Nottinghamshire Emollient Formulary V5.1

Nottinghamshire Area Prescribing Committee

The prescribing of emollients should be reserved for the management of diagnosed dermatological conditions such as eczema or psoriasis, as per NHSE guidance.

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).

Mild dry skin can be successfully managed using OTC products on a long-term basis, and emollients on this formulary can also be bought from community pharmacies.

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

Newly diagnosed patients – Offer the most cost-effective emollient from the formulary, depending on the severity of the condition, patient choice, and site of application.

Existing patients prescribed a least cost-effective emollient for **a diagnosed skin condition** – Review choice of emollient, with a view to trialling the most cost-effective emollient from the formulary.

Existing patients prescribed an emollient for dry skin with **no dermatological condition or risk to their skin integrity** by any healthcare professional – Review, stop prescribing, recommend OTC product for self-purchase.

Rationale:

Dry skin conditions lead to impaired skin barrier function and increase 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.

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 and in infants before weaning.
- Emollient requirements vary depending on severity of dryness, frequency of application and type of product used.
- Cost: prescribed vs. purchased. Ensure the most cost-effective products are chosen.
- Switching to first line emollients should be considered when reviewing therapy.
- Follow up required (at least annually) to assess acceptability and effectiveness.

Type	Comments
Ointments (highest oil/paraffin content)	Restore skin barrier most rapidly. Contain fewest preservatives so less likely to cause skin reactions. Ideal under wet wraps and some can used as soap substitutes. Some patients may find ointments less cosmetically acceptable. Advise night-time application. May exacerbate acne and folliculitis.
Creams with humectants (urea/glycerine)	Urea & glycerine 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.
Creams & gels (emulsions of oil & water)	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 sensitisers.
Lotions (high water content)	Absorbed quickly, spreads easily, however less effective as emollients. Useful for scalp application. Minimal greasiness, no staining, less likely to cause folliculitis in patients with hairy skin. Can have alcohol base which can sting, can contain irritants. More frequent applications required.

Suitable quantities to be prescribed for an ADULT for a minimum of twice daily application for ONE MONTH (half this amount for a child)

	Cream or Ointment	Lotion
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

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.
- Avoid soaps, detergents, bubble-bath etc. which disrupt skin barrier. Hot showersn exacerbate itching.
- Other topical preparations e.g., corticosteroids should be applied 30 minutes before or after emollients to prevent dilution or spread to unaffected skin.
- Emollients in pots should be applied using clean spoons/spatulas to prevent cross-contamination. Pump dispensers eliminate this risk and are suitable for patients with limited hand dexterity.

Bath additives should **NOT** be prescribed due to the lack of evidence of efficacy.

Most leave-on emollients can be applied before showering and then rinsed off. They generally don't foam but are effective at cleaning the skin. Or 1-2 tablespoons of any ointment (except 50:50) can be dissolved in hot water and added to bath water. Care required as emollients can make the skin and surfaces slippery.

Risk of severe and fatal burns with ALL emollients: 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)

Prescribers should use the clinically appropriate emollient with the lowest acquisition cost first line.
First line - Green Second line - Blue
Please note that as there can be stock shortages, if the preferred brands are not available, please change to a different brand of similar cost with similar ingredients.

Indication	Consistency/ Formulation	Preferred Products	Advice/Criteria	Cost	Constituents	Other
Severe dry skin or scaly patches	Very greasy ointment	White soft paraffin in liquid paraffin (50:50). ^ Prescribe as **Fifty:50**.	Tub.	500g £3.17	LP 50% + WSP 50%	
	Ointments	Epimax® ointment ^	**Do NOT use on the face and avoid contact with the eyes – if accidental contact rinse well with water**. See here for further information. Tub.	500g £3.22	LP 40%+YSP 30% + cetomacrogol emulsifying wax cetostearyl alcohol + macrogol cetostearyl ether	Hydromol®, Epimax®, Zeroderm® and Epaderm® ointments are comparable.
		Zeroderm® ointment ^	Tub.	500g £4.35	LP 40% + WSP 30% + EW 30%, cetostearyl alcohol	
		Emulsifying ointment ('Ennogen' must be specified in primary care)	Tub.	500g £4.15	WSP 50% + EW 30% + LP 20%, cetostearyl alcohol, sodium laurylsulfate	
		Hydromol® ointment ^	Tub.	500g £5.60	Yellow soft paraffin 32%, cetomacrogol emulsifying wax 25.5%, liquid paraffin 42.5%	
	Urea & lauromagrocol	Balneum® Plus cream ^	Lauromacrogols have the properties of a topical anaesthetic and have an antipruritic effect. Use only if using emollient alone has not helped with itching. Tube and pump dispenser.	100g £3.29 500g £14.99	Lauromacrogols 3.0% and Urea 5.0% LP, Glycerol, Dimethicone, Phenyl dimeticone, Cetylpalmitate, Stearic palmitic acid, Octyldodecanol, Polvsorbate, Carbomer, Trometamol, Benzyl alcohol, water	
	Spray	Emollin® ^	Restrict for patients unable to use ointment/creams/lotions or where application without touching skin is required. **Highly Flammable.** Spray.	240ml £7.86	LLP, + WSP, Hexamethyldisiloxane	
Moderate dryness	Gel creams	Epimax Isomol® gel ^	Easy squeeze dispenser.	500g £3.17	Isopropyl myristate 15% + LP 15% glycerol, carbomer, polysorbate 20, triethanolamine, phenoxyethanol, ethylhexylglycerin and water	Epimax Isomol® gel & Aproderm® are comparable to Doublebase® gel (500g £5.99) - can be used 3rd line if the alternatives are not tolerated.
		AproDerm® gel ^	Pump dispenser.	500g £3.99	Isopropyl Myristate 15+LP 15% Aqua, Glycerin, Polyacrylate-13, Polyisobutene, Polysorbate-20, Phenoxyethanol, Benzoic Acid, Dehydroacetic Acid, Ethylhexylglycerin	
	Creams	Epimax Original® cream ^	Similar to Diprobase® cream (now discontinued). Easy squeeze dispenser.	500g £2.74	WSP 15%, LP 6%, cetostearyl alcohol, polysorbate 60, phenoxyethanol and water	
		Epimax ExCetra® cream ^	Similar to Cetraben® cream. Easy squeeze dispenser.	500g £3.18	WSP 13.2% + LP 10.5% + glycerol 4.5% + EW Excipients: cetostearyl alcohol, phenoxyethanol, Citric acid monohydrate, Trisodium citrate dihydrate, phenoxyethanol	
		Zerobase® cream ^	Similar to Diprobase® cream (now discontinued).	500g £5.66	LP 11% w/w, WSP, cetostearyl alcohol, macrogol cetostearyl ether, sodium dihydrogen phosphate, chlorocresol, phosphoric acid, water	

	Urea-based Creams & Lotions	ImuDERM® emollient ^	Pump dispenser.	500g £6.85	Urea BP (5%); Glycerine BP (5%);Aqua; Paraffinum Liquidum BP; Cetearyl Alcohol; Ceteareth-20; Glyceryl Stearate; Cetrimonium Bromide BP; Tocopheryl Acetate; Benzyl Alcohol; Phenoxyethanol; Lactic Acid; Potassium Sorbate; Xanthan Gum.	Eucerin UreaRepair Plus® 10% urea lotion (250ml, £8.68) can be used if lotion required **(not available on FP10, must be bought over the counter).**
		Flexitol® 10% urea cream	Tube.	150g £5.32 500g £12.54	Urea 10% + WSP, Isopropyl myristate, maize starch, glyceryl tribehenate, palmitic acid, sorbitan laurate and polyoxyethylene fatty glyceride	
Mild Dryness	Creams	ExoCream ®	Similar to E45 cream. Pump dispenser.	500ml £3.99	WSP 14.5%, LLP 12.6%, Hypoallergenic anhydrous Lanolin 1%	
		Zerocream®	Similar to E45 cream. Pump dispenser.	500g £4.36	LP 12.6%+WSP 14.5%, anhydrous lanolin 1% Glyceryl Monostearate, Cetyl Alcohol, Sodium Cetostearyl Sulfate, Citric Acid Monohydrate, Carbomer, Purified Water, Sodium Hydroxide, Sodium Methyl Hydroxybenzoate, Sodium Propyl Hydroxybenzoate, BHT.	
	Oat based creams	Epimax® oatmeal cream ^	. Easy squeeze dispenser.	500g £3.19	Avena sativa kernel flour, liquid paraffin 3.5%, WSP 0.75%, glycerol, water, distearyldimonium chloride, isopropyl palmitate, cetostearyl alcohol, dimethicone, allantoin, isopropanol, octyldodecanol, phenoxyethanol, ethylhexylglycerin, sodium chloride, benzyl alcohol	Avoid using skin products which contain food allergens, particularly on skin that is inflamed.
		Zeroveen® cream ^	Pump dispenser.	500g £6.13	Glycerol, Isopropyl Palmitate, LP, Distearyldimonium Chloride, Avena Sativa Kernel Flour, Cetyl Alcohol, Dimethicone, White Soft Paraffin, Benzyl Alcohol, Allantoin, Stearyl Alcohol, Allantoin, Stearyl Alcohol, Microcrystalline Wax, Myristyl Alcohol, Sodium Chloride, Water	
Confirmed skin infection	Anti-bacterial	Dermol 500® lotion ^	Use in confirmed staphylococcal infection e.g., recurrent folliculitis and impetiginised eczema. Discourage use of emollients with active antimicrobial ingredients wherever appropriate. Use of anti-bacterial emollients as leave on products can cause irritant dermatitis.	500ml £6.52	LP 2.5% + benzalkonium chloride 0.1% + chlorhexidine dihydrochloride 0.1% + isopropyl myristate 2.5% cetostearyl alcohol, macrogol cetostearyl ether, phenoxyethanol, water	
		Dermol® cream ^		500g £7.19	LP 10% + benzalkonium chloride 0.1% + chlorhexidine dihydrochloride 0.1% + isopropyl myristate 10% cetostearyl alcohol, glycerol, macrogol cetostearyl ether, phenoxyethanol, disodium phosphate dodecahydrate, sodium dihydrogen phosphate dihydrate, water.	
Heel Balm	Urea based	Dermatonics ONCE Heel Balm® 25% urea	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. Tube.	75ml £3.83	25% urea, Lanolin Cera, Petrolatum, Glycerin, C12-15 Alkyl Benzoate, Cera Alba, Dimethicone, Acrylates Copolymer, Parfum, Phenoxyethanol, Ethylhexylglycerin, Triethanolamine, water	
		Flexitol 25% Urea Heel Balm®		75g £4.04	Urea, Wool Fat, LLP, Cetostearyl Alcohol, PEG-20 Stearate, Glyceryl Monostearate (40-55), Decyl Oleate, Paraffin Hard, Phenoxyethanol, Sodium PCA 50% Solution, Shea Butter, Benzyl Alcohol, Vitamin E Acetate, Panthenol, Perfume Enzeau Water	
Low paraffin (<20%)		AproDerm Emollient Cream® ^	Low paraffin and paraffin free products should be reserved for patients who are Paraffin intolerant/unsuitable for paraffin containing products. **Do NOT use <u>Epimax</u> PF on the face and avoid contact with the eyes – if accidental contact rinse well with water**. See here for further information. Tub.	500g £4.95	WSP 15%, LP 6% Cetostearyl Alcohol, Macrogol Cetostearyl Ether, Ceteareth-20, Purified Water, Sodium Hydrogen Phosphate, Euxyl PE 9010, Phosphoric Acid / Sodium Hydroxide	
		Epimax Isomol® Gel ^		500g £3.17	Isopropyl myristate 15% w/w, liquid paraffin 15% w/w, glycerol, carbomer, polysorbate 20, triethanolamine, phenoxyethanol, ethylhexylglycerin and water	
		AproDerm® gel ^		500g £3.99	WSP 15%, LP 6% Cetostearyl Alcohol, Macrogol Cetostearyl Ether, Ceteareth-20, Purified Water, Sodium Hydrogen Phosphate, Euxyl PE 9010, Phosphoric Acid / Sodium Hydroxide	
		ImuDERM® emollient ^		500g £6.85	As above	
Paraffin free		Epimax® paraffin free ointment ^		500g £5.16	Polyoxyethylene hydrogenated castor oil 38% w/w, macrogol cetostearyl ether, medium chain triglycerides, polyoxypropylene stearyl ether, cetostearyl alcohol, hydrogenated castor oil, D&C Yellow/Red	
		AproDerm® colloidal oat cream ^		500g £5.80	Avena Sativa Kernel Flour 1%, Water, Olive Oil, Apricot Kernel Oil, Glycerin, Sucrose Stearate, Cetearyl Alcohol, Glyceryl Stearate SE, Dimethicone, Phenoxyethanol, Vitamin F Ethyl Ester, Ethylhexylglycerin, Xanthan gum, Disodium EDTA, Vitamin E	

(LP = Liquid Paraffin, WSP = White Soft Paraffin, EW = Emulsifying Wax, WP = White Paraffin, LLP = Light Liquid Paraffin, YSP = Yellow Soft Paraffin)

Key:

^ Highlights lanolin free products.

Use as soap substitute.

For further information see:

Nottinghamshire Area Prescribing Committee Formulary (nottinghamshireformulary.nhs.uk)

Patient information:

National Eczema Society here.

British Association of Dermatologists here.

References:

Best Practice in Emollient Therapy. A statement for healthcare professionals. December 2012.https://bdng.org.uk/wp-content/uploads/2022/02/EmollientBPG.pdf (accessed March 2026)

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PrescQIPP Bulletin 372:https://www.prescqipp.info/our-resources/bulletins/bulletin-372-emollients/ (Accessed March 2026)

British National Formulary https://www.new.medicinescomplete.com (Accessed April 2024).

Prices updated from Drug Tariff and dm+d database (March 2026).

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