-emollients-20.pdf> (Accessed Jul-19)

British National Formulary <https://www.new.medicinescomplete.com> (Accessed Jul-19). Prices updated from [Drug Tariff](#) and dm+d database (Jul-19).