

EMOLLIENT PRESCRIBING GUIDANCE FOR ADULTS AND CHILDREN

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

Guidelines for Prescribing:

- To help support implementation and ensure cost-effective, evidence-based use of medicines in line with the [NHS E guidelines](#) on conditions for which over-the-counter (OTC) items should not routinely be prescribed in primary care, [NHS Kent and Medway does not support the routine prescribing of items available OTC for self-care](#). [\[Position statement\]](#)
- Refer to the Primary Care Dermatology Society for **Eczema management advice** and images – <https://www.pcds.org.uk/clinical-guidance/atopic-eczema>.
- For **newly diagnosed patients** – Offer the most cost-effective emollient from the products below, depending on the severity of the condition, patient choice, and site of application.
- For **existing patients** who have been 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 products below.
- For **existing patients** who have been prescribed an emollient for dry skin with **no dermatological condition or risk to their skin integrity by any healthcare professional either in primary care or secondary care** – Review these patients and stop prescribing of emollient. Recommend a suitable OTC product for self-purchase.

Rationale for prescribing Emollients

- Emollients should **only be prescribed for the management of diagnosed dermatological conditions**, such as eczema or psoriasis; or where there is a significant risk to skin integrity in the prescriber's clinical assessment.
- Patients who **do not have a diagnosed dermatological condition** or significant risk to skin integrity (maintenance) **should no longer receive emollients on an NHS prescription** and be advised to purchase emollients over the counter (OTC).
- Frequent use of emollients is effective in reducing the amount of topical steroids and other agents needed to manage skin disease/condition well.
- Bath and shower products SHOULD NOT BE ROUTINELY PRESCRIBED.** Refer to "Bath and Shower Preparations Advice" section.
- For patients who have been reviewed by secondary care/specialist 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 respected.
- If the **rationale for deviation from products listed in this guideline is not recorded** in communication from specialist/secondary care, then **primary care prescriber should switch to the most suitable cost-effective alternative.**
- Emollients should be **reviewed frequently (at least annually)** by the initiating clinician (GP or specialist), and stopped where continued use is not justified e.g. skin condition has improved, with no evidence of chronic relapsing eczema or if skin condition has resolved completely and does not require on-going emollient therapy for maintenance. Patient should be requested to purchase a suitable OTC product when prescribed emollient is no longer necessary.

Approximate quantities of emollients to be prescribed

This table suggests suitable quantities to be prescribed for an **adult** for a minimum of twice daily application for **1 month** or 1 week. **For children, approximately half this amount is suitable.** [BNF]

Affected area	Creams or Ointments		Lotions	
	One month supply	One week supply	One month supply	One week supply
Face	60–120g	15–30g	400ml	100ml
Both hands	100–200g	25–50g	800ml	200ml
Scalp	200–400g	50–100g	800ml	200ml
Both arms or both legs	400–800g	100–200g	800ml	200ml
Trunk	1600g	400g	2000ml	500ml
Groin & genitalia	60–100g	15–25g	400ml	100ml

***For widespread use as soap and moisturiser, 2400g/month (600g/week) of creams/ointments is sufficient OR 3200ml/month (800ml/week)**

CAUTION: Fire Hazard with BOTH paraffin-containing and paraffin-free emollients. Keep away from fire / flames!

- All patients should be warned regarding the risk of fire when using large quantities of all emollients. [Regardless of paraffin concentration, the risk of fire cannot be excluded with paraffin-free emollients.](#)
- Patients should be counselled to keep away from open or gas fire or hobs and naked flames, including candles and avoid smoking.
- Patients on **medical oxygen** who require an emollient **should not use any paraffin-based products.**
- Patients should be counselled to wash bedding/clothing regularly high temperatures to minimise emollient build-up.
- Change patient clothing and bedding regularly—preferably daily—because emollients soak into fabric and can become a fire hazard.

Bath and Shower Preparations Advice

- Bath and shower products SHOULD NOT BE ROUTINELY PRESCRIBED.** Do not initiate bath and shower preparations for any new patient; **prescribe only if no other item or intervention is clinically appropriate or available**; deprescribe in patients currently prescribed this medicine or switch patients to an alternative "leave-on" or "soap substitute" emollient in line with the [NHS items not for routine prescribing in primary care guidance](#).
- They are no longer considered an essential component of total emollient therapy, as the amount of bath additives deposited on the skin is lower than with directly applied emollient creams or ointments, and therefore show no clinical benefit when added to standard eczema care in children. In line with these findings and recommendations from the [BATHE Study](#), the latest update to [NICE CG57](#) recommends clinicians to **not offer emollient bath additives** to children with atopic eczema.
- Using "leave-on" emollient as a soap substitute** → Many standard emollients can be used in this way e.g. by applying it to the skin before showering then rinsing it off. Alternatively, 1-2 tablespoons of any ointment (except 50:50) can be dissolved in some hot water and added into bath water, as a bath additive. *[Note: Bath products will coat the bath, making it slippery, and patients should be warned to take extra care].*

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

Pharmaceutical form		Most cost-effective (*** = preferred)	Medium cost-effective	Least cost-effective	
Creams <i>(Moderately greasy; for dry skin)</i>	Light <i>Consider if self-care / over the counter (OTC) is appropriate</i>	*** Epimax Original Cream (WSP 15%, LP 6%) 100g=80p; 500g=£2.67 (53p/100g)	ExoCream (WSP 15%, LP 12.6%, HAL 1%) 125g=£2.33; 500ml pump=£3.99 (80p/100g)	AproDerm Emollient Cream (WSP 15%, LP 6%) 50g=£1.70; 500g pump=£4.95 (99p/100g)	
			Epimax Moisturising Cream (WSP 14.5%, LLP 12.6%, HAL 1%)100g=£1.99; 500g=£2.99 (60p/100g)	Cetraben Cream (WSP 13.2%, LP 10.5%) 50g=£1.48; 150g=£4.17; 500g=£6.29; 1050g=£12.24 (£1.17/100g)	
		Epimax Excetra Cream (WSP13.2%, LP 10.5%) 100g=£1.83; 500g=£3.09 (62p/100g)	Exmaben Cream (WSP 13.2%, LLP 10.5%) 500g=£4.25 (85p/100g)	Diprobace Advanced Eczema Cream (WSP 15%, LP 6%) 500ml pump=£7.01 (£1.40/100ml)	
		ExmaQS Cream (WSP 15%, LLP 6%) Tub 500g=£2.95 (59p/100g)	ZeroAQS Emollient Cream (WSP 15%, LP 6%) 500g=£3.39 (68p/100g)	Hydromol Cream (LP 13.8%, IM 5%) 50g=£2.37; 100g=£4.42; 500g=£12.88 (£2.58/100g)	
			ZeroCream (WSP 14.5% LP 12.6%) 50g=£1.23; 500g=£4.30 (86p/100g)	Oilatum Cream (WSP 15%, LLP 6%) 150g=£3.91; 500ml pump=£5.28 (£1.06/100g)	
		Medium – heavy	Aquamax Cream (WSP 20%, LP 8%) 100g=£1.89; Tub 500g=£3.99 (80p/100g)	Zerobase Cream (WSP 10%, LP 11%) 50g=£1.10; 500g pump=£5.58 (£1.12/100g)	Oilatum Junior Cream (WSP 15%, LLP 6%) 150g=£3.62; 350ml pump=£5.75; 500ml pump=£7.55 (£1.51/100g)
	Ultrabase Cream (WSP 10%) 100ml=£2.85; 500ml pump=£7.01 (£1.40/100ml)			QV Cream (WSP 5%, LLP 10%) 100g=£2.32; 500g=£6.60; 1050g=£12.40 (£1.18/100g)	
	Gels <i>(Mildly greasy; for moderate / mild dry skin)</i>	<i>Consider if self-care / over the counter (OTC) is appropriate</i>	*** Epimax Isomol Gel (LP15%, IM 15%) 100g=£1.99; 500g=£3.08 (62p/100g)	AproDerm Gel (LP 15%, IM 15%) 100g=£1.99; 500g=£3.99 (80p/100g)	Adex Gel (LP 15%, IM 15%, nicotinamide 4%) 100g=£2.69; 500g pump=£5.99 (£1.20/100g)
				MyriBase Gel (LP 15%, IM 15%) 100g=£2.12; 500ml pump=£4.66 (93p/100g)	Doublebase Gel (LP 15%, IM 15%) 100g=£2.65; 500g pump=£5.83; 1kg=£10.98 (£1.10/100g)
			Zerodouble Gel (LP 15%, IM 15%) 100g=£2.34; 500g=£5.14 (£1.03/100g)	Doublebase Dayleve Gel (LP 15%, IM 15%) 100g=£2.65; 500g=£6.29 (£1.26/100g)	HypoBase Gel (LP 15%, IM 15%) 500g pump=£5.83 (£1.17/100g)
Aquaderm Hydrous Ointment (WAO 50%) 500g=£4.15 (83p/100g)			Cetraben Ointment (WSP 35%, LLP 45%) 125g=£3.63; 450g=£5.67 (£1.26/100g)		
Ointments <i>(Greasy; for very dry skin / acute flares)</i>	Greasy Ointment	*** Epimax Ointment (YSP 30%, LP 40% EW 30%) 125g=£2.01; 500g=£3.13 (63p/100g)	Hydromol Ointment (YSP 32%, CEW 25.5%, LP 42.5%) 100g=£3.30; 125g=£3.24; 500g=£5.50 (£1.10/100g)	Epaderm Ointment (YSP 30%, LP 40% EW 30%) 125g=£4.03; 500g=£6.83; 1kg=£12.89 (£1.29/100g)	
			Zeroderm Ointment (WSP 30%, LP 40%, EW 30%) 125g=£2.53; 500g=£4.29 (86p/100g)	Thirty:30 Ointment (YSP 30%, LP40% EW 30%) 125g=£4.08; 250g=£4.29; 500g=£6.93 (£1.39/100g)	
			EmulsifEss Ointment (WSP 50%, EW 30%, LP 20%) 500g=3.97 (80p/100g)		
	Very greasy ointment	Fifty:50 Ointment (WSP 50%, LP 50%) 500g=£3.92 (78p/100g)	Ovelle Emulsifying Ointment (WSP 50%, EW 30%, LP 20%) 500g=£4.15 (83p/100g)		
Colloidal oat creams <i>(Moderately greasy; for dry skin)</i>		*** Epimax Oatmeal Cream (WSP 1%, LLP 4%) 100g=£2.06; 500g=£3.10 (62p/100g)	AproDerm Colloidal Oat Cream (WSP 15%, LP 6%) 100ml=£2.74; 500ml pump=£5.80 (£1.16/100ml)	Aveeno Cream 100g=£4.85; 300g=£6.80; 500g=£6.47 (£1.29/100g)	
		Miclaro Oat Cream 1% cream 300ml=£3.80; 500ml=£3.99 (80p/100ml)	Zeroveen Cream (WSP, LP 5%) 100g=£2.86; 500g=£6.13 (£1.23/100g)		

Products to be prescribed for specialist indication / patient groups – short-term use only!

Pharmaceutical form	Most cost-effective (*** = preferred)	Medium cost-effective	Least cost-effective
<p>Urea containing emollients</p> <p><i>(Useful where a keratolytic is required e.g. hyperkeratosis, ichthyosis, extremely dry and/or fissured skin on hands & feet)</i></p> <p>Consider if self-care / over the counter (OTC) is appropriate</p>	<p>ImuDERM Cream 5% 500g pump=£6.79 (£1.36/100g)</p>	<p>Balneum 5% Intensiv Cream (Urea 5%) 50g pump=£2.85; 500g pump=£9.97 (£1.99/100g)</p> <p><i>Do not use cream if peanut/soya allergy as contains glycine soya oil</i></p>	Aquadrate 10% Cream 30g=£1.64; 100g=£4.62 (£4.62/100g)
			Balneum Plus Cream (Urea 5%) 100g=£3.29; 500g pump=£14.99 (£3.00/100g)
			(OTC) Dermatronics Once Heel Balm (25% Urea) 75ml=£3.80; 200ml=£9.44 (£4.72/100g)
			(OTC) E45 Itch Relief 5% Cream 50g=£3.31; 100g=£5.08; 500g pump=£17.77 (£3.55/100g)
			(OTC) Eucerin Dry Skin Relief (5% Urea) 75ml=£5.98 (£7.97/100ml)
			(OTC) Eucerin Intensive 10%-Foot Cream (10% urea) 100ml=£6.26 (£6.26/100ml)
			(OTC) Flexitol Urea 10% Cream – 150g=£5.25; 500g=£12.36 (£2.47/100g)
			(OTC) Flexitol Urea 25% Heel Cream – 40g=£2.88; 75g=£3.98; 200g=£9.85; 500g=£15.55 (£3.11/100g)
			Hydromol Intensive Cream 10% 30g=£1.73; 100g=£4.62 (£4.62/100g)
<p>Paraffin Free – only for those patients with confirmed paraffin sensitivity</p>	<p>Note: Fire hazard risk (page 1) applies to both paraffin-containing AND paraffin-free emollients</p>	<p>Epimax Paraffin-Free Ointment (0% paraffin) 500g=£4.99 (£1.00/100g)</p>	<p>AproDerm Colloidal Oat Cream (0% paraffin) 100ml=£2.74; 500ml pump=£5.80 (£1.16/100ml)</p>
<p>Lotions</p> <p>Consider if self-care / over the counter is appropriate</p> <p><i>(Lotions have higher water content than creams and considered less effective as emollients. Use only if other formulations have been trialled and deemed unsuitable)</i></p>		<p>Miclaro Oat Lotion 500ml=£3.99 (80p/100ml)</p> <p>E45 Lotion (WSP 10%, LP 4%) 200ml=£2.88; 500ml=£5.82 (£1.16/100ml)</p>	<p>Aveeno Lotion 200ml=£4.97; 300ml=£4.99 (£1.66/100ml)</p> <p>Cetraben Lotion (5% WSP, LLP 4%) 200ml=£4.00; 500ml=£5.84 (£1.17/100ml)</p> <p>QV Lotion (5% WSP) 250ml=£3.38; 500ml=£5.47 (£1.09/100ml)</p>
<p>Emollient Sprays</p>	<p>For very painful / fragile skin: where there is difficulty with “hands-on” application of creams and ointments only!</p>		<p>Emollin Spray 240ml Aerosol=£7.73 (£3.22/100ml)</p>
<p>Emollients with antibacterials</p>	<p>To wash and/or as a leave-on emollient during skin infection only (long-term on dermatology recommendation only)</p>		<p>Dermol 500 Lotion (LP 2.5%) 500ml=£6.04 (£1.21/100ml)</p> <p>Dermol Cream (LP 10%) 100g=£2.86; 500g=£6.63 (£1.33/100g)</p>

WSP – White Soft Paraffin
 YSP – Yellow Soft Paraffin
 LP – Liquid Paraffin
 LLP – Light Liquid Paraffin
 EW – Emulsifying Wax
 CEW – Cetomacrogol Emulsifying Wax
 WAO – Wool Alcohols Ointment
 HAL – Hypoallergenic Anhydrous Lanolin

Per 100g/ml calculation based on the largest pack size available.
 Prices: [Drug Tariff](#) & [dm+d](#); Accessed August 2023

Counselling Points for Patients/Carers

- Advise on the **Fire Hazard Caution** with emollients (above) for both prescribed and OTC / purchased emollients.
- If a **topical corticosteroid** is required, emollients should be applied at least 15-30 minutes before or after the topical corticosteroid.
- **Any emollient** (except white soft paraffin alone) **can be used as a soap substitute**, as normal soap tends to dry the skin.
- Apply emollients after bathing while water is still trapped in the skin to increase skin hydration.
- Wash and dry hands before applying emollients to reduce the risk of introducing germs to the skin.
- Emollients should be applied gently in the direction of hair growth so that a visible sheen remains.
- Emollients should be applied as frequently as possible, as directed by the prescriber and use continued even when skin condition has improved.