

Derbyshire Primary Care Emollient Formulary

Promote self-care e.g. purchase lotions when a moisturiser is required for simple dry skin

Mild Dry Skin (Lotions/creams) Consider if self-care is appropriate	Moderate Dry Skin (Creams/ointments/gels)	Severe Dry Skin (Ointments) High paraffin content
<p>Epimax Original Cream^{BW} 500g Easy Squeeze dispenser £2.67 White soft paraffin 15%, liquid paraffin 6%</p> <p>ExmaQS 500g tub £2.95 White soft paraffin 15%, liquid paraffin 6%</p> <p>Epimax Moisturising cream 500g Easy Squeeze dispenser £2.99 White soft paraffin 14.5%, light liquid paraffin 12.6%, hypoallergenic anhydrous lanolin 1%</p> <p>Epimax Oatmeal cream^{SS} 500g Easy Squeeze dispenser £3.10 Polyoxyethylene hydrogenated castor oil 38%, LP, WSP</p> <p>Aquamax cream 500g tub £3.99 White soft paraffin 20%, liquid paraffin 8%.</p> <p>ExoCream 500g pump dispenser £3.99 White soft paraffin 14.5%, light liquid paraffin 12.6%, hypoallergenic anhydrous lanolin 1%</p> <p>AproDerm Emollient Cream 500g pump dispenser £4.95 White soft paraffin 15%, Liquid paraffin 6%</p>	<p>Epimax Isomol Gel 500g Easy Squeeze dispenser £3.08 Isopropyl myristate 15%, liquid paraffin 15%</p> <p>Epimax ExCetra cream 500g Easy Squeeze dispenser £3.01 White soft paraffin 13.2%, light liquid paraffin 10.5%</p> <p>Oilatum Cream 500ml pump dispenser £5.28 Light liquid paraffin 6%, white soft paraffin 15%</p> <p>Zerobase Cream 500g pump dispenser £5.58 White soft paraffin 10%, Liquid paraffin 11%</p> <p>imuDERM Cream^{SS} (contains urea 5%) 500g pump dispenser £6.79 Consider in patients where skin is hyperkeratotic (thickened) or scaling, in ageing skin or for people who have tried other emollients without success. Urea may cause transient burning and stinging.</p>	<p>Epimax ointment^{BW} 500g tub £3.13 Yellow soft paraffin 30%, liquid paraffin 40%, emulsifying wax 30% Not for application on the face – MHRA 2024</p> <p>AproDerm Ointment 500g tub £3.95 White soft paraffin 95%, liquid paraffin 5%</p> <p>Zeroderm ointment^{SS} 500g tub £4.29 white soft paraffin 30%, Liquid paraffin 40%, emulsifying wax 30%</p> <p>Ovelle Emulsifying ointment^{SS} 500g tub £4.15 white soft paraffin 50%, liquid paraffin 20%, Emulsifying wax 30%,</p> <p>White soft paraffin 50% / liquid paraffin 50% ointment 500g tub £4.57 WSP 50%, LP 50%</p>

If antibacterial function required: Dermol Cream/ Lotion^{SS} 500ml pump dispenser £6.63/ £6.04. **Paraffin free option:** Epimax paraffin-free ointment^{BW} 500g tub £4.99 (**Not for application on the face – [MHRA 2024](#)**), AproDerm Colloidal Oat Cream 500g pump dispenser £5.80

This is a guide only. Additional factors should be considered before prescribing any emollient - see overleaf. **Products contain a variety of excipients – check before prescribing if patients have known sensitivities.** All of the above preparations can be used as a soap substitute. Those designated with ^{SS} have specifically been listed in MIMs for use as soap substitute. Those designated with ^{BW} can be used as a body wash.

There is a fire risk with all paraffin-containing emollients, regardless of paraffin concentration, and it also cannot be excluded with paraffin-free emollients. A similar risk may apply for other products which are applied to the skin over large body areas or in large volumes for repeated use for more than a few days. See [MHRA Drug Safety update December 2018](#) -advise patients who use these products not to smoke or go near naked flames, and warn about the easy ignition of clothing, bedding, dressings, and other fabric that have dried residue of an emollient product on them.

Guidance notes for choosing the correct emollient for your patient

Emollient choice for dry skin

Generally the greasier an emollient is the more effective it is. All should be applied liberally and frequently – at least two to four times a day; very dry skin may require application every two to three hours.

Lotions – consider self-care

- Needs reapplying frequently on very dry skin
- Good for very mild dry skin and also for the face

Creams

- Less greasy but more effective than mild emollients
- More cosmetically acceptable than oil based moisturisers

Ointments

- Generally greasy
- Tolerated less well with older children / adults
- Ideal under wet wraps

Patients who report stinging with emollients - consider an alternative product. See [MIMs](#) for a full list of emollients and potential skin sensitisers
In patients with frequent infections – consider the Dermol range
For patients with problems applying cream consider Emolin spray.

Consider when prescribing emollients

- Ensure that the indication is a documented dermatological condition
- Patient lifestyle and preference - may prefer light moisturiser during day and greasy one at night.
- Initially, prescribe a small quantity of emollient on an acute prescription to gauge suitability for the individual.
- Check sensitivities and previous emollients that have been unsuccessfully tried before prescribing. Cost - moisturisers vary greatly in NHS and/or OTC price.
- Prescribing amounts - refer to [BNF chapter 13](#) (suitable quantities for prescribing). Prescribe sufficient quantities once patient has settled on an emollient - may require 500g or more per month.

How's and whys of emollient use

- Create a personalised emollient programme.
- Instruct on correct emollient application in direction of hair growth and :
Gently Quickly Frequently
- Stress regular emollient is the key to settling dry skin conditions.
- There are no standard rules regarding whether to apply a topical steroid preparation after or before using an emollient. Some people are happiest using an emollient first to prepare the skin, followed by the steroid. However, whichever order of care you choose it is important that you leave at least ½ hr between the two treatments to avoid diluting the strength of the topical steroid preparation, and to prevent the spread of topical steroids and calcineurin inhibitors to areas not affected by eczema (NES).
- Awareness of health issues, awareness on fire risk, folliculitis (apply in direction of hair growth to reduce risk of folliculitis), allergies, contamination (emollient preparations contained in tubs should be removed with a clean spoon or spatula to reduce bacterial contamination of the emollient) and emollients and slippery surfaces.

Baths/Shower Emollients – Do Not Prescribe (DNP)

- Avoid bubble baths and soaps
- Use a leave on emollient as a soap substitute e.g. Epimax, ExmaQS.
- Encourage to bathe regularly. JAPC has classified all bath and shower emollients as **DNP**.

Functions of the bath routine are to:

- Clean the skin preventing infection by removing scales, crusts, dried blood and dirt from the skin.
- Moisturises the skin and reduce discomfort caused by dry skin
- Hydrates the skin making it more receptive to active topical therapy, e.g. topical corticosteroids.

Document Update	Date updated
Epimax products designated as body wash rather than soap substitute	Feb 2023
Epimax Ointment & Epimax Paraffin Free Ointment – MHRA Alert 2024 – Not recommended for application on the face – Risk of ocular toxicity	July 2024