

# Emollient Formulary

- Products listed in **bold** are the preferred most cost-effective choices
- Patient preference, to increase compliance, is an important consideration in product choice, however, if a patient is happy to try an alternative, more cost-effective emollients, then a switch could be considered.
- **PRESCRIBE BY BRAND** to ensure most cost-effective product is supplied
- Further formulary options are available if escalation of treatment is required
- See packaging and local recycling arrangements to determine which packaging is suitable for recycling.

**Fire hazard applies to all emollients, greasy and less greasy**

Smoking or a naked flame could cause patients' dressings, bedding or clothing to catch fire when being treated with an emollient that is in contact with the dressing, bedding or clothing.

- **Advise patients not to:** smoke; use naked flames or be near people who are smoking or using naked flames); or go near anything that may cause a fire while emollients are in contact with their medical dressings, bedding or clothing.
- **Patients should wash clothing and bedding at high temperatures, changing clothing and bedding regularly** – preferably daily – because emollients soak into fabric and can become a fire hazard.
- **Community patients should have a completed 'IDCR paraffin risk' assessment completed** – See SystemOne

**OINTMENTS are**

- Purer (less additives), therefore less likely to cause allergy
- Better hydrating for dry and scaly skin, as the base retains moisture. May be better in an acute exacerbation

To aid compliance consider ointments after bathing and during night-time routine for better hydrating properties.

In many cases creams may be preferred by patients

**VERY GREASY – OINTMENTS – Acute**

<p><b>Epimax® ointment*</b> Fifty:50® ointment Zeroderm® ointment</p>	<p>Cetraben® ointment Hydromol® ointment*</p>
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**GREASY – CREAMS AND GELS – Maintenance treatment (can be used as a wash – caution should be taken when using around the eyes)**

<p><b>Epimax® original cream*</b> Zerobase® cream <b>Epimax ExCetra® cream*</b> Zerocream® Aproderm® emollient Cetraben® cream <b>Epimax Isomol® gel*</b> Aproderm® gel Zerodouble® gel Doublebase® Once</p>	<p><b>Oatmeal cream preparations</b> <b>Epimax oatmeal® cream*</b> Aproderm® colloidal oat cream</p> <p><b>With Urea (binds to moisture in the skin) ITCH relief</b> <b>ImuDerm® Emollient (Urea 5%)</b> Aquadrone® cream (Urea 10%) Flexitol® 25% urea heal balm Flexitol® 10% urea cream <b>Urea 10% works well for psoriasis but can make eczema worse</b></p>
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**Emollient bath and shower preparations should no longer be prescribed.<sup>1</sup> Soap substitutes remain an important therapeutic approach. NEVER USE Aqueous cream as it contains SLS which is an irritant**

**Antiseptic containing creams and bath or shower products e.g. Dermol/Eczemol**

There is lack of evidence for using antiseptic containing products to treat overt infection, however NICE recommend as option in children with recurrent infected eczema, for short term use, to reduce bacterial load. They may cause irritation and should be used at recommended dilutions. Use should be regularly reviewed.

**LIGHT – LOTIONS – less effective. Use for hairy areas only**

**E45 Lotion®**

Area of body for application	Quantity of emollient/week	
	Cream and Ointment	Lotion
Face	15-30g	100ml
Both hands	25-50g	200ml
Scalp	50-100g	200ml
Both arms or both legs	100-200g	200ml
Trunk	400g	500ml
Groin and genitalia	15-25g	100ml

**Quantities for prescription from BNF recommendation for ADULTS for a twice daily use**

<sup>1</sup> **Items which should not routinely be prescribed in Primary Care: Guidance for CCGs June 2019 [guidance here](#)**

\*Packaging made from recycled materials.