

# Emollient Prescribing Guidelines

## 1. Background

Emollients are essential in the management of **diagnosed** dermatological conditions but are often underused. When used correctly, emollients can help maintain and restore skin suppleness, preventing itching and reducing the number of flares therefore reducing the need for corticosteroid treatment.

Emollients should only be prescribed for the management of **diagnosed dermatological conditions** such as eczema or psoriasis.

Patients who do not have a diagnosed dermatological condition or risk to skin integrity should be advised to purchase over the counter emollients.

A prescription for the treatment of **mild** dry skin should not be offered routinely in primary care as the condition is appropriate for self-care unless patient has a general exception as advised by NHSE England [otc-guidance-for-ccgs.pdf \(england.nhs.uk\)](https://www.england.nhs.uk/otc-guidance-for-ccgs.pdf). Patients with mild dry skin can be successfully managed using over the counter products on a long-term basis

[items-which-should-not-routinely-be-prescribed-in-primary-care-v2.1.pdf \(england.nhs.uk\)](https://www.england.nhs.uk/otc-guidance-for-ccgs.pdf)

This document is intended to guide cost effective prescribing and preferred emollient choice when initiating or changing emollient therapy. Prescribing may involve trialing different emollients (in small quantities) until a suitable preparation that is acceptable to the patient is found.

2. Recommendations	Pg. 2
3. Considerations before prescribing	Pg. 2
4. Counselling points for patient and carers	Pg. 3
5. Safety notice	Pg. 3
6. Flammability risk with emollient use	Pg. 3
7. Aqueous cream – not to be prescribed	Pg. 4
8. Emollients containing urea	Pg. 4
9. Preparations containing antimicrobials	Pg. 4
10. Bath and shower products	Pg. 4
11. Cost-effective emollients – table 1	Pg. 5
12. Quantities to be prescribed for adults – table 2	Pg. 8
13. Summary	Pg. 8
14. References	Pg. 8

## 2. Recommendations

- Choose a cost-effective emollient from the suggested list (Table 1) after discussion with the patient in order to match choice to patient lifestyle and therefore increase compliance. Patient preference as well as severity of condition and site of application should be considered when making a suitable choice. Suggestions have been made in this guidance based on cost per 100g or 100mL of product since there is limited evidence comparing the efficacy of different emollients.
- Ensure that the indication is a documented dermatological condition. Prescribing of emollients for non-clinical cosmetic purposes is not recommended and should be reviewed.
- Initially, prescribe a small amount of emollient on an acute prescription to gauge suitability to patient. Check previous emollients trialed and sensitivities.
- Once a suitable emollient is chosen, a sufficient amount appropriate for a repeatable prescription should be prescribed – see table 2.
- Do not prescribe moisturisers and creams not listed in the Drug Tariff. Unlicensed specials should not be prescribed first line and only on the recommendation of a specialist. Only prescribe a special if it is listed in the British Association of Dermatologists [recommended list 2018](#).
- Prescriptions for adult patients should be reviewed annually, although this may not be necessary in very mild conditions such as those with small areas of mild eczema that require minimal intervention. Stop emollients where continued use is not justified such as where the skin condition has improved and there is no evidence of chronic relapsing eczema or if the condition has resolved completely and does not require ongoing emollient therapy for maintenance.

## 3. Considerations before prescribing

- Patient preference, health education and their expectations from treatment are key to compliance. Try small quantities initially, until an acceptable emollient is found. Advise the patient to use the emollient liberally and frequently (at least 2 – 4 times a day; very dry skin may require application every 2-3 hours)
- Consider if self-care is appropriate for gels, light creams and lotions usually used for mild dry skin
- Generally, the greasier the product, the more effective it is as an emollient as it is able to trap more moisture in the skin. However, greasier emollients can be less acceptable or tolerable to the patient.
- Ointments are the greasiest preparations, being made of oils or fats. They do not usually contain preservatives and may be more suitable for those with sensitivities. However, they can exacerbate acne and can cause folliculitis when overused. They should not be used where infection is present. Emollients should be applied in the direction of hair growth to reduce the risk of folliculitis.
- Creams and gels are emulsions of oil and water, and their less greasy consistency often makes them more cosmetically acceptable.
- Lotions have higher water content than creams and are less moisturizing but can be good for hairy or damaged areas of skin (such as weeping eczema – where pus is seeping out of damaged areas of skin). Lotions are added to this guide as per [BEE study | Centre for Academic Primary Care | University of Bristol](#) Lotions are still not preferred compared to other formulations but if a lotion is the only product a patient accepts/adheres to there are some cost-effective choices shown in table 1.
- Sensitivities to excipients can occur and should be checked before prescribing. Excipients are listed in the SPC. The BNF indicates the presence of some specific excipients that are associated with sensitisation to topical preparations

#### 4. Counselling points for patients and carers

- If a topical corticosteroid is required, emollients should be applied at least 15-30 minutes before or after the topical corticosteroid.
- Emollients should ideally be applied as frequently as possible at least three times a day and ideally four to six times a day (every three hours) and use continued even when the condition appears to have improved.
- Wash and dry hands before applying an emollient to reduce the risk of introducing contaminants to the skin.
- If using a tub, remove the required amount of emollient from the tub onto a clean plate/bowl using a spatula/teaspoon to prevent introduction of germs into the container.
- Emollients should be applied in the direction of the hair growth.
- Apply emollients after bathing while water is still trapped in the skin to increase skin hydration.

**5. Safety notice** from the manufacturers of Epimax, Aspire Pharma Limited, was issued in January 2023 regarding usage of the following products **on or around the skin of the eyes**:

- Epimax Ointment
- Epimax Paraffin Free Ointment and
- Epimax Original Cream.

All three products contain CETOSTEARYL alcohol, a known potential skin sensitiser, which is postulated to be the cause of the eye irritation or injuries. Aspire Pharma is currently in the process of updating the product labelling. [Medicines and Healthcare products Regulatory Agency \(filecamp.com\)](https://www.filecamp.com). All products containing cetostearyl alcohol are shown on the tables with \*.

Alternatives are available in each section and if these are not suitable there are a small number of face/eye specific products are available:

- Epimax eye ointment 4g £2.35
- Eucerin Replenishing face cream 50mL £13.75

#### 6. Flammability risk with emollient use

All patients and their families should be warned regarding the risk of fire when using large quantities of emollients. Patients should be counselled to keep away from gas fires, hobs and naked flames. They should also be reminded to avoid smoking when using paraffin containing preparations.

***Patients on medical oxygen who require an emollient should not use any paraffin-based products.***

***Paraffin free should ONLY be used in those with confirmed paraffin sensitivity.***

New guidance from the [MHRA](https://www.mhra.gov.uk) suggests that all emollients pose a fire risk whether or not they contain paraffin. Patients should be advised to wash both clothing and bedding regularly at a temperature of 60 degrees to minimize the buildup of impregnated paraffin which could become a fire hazard. Resources are available [here](#)

[EMOLLIENT REFERRAL VA1 reporting form .doc \(live.com\)](#) form to Surrey Fire & Rescue Service Form can be found on Surrey PAD and it is **only** for the referral of vulnerable adults and is not to be used for the requesting of a standard Fire Service Home Fire Safety Check – a request for this Service can be made via the Surrey Fire & Rescue Service Website. – see [Fire & Rescue Service Safe & Well leaflet.pdf \(res-systems.net\)](#) for more information

## **7. Aqueous cream – not to be prescribed**

Aqueous cream carries a higher risk of causing skin irritation particularly in children with eczema, due to its sodium lauryl sulphate content according to [MHRA](#) guidance. As well as sodium lauryl sulphate, other ingredients used in aqueous cream formulations are known to cause skin irritation. These include the preservatives parabens, chlorocresol and CETOSTEARYL alcohol. Repeated, prolonged exposure to dilute solutions may cause drying and cracking of the skin as well as contact dermatitis development.

Sodium lauryl sulphate is a known skin irritant and as a surfactant it could remove protective oils from skin

Some patients with eczematous conditions may develop adverse skin reactions (burning, stinging, itching or redness) if aqueous cream is used as a leave-on emollient, often within 20 minutes of application.

## **8. Emollients containing urea**

Emollients with urea are useful where a keratolytic is required such as in hyperkeratosis or ichthyosis. There are no products that cost below the £1 per 100ml/100g threshold (see table 1).

If emollients containing urea are recommended, specify the duration and area that they are to be trialed on. Urea is a keratin softener and hydrating agent used in the treatment of dry, scaling skin conditions. Urea can cause stinging and irritation for some people and preparations are generally more costly. It is therefore reasonable to target use to specific groups such as those with scaling skin, or those who have tried other emollients without success.

## **9. Preparations containing antimicrobials**

Antimicrobial emollients should only be used where infection is present. Use should be targeted and short term, usually up to four weeks (as recommended for chlorhexidine).

Dermol cream and lotion and can be used for direct application onto the skin and/or use as a soap substitute.

## **10. Bath and shower products**

Bath and shower products should not be ROUTINELY prescribed; Do not initiate bath and shower preparations for any new patient and switch patients using bath and shower preparations to an alternative “leave-on” emollient as recommended in [items-which-should-not-routinely-be-prescribed-in-primary-care-v2.1.pdf \(england.nhs.uk\)](#)

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## 11. Table 1: Cost effective emollients

Please use this table to prescribe/review and switch to the most suitable cost-effective alternative.

For existing patients who have been prescribed a least cost-effective emollient for a diagnosed skin condition please review choice of emollient.

For existing patients who have been prescribed an emollient with no diagnosed skin condition please review and stop prescribing of emollient +/- recommend a suitable OTC product

Products contain a variety of excipients – check before prescribing if patients have known sensitivities

Products containing cetostearyl alcohol \* See section 5 for further advice

Pharmaceutical form		Most cost- effective	Medium cost-effective	Least cost-effective	Points to note
Gel	Consider if self-care is appropriate	<b>Epimax Isomol gel</b> (LP15%, IM 15%) 100g=£1.99; 500g=£3.08 (62p/100)	<b>AproDerm Gel</b> (LP 15%, IM 15%) 100g=£1.99; 500g=£3.99 (79p/100g)  <b>MyriBase gel</b> (LP 15%, IM 15%) 100g=£2.12; 500ml pump=£4.66 (93p/100g)  <b>Zerodouble gel</b> (LP 15%, IM 15%) 100g=£2.25; 500g=£4.90 (98p/100g)	<b>Adex Gel</b> (LP 15%, IM 15%, nicotinamide 4%) 100g=£2.69; 500g pump=£5.99 (£1.2/100g)  <b>Doublebase gel</b> (LP 15%, IM 15%) 100g=£2.65; 500g pump dispenser=£5.83; 1kg=£10.98 (£1.10/100g)  <b>Doublebase Dayleve gel</b> (LP 15%, IM 15%) 100g=£2.65; 500g=£6.29 (£1.26/100g)  <b>HypoBase Gel</b> (LP 15%, IM 15%) 500g=£5.83 (£1.2/100g)	
		<b>Epimax Original cream</b> * (WSP 15%, LP 6%) 100g=80p; 500g=£2.67 (53p/100g)  <b>Epimax Excetra</b> * cream (WSP13.2%, LP 10.5%) 100g=£1.83; 500g=2.99 (62p/100g)  <b>ExmaQS</b> * cream (WSP 15%, LLP 6%) Tub 500g=£2.95 (59p/100g)	<b>ExoCream</b> * (WSP 15%, LP 12.6%, HAL 1%) 50g=£1.05; 125g=£2.33; 350g=£4.17; 500ml=£3.99 (80p/100g)  <b>Epimax moisturising Cream</b> * (WSP 14.5%, LLP 12.6%, HAL 1%) 100g=£1.99; 500g=£2.99 (60p/100g)  <b>Exmaben Cream</b> * (WSP 13.2%, LLP 10.5%) 500g=£4.25 (85p/100g)  <b>ZeroAQS cream</b> * (WSP 15%, LP 6%) 500g=£3.39 (68p/100g)  <b>ZeroCream</b> * (WSP 14.5% LP 12.6%) 50g=£1.23; 500g=£4.30 (86p/100g)	<b>AproDerm Emollient Cream</b> * (WSP 15%, LP 6%) 50g=£1.70; 500g=£4.95 (99p/100G)  <b>Cetraben cream</b> * (WSP 13.2%, LP 10.5%) 50g=£1.48; 150g=£4.17; 500g=£6.29; 1050g=£12.24 (£1.17/100g)  <b>Diprobace Advanced Eczema Cream</b> (WSP 15%, LP 6%) 500g=£7.01 (£1.40/100g)  <b>E45 cream</b> * (WSP14.5%, LLP 12.6%) 50g=£1.93; 125g=£3.22; 350g=£6.14; 500g=£5.99 (£1.20/100g)  Hydromol cream * (LP 13.8%, IM 5%) 50g=£2.31; 100g=£4.31; 500g=£12.57 (£2.51/100g)  Oilatum cream * (WSP 15%, LLP 6%) 150g=£3.06; 500ml pump pack=£5.28 (£1.06/100g)  Oilatum Jr cream * (WSP 15%, LLP 6%) 150g=£3.06; 500ml pump pack=£5.28 (£1.06/100g)  QV cream * (WSP 5%, LLP 10%) 100g=£2.32; 500g=£6.60; 1050g=£12.40 (£1.18/100g)  Ultrabase Cream * (WSP 10%) 100ml=£2.85; 500ml=£7.01 (£1.40/100g)  Zerobase cream * (WSP 10%, LP11%) 50g=£1.10; 500g pump dispenser=£5.58 (£1.12/100g)	

<b>Creams</b>	<b>Medium – heavy</b>	<b>Aquamax cream*</b> (WSP 20% LP 6%) 100g=£1.89; Tub 500g=£3.99 (80p/100g)		<b>Epiderm Cream*</b> (YSP 15%, LP 10% CEW 5%) 50g=£1.74; 150g=£3.62; 500g=£7.09 (£1.42/100g)	Aqueous cream NOT recommended due to sodium lauryl sulphate content according to <a href="#">MHRA</a> guidance
<b>Ointments</b>	<b>Greasy</b>	<b>Epimax Ointment*</b> (YSP 30%, LP 40% EW 30%) 125g=£2.01; 500g=£3.13 (63p/100g)	<b>Aquaderm hydrous ointment</b> (WAO 50%) 500g=£4.15 (£83p/100g)  <b>Hydromol ointment*</b> (YSP 32%, CEW 25.5%, LP 42.5%) 100g tube=£3.24; 125g=£3.18; 500g=£5.40; 1kg=£9.22 (92p/100g) <b>Zeroderm ointment*</b> (WSP 30%, LP 40%, EW 30%) 125g=£2.53; 500g=£4.29 (86p/100g)	<b>Cetraben ointment*</b> (WSP 35%, LLP 45%) 125g=£3.63; 450g=£5.67; (£1.26/100g)  <b>Epiderm ointment*</b> (YSP 30%, LP 40% EW 30%) 125g=£3.93; 500g=£6.66; 1kg=£12.57 (£1.26/100g)  <b>Thirty:30 Ointment</b> (YSP 30%, LP40% EW 30%) 125g=£4.08; 250=£4.29; 500g=£6.93 (£1.38/100g)	Good for night-time use. Very scaly patches or acute flares
	<b>Very greasy</b>	<b>EmulsifEss* Ointment</b> (WSP 50% EW 30% LP 20%) 500g=£3.97 (80p/100g)  <b>Fifty:50 Ointment</b> (WSP 50%, LP 50%) 500g=£4.57 (91p/100g)	<b>Ovelle Emulsifying ointment*</b> (WSP 50% EW 30% LP 20%) 500g=£4.15 (83p/100g)  <b>Emulsifying ointment*</b> (EW 30%, WSP 50%, LP 20%) 500g=£4.82 (96p/100g)		No excipients therefore less likely to cause sensitivities. Good for night-time use.  Useful for very scaly patches or acute flares
<b>Colloidal oat Products</b>		<b>Epimax Oatmeal cream*</b> 100g=£2.06; 500g=£3.10 (62p/100g)	<b>AproDerm colloidal oat cream*</b> 100ml=£2.74; 500ml pump=£5.80 (£1.16/100g)  <b>Miclaro Oat Cream 1% cream</b> 300ml=£3.80; 500ml=£3.99 (80p/100)	<b>Aveeno cream*</b> 100g=£3.97; 500g=£6.47 (£1.29/100g)  <b>Zeroveen cream*</b> 100g=£2.74; 500g pump=£5.89 (£1.18/100g)	Only use where other creams/gels have failed
<b>Urea containing products</b>		<b>ImuDERM cream* 5%</b> 500g pump=£6.79 (1.36/100g)	<b>Balneum Intensive cream*</b> (Urea 5%) 50g=£2.85; 500g=£9.97 (£1.99/100g)	<b>Aquadrate 10% cream</b> 30g=£1.64; 100g=£4.50 (£4.50/100g) <b>Balneum Plus cream*</b> (Urea 5%) 100g=£3.29; 500g pump pack=£14.99 (£3/100g) <b>Dermatonics Once Heel balm</b> (25% Urea) 75ml=£3.60; 200g=£8.50 (£4.25/100g) <b>E45 itch relief 5% cream</b> 50g=£2.81; 100g=£4.28; 500g pump pack=£14.99 (£3/100g) <b>Eucerin Dry Skin Relief*</b> (5% Urea) 75ml=£5.72 (£7.62/100ml)  <b>Flexitol 10% Urea cream*</b> <b>150g=£5.25; 500g=£12.36 (2.47/100g)</b> <b>Flexitol 25% Urea Heel balm*</b> 40g=£2.88; 75g=£3.98; 200g=£9.85; 500g=£15.55 (£3.11/100g)  <b>Hydromol Intensive cream 10%</b> 30g=£1.69; 100g=£4.51 (£4.51/100g) <b>Nutraplus 10% cream</b> 100g=£4.37 (4.37/100g)	Only use after other emollients have been tried



<p style="text-align: center;"><b>Paraffin Free</b></p>	<p><b>Epimax Paraffin-Free ointment*</b> (0% paraffin) 500g=£4.99 (99p/100)</p>	<p><b>AproDerm colloidal oat cream*</b> (0% paraffin) 100ml=£2.74 500ml pump=£5.80 (£1.16/100g)</p>	<p>Only for those patients with confirmed paraffin sensitivity</p>
<p style="text-align: center;"><b>Lotions</b></p> <p style="text-align: center;"><b>Consider if self-care is appropriate</b></p> <p>Lotions have higher water content than creams and considered less effective as emollients.</p>	<p><b>Miclaro Oat Cream lotion*</b> 500ml=£3.99 (80p/100g)</p> <p><b>E45 Lotion</b> (WSP 10%,LLP 4%) 200mL=£2.45;500mL=£4.90 (98p/100mL)</p>	<p><b>Aveeno lotion *</b> 500g=£6.99 (£1.40/100g)</p> <p><b>Cetraben lotion*</b> (5% WSP,LLP4%) 200mL=£4.00; 500mL=£5.84 (£1.17/100mL)</p> <p><b>QV lotion*</b> (5% WSP) 250mL=£3.38; 500mL=£5.47 (£1.09/100mL)</p>	<p>Use only if other formulations have been trialed and deemed unsuitable</p>
<p style="text-align: center;"><b>Preparations containing antimicrobials</b></p>		<p><b>Dermol 500 lotion*</b> 500mL=£6.04 (£1.21/100mL)</p> <p><b>Dermol 500 cream*</b> 100g=£2.86; 500g=£6.63 (£1.33/100g)</p>	<p><b>Use only if skin Infected</b></p> <p>Please prescribe short term only, <b>up to 4 weeks</b> for patients with eczema where recurrent infections are a problem</p>
<p style="text-align: center;"><b>Bath and shower preparation</b></p>	<p>Bath and shower products should not be ROUTINELY prescribed; Do not initiate bath and shower preparations for any new patient and switch patients using bath and shower preparations to an alternative “leave-on” or “soap substitute” emollient in line with the Surrey Heartlands Integrated Care System Area Prescribing Committee emollient guideline.</p> <p>See also the <a href="#">Emollients: new information about risk of severe and fatal burns with paraffin-containing and paraffin-free emollients - GOV.UK (www.gov.uk)</a></p>		

**WSP**-white Soft Paraffin; **LP**-liquid paraffin; **YSP**-yellow soft paraffin; **CEW**-cetomacrogol emulsifying wax; **EW**-emulsifying wax; **LLP**-light liquid paraffin; **WAO**- wool alcohols ointment; **IM**-isopropyl myristate; **HAL**-hypoallergenic anhydrous lanolin

Prices correct as of Jan 2023 [Mims online](#) and [NHS Electronic Drug Tariff \(nhsbsa.nhs.uk\)](#)

Cost calculation per 100g/mL based on the largest pack size available

## 12. Quantities to be prescribed for adults

Table 2 shows the suitable quantities of dermatological preparations to be prescribed for specific areas of the body. As a general rule, if you need to treat the whole body, the recommended quantities used are 800g per week per adult and 250-500g per week for a child. These recommendations do not apply to corticosteroid preparations; see BNF chapter on prescribing topical corticosteroids for guidance on suitable quantities.

**Table 2: Suitable quantities of emollients for prescribing for an adult for a week or a month – twice daily application**

Body site	Creams or ointments		Lotions	
	One week supply	One month supply	One week supply	One month supply
Face	15-30g	60-120g	100mL	~400mL
Both hands	25-50g	100-200g	200mL	~800mL
Scalp	50-100g	200-400g	200mL	~800mL
Both arms or legs	100-200g	400-800g	200mL	~800mL
Trunk	400g	1600g	500mL	~2000mL
Groins & genitalia	15-25g	60-100g	100mL	~400mL

## 13. Summary

When prescribing emollients, the key to success is considering patient preference, tolerability and ensuring that the emollient prescribed fits in with their lifestyle. Regular review of how the patient is getting along with their emollient also helps improve patient compliance and ensures early detection of any issues or infections. Best use of resources can be made by having a range of cost-effective options available in order to cover patient preference and ensuring that products for more specialised use (such as those containing antimicrobials, urea or in spray formulations) are only used where appropriate.

## 14. References

- <https://www.gov.uk/drug-safety-update/emollients-new-information-about-risk-of-severe-and-fatal-burns-with-paraffin-containing-and-paraffin-free-emollients>
- <https://www.england.nhs.uk/wp-content/uploads/2018/03/otc-guidance-for-ccgs.pdf>
- [BAD-Specials-Booklet-2018-FINAL.pdf](#)
- <https://www.prescipp.info/media/1306/b76-emollients-20.pdf>
- <https://www.prescipp.info/media/1268/b49-emollients-20.pdf>
- <http://www.mhra.gov.uk/safety-public-assessment-reports/CON251956>
- <https://www.nice.org.uk/guidance/cg57>
- <https://www.nice.org.uk/guidance/qs44>
- <http://www.pcds.org.uk/clinical-guidance/atopic-eczema>
- <https://cks.nice.org.uk/eczema-atopic>
- <https://cks.nice.org.uk/dermatitis-contact>
- <http://www.eczema.org/emollients>
- [http://www.bristol.ac.uk/primaryhealthcare/researchthemes/bee-study/Emollients-NHS-\(www.nhs.uk\)](http://www.bristol.ac.uk/primaryhealthcare/researchthemes/bee-study/Emollients-NHS-(www.nhs.uk))
- [EMOLLIENT REFERRAL form to Surrey Fire & Rescue Service .doc](#)
- [Moisturisers with antimicrobials | Dermatology Handbook](#)
- [Medicines and Healthcare products Regulatory Agency \(filecamp.com\)](#)