

Emollient Prescribing Guidance

Thurrock CCG and Basildon and Brentwood CCG do not support the prescribing of emollients for the treatment of dry skin and no diagnosed dermatological condition, as the condition is appropriate for self-care. The prescribing of emollients should be reserved for the management of diagnosed dermatological conditions such as eczema or psoriasis.

This position is supported by NHS England as part of conditions for which over the counter items should not routinely be prescribed in primary care.

Formulary emollients for diagnosed dermatological conditions

Formulary creams and gels (less greasy)	Formulary ointments (greasy/very greasy)
<p>Epimax Original Cream Paraffin content: 21% (liquid paraffin 6%, white soft paraffin 15%) <i>Equivalent to Diprobase Cream, Oilatum Cream, Oilatum Junior Cream, ZeroAQS Cream and AproDerm Emollient Cream (excipients may vary)</i></p>	<p>Epimax Ointment Paraffin content: 70% (yellow soft paraffin 30%, liquid paraffin 40%, emulsifying wax 30%) <i>Equivalent to Epaderm Ointment, similar to Zeroderm Ointment and Hydromol Ointment (excipients may vary)</i></p>
<p>Epimax Isomol Gel Paraffin content: 15% (isopropyl myristate 15%, liquid paraffin 15%) <i>Equivalent to Doublebase Gel, Doublebase Dayleve Gel, MyriBase Gel, AproDerm Gel, Zerodouble Gel and HypoBase Gel (excipients may vary)</i></p>	<p>Aquaderm Liquid Paraffin in White Soft Paraffin Ointment Paraffin content: 100% (liquid paraffin 50%, white soft paraffin 50%) <i>Equivalent to White soft paraffin 50%/Liquid paraffin 50% Ointment and Fifty:50 Ointment (excipients may vary)</i></p>
<p>Epimax ExCetra Cream Paraffin content: 23.7% (white soft paraffin 13.2%, light liquid paraffin 10.5%) <i>Equivalent to Cetraben Cream and Enopen Cream (excipients may vary)</i></p>	<p>Aproderm Ointment Paraffin content: 100% (White soft paraffin 95%, liquid paraffin 5%) <i>Equivalent to Diprobase Ointment (excipients may vary)</i></p>
<p>Epimax Oatmeal Cream Avena sativa (oat) kernel flour <i>Similar to Aveeno Cream, AproDerm Colloidal Oat Cream and Zeroveen (excipients may vary)</i></p>	<p>EmulsifEss Ointment Paraffin content: 70% (Emulsifying wax 30%, white soft paraffin 50%, liquid paraffin 20%) <i>Equivalent to Emulsifying Ointment (excipients may vary)</i></p>
<p>Formulary paraffin-free emollient: Reserved for patients who require paraffin-free e.g. those using medical oxygen therapy</p>	
<p>Epimax Paraffin-Free Ointment (aolyoxyethylene hydrogenated castor oil 38%)</p>	
<p>There is no evidence from controlled trials to support the use of one emollient over another, therefore, selection is based on the known physiological properties of emollients, patient acceptability, dryness of the skin, area of skin involved and lowest acquisition cost.</p>	

MHRA Drug Safety Update (2014): Aqueous cream is not recommended as a leave-on emollient or soap substitute due its sodium lauryl sulphate (SLS) content which can further cause skin drying and irritation.

MHRA Drug Safety Update (2018): There is a risk of severe and fatal burns with all paraffin-based emollients, regardless of paraffin concentration, and it also cannot be excluded with paraffin-free emollients. 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.

Aveeno - not recommended

- Aveeno products are non-formulary and not supported for prescribing.
- For the management of a diagnosed dermatological condition prescribe one of the recommended formulary emollients, including Epimax Oatmeal Cream for an alternative colloidal oatmeal emollient.

Emollient bath and shower preparations - not recommended

- Emollient bath and shower preparations are not supported for prescribing (including for children) due to insufficient evidence of clinical benefit.
- NHS England supports deprescribing of emollient bath and shower preparations for dry and pruritic skin conditions and recommends these products are not initiated for any new patient.
- The use of emollient bath and shower preparations is controversial and evidence to inform practice is lacking.
- Evidence indicates that the quantities of emollients deposited on the skin from emollient bath and shower preparations are likely to be lower than emollients used as soap substitutes. Use of emollients as soap substitutes provides better skin moisturisation.
- Many emollient creams and ointments can be used as a soap substitute or a substitute in the bath or shower (except for White soft paraffin 50%/Liquid paraffin 50% Ointment, Fifty:50 Ointment, Aproderm Ointment).

- Advise patients who wish to continue using these preparations that they can purchase emollient bath and shower preparations over the counter.

Emollient products containing antiseptics

- There is limited evidence to support the use of emollients containing antiseptics and routine use should be avoided.
- Use should be restricted to active or recurrent infection and usually for limited periods only. Avoid long-term use without a specific indication.
- Emollient preparations containing an antiseptic include Dermol products (Dermol 500 Lotion, Dermol Cream, Dermol 200 Shower Emollient, Dermol 600 Bath Emollient and Dermol Wash Cutaneous Emulsion), Eczmol 1% Cream and Oilatum Plus and Emulsiderm Emulsion.

Suitable emollient quantities for prescribing

Suitable quantities of emollient preparations to be prescribed for specific areas of the body for an **adult** for a minimum of **twice daily** application.

Area of body	Creams and ointments		Lotions	
	1 week	1 month	1 week	1 month
Face	15g - 30g	60g - 120g	100ml	400ml
Both hands	25g - 50g	100g - 200g	200ml	800ml
Scalp	50g - 100g	200g - 400g	200ml	800ml
Both arms or both legs	100g - 200g	400g - 800g	200ml	800ml
Trunk	400g	1600g	500ml	2000ml
Groins and genitalia	15g - 25g	60g - 100g	100ml	400ml

The quantity of emollient required may vary depending on the size of the patient, the severity and extent of the dermatological condition, and if the emollient is also being used as a soap substitute.

Recommendations:

Emollients:

- **Do not initiate** emollients for dry skin and no diagnosed dermatological condition. Advise patients to purchase over the counter.
- **Newly diagnosed patients:** Only prescribe emollients for the management of a diagnosed dermatological condition and prescribe one of the recommended formulary emollients.
- **Existing patients prescribed an emollient for dry skin with no diagnosed dermatological condition:** **Review and discontinue** the prescribing of emollients for existing patients with no clear dermatological condition. Advise patients to purchase over the counter.
- **Existing patients prescribed a non-formulary emollient for a diagnosed dermatological condition:** **Review** the prescribing of non-formulary emollients with a view to trialling one of the recommended formulary emollients. Discuss with the patient to agree the change.

Emollient bath and shower preparations:

- **Do not initiate** emollient bath and shower preparations for any new patient (including children).
- **Existing patients prescribed emollient bath and shower preparations:** **Review and discontinue** the prescribing of emollient bath and shower preparations, and if for the management of a diagnosed dermatological condition substitute use with leave-on emollients.

Emollient products containing antiseptics:

- **Existing patients prescribed emollient products containing antiseptics:** **Review** the prescribing of all emollient products containing antiseptics. If there is a clinical need for an emollient, but no clinical need for an antiseptic product, change to one of the recommended formulary emollients. **Review and discontinue** the prescribing of emollient bath and shower preparations containing an antiseptic and substitute use with leave-on emollients, if there is a clinical need for an emollient.

Review emollients frequently, and at least annually and discontinue where continued use is not justified e.g. skin condition has improved and there is no evidence of chronic relapsing eczema or if skin condition has resolved completely and does not require ongoing emollient therapy for maintenance. Advise patients to purchase over the counter if there is no longer a clinical need.

Providers commissioned to provide services on behalf of Thurrock CCG and Basildon and Brentwood CCG are reminded that they are required to follow the local joint formulary and prescribing guidance, or relevant Medicines Management agreement.

Position Statement No.	60
Title	Emollient Prescribing Guidance
References	<p>NHS England Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for CCGs (2018): https://www.england.nhs.uk/wp-content/uploads/2018/03/otc-guidance-for-ccgs.pdf</p> <p>NHS England Items which should not routinely be prescribed in primary care: Guidance for CCGs (Version 2, June 2019): https://www.england.nhs.uk/wp-content/uploads/2019/08/items-which-should-not-routinely-be-prescribed-in-primary-care-v2.1.pdf</p> <p>Specialist Pharmacy Service (SPS) Clinical evidence for emollient bath and shower preparations (March 2019): https://www.england.nhs.uk/wp-content/uploads/2017/11/annex-b-sps-evidence-review-bath-emollients.pdf</p> <p>MIMS Table: Emollients, Potential Skin Sensitisers as Ingredients: https://www.mims.co.uk/table-emollients-potential-skin-sensitisers-ingredients/dermatology/article/1428147</p> <p>BNF online: https://bnf.nice.org.uk/treatment-summary/skin-conditions-management.html</p> <p>PrescQIPP Bulletin 244 (September 2019) Prescribing of bath and shower preparations for dry and pruritic skin conditions: https://www.prescqipp.info/umbraco/surface/authorisedmediasurface/index?url=%2fmedia%2f4240%2fb244-bath-and-shower-emollients-20.pdf</p>
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