

## Coventry & Warwickshire Emollients Preferred Prescribing List (PPL)

Adults with moderate to severe eczema may require up to **4 x 500g of cream / ointment each month**  
 (2 x 500g for children)

**Emollients should only be prescribed if the patient has a diagnosed skin condition – for treatment of mild dry skin patients should purchase over the counter products.**

Product	Cost per pack	Cost per 100g or mL	Notes	Potential sensitisers
<b>Lotions</b>				
Less moisturising but easy to spread; useful on hair-bearing areas				
Cetraben® Lotion	£5.64/ 500ml	£1.13		Cetostearyl alcohol, phenoxyethanol
<b>Creams</b>				
Moderately moisturising and easily absorbed; can be used on weeping eczema				
Epimax® Original Cream	£2.49/ 500g	£0.50	Similar to Diprobase® cream but less expensive	Cetostearyl alcohol, phenoxyethanol
Epimax ExCetra® Cream	£2.95/ 500g	£0.59	Similar to Cetraben® cream but less expensive	Cetostearyl alcohol, phenoxyethanol
Aquamax® Cream	£3.99/ 500g	£0.80	Alternative to aqueous cream.	Cetostearyl alcohol, phenoxyethanol
QV® Cream	£5.96/ 500g	£1.19		Cetearyl alcohol, methylparaben, dichlorobenzyl alcohol
Cetraben® Cream	£5.99/ 500g	£1.20		Cetostearyl alcohol, phenoxyethanol
<b>Ointments</b>				
Very moisturising - useful for very dry and thickened skin. High paraffin content (high fire risk)				
Epimax® Ointment	£2.99/ 500g	£0.60		Cetostearyl alcohol
Hydromol® Ointment	£4.96/ 500g	£0.99		Cetostearyl alcohol
Cetraben® Ointment	£5.39/ 450g	£1.20		Cetostearyl alcohol
<b>Emollients with Antimicrobials</b>				
Avoid long term use (NICE CG57). Reserve for decreasing bacterial load in recurrent infected atopic eczema				
Dermol® Cream	£6.63/ 500g	£1.33		Cetostearyl alcohol, phenoxyethanol
Dermol® 500 Lotion	£6.04/ 500ml	£1.21		Cetostearyl alcohol, phenoxyethanol
<b>Emollients with Urea</b>				
Non-paraffin products. Suitable for patients with dry, scaling and itching skin				
ImuDERM® Urea Emollient [urea 5% & glycerin 5%]	£6.62/ 500g	£1.32		Benzyl alcohol, cetostearyl alcohol, phenoxyethanol, cetrimonium bromide
<b>Emollients with Colloidal Oatmeal</b>				
SECOND LINE if other emollients not tolerated				
Epimax® Oatmeal Cream	£2.99/500g	£0.60	Similar to Aveeno® but less expensive	Cetostearyl alcohol, phenoxyethanol, benzyl alcohol, isopropyl palmitate

Prices listed have been taken from the Drug Tariff March 2021

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**Contact details for samples:**

Thornton and Ross (Cetraben cream, ointment, lotion) - Mandeep Bhogal 07988736605, [MandeepBhogal@thorntonross.com](mailto:MandeepBhogal@thorntonross.com)  
 Aspire Pharma (Epimax cream, ointment, ExCetra cream, Epimax oatmeal) - Lynn Paine 07741571248, [Lynn.paine@aspirepharma.co.uk](mailto:Lynn.paine@aspirepharma.co.uk)  
 IntraPharm Laboratories (Aquamax cream) – 01628 771 800  
 QV Skincare (QV cream) – Taryn Vella 07742419643, [taryn.vella@egopharm.com](mailto:taryn.vella@egopharm.com)  
 Alliance Pharmaceuticals (Hydromol ointment) - Barry Shaw-Allan 07855 270565, [barry.shaw-allan@alliancepharma.co.uk](mailto:barry.shaw-allan@alliancepharma.co.uk)

## Cost-effective and Appropriate supply of Emollients

This is a preferred list of products to be used first line when prescribing emollients to patients with a documented diagnosis of a dry or scaling skin disorder that requires emollient therapy. Recommended products should be prescribed where possible; if individual patient circumstances require that an alternative product is prescribed, the reasons for this should be documented. Do not prescribe moisturisers or emollients that are not listed in the Drug Tariff; these are cosmetic products intended for over the counter purchase.

Patients receiving radiotherapy treatment will need specific emollient products for the course of their therapy; these should be prescribed as advised by the specialist.

### Choice of emollient:

- Emollients must be applied liberally and frequently therefore patient acceptability is important.
- Consider offering the patient small samples of a variety of the emollients listed above to try.
- Aqueous cream should not be used due to an increased risk of skin reactions.
- Patients may prefer to use a cream in the daytime and an ointment at night.
- Creams are preferable to ointments if the skin is weeping.
- Patients should avoid using soap or detergent that will dry the skin. Creams can also be used as a soap substitute; ointments can be dissolved in warm water for washing.
- Soap substitutes may make surfaces slippery; consider falls risk.
- There is no strong evidence for the use of bath or shower products and NHS England discourages prescription of these products in primary care. However, if patients with severe disease are unable to use their regular emollient as a soap substitute, a bath or shower product may be prescribed on the advice of a specialist. In this case, the recommended first-line products would be Hydromol® Bath & Shower, QV® Gentle Wash or Aquamax® Wash.
- Chronic skin disorders can have a significant effect on quality of life. Review topical treatments annually with the patient.

### Advice to patients:

- Emollients should be applied every day, even when the skin is clear.
- Apply an emollient 2 - 4 times a day or up to every 2 - 3 hours if needed, especially after washing.
- Smooth the emollient onto the skin in the direction of hair growth; do not rub in.
- If using other topical preparations (e.g. topical steroids), products can be applied in any order, but a gap of 15-30 minutes should be left between applications.
- Pump dispensers/ tubes help to reduce bacterial contamination; if an emollient is supplied in a pot advise the patient to use a clean spoon to scoop out the emollient to minimise contamination.

### Fire Risk and Emollients:

The MHRA has advised that there is an increased fire risk with all emollients regardless of paraffin content. This is due to them drying onto fabrics and making them more flammable:

- Patients should be told to keep away from naked flames when wearing clothing or bandages that have been in contact with emollients.
- Clothes and bedclothes must be washed regularly. Washing fabric at high temperature may reduce emollient residue but not completely remove it.
- Care should also be taken that emollients are not transferred onto soft furnishings.

Patient support materials are available from: <https://www.gov.uk/guidance/safe-use-of-emollient-skin-creams-to-treat-dry-skin-conditions>

### References:

NICE Guideline CG57: Atopic eczema in under 12s: diagnosis and management. Available at <https://www.nice.org.uk/guidance/CG57> [accessed 22/10/18]

NICE CKS: Eczema – atopic. Available at <https://cks.nice.org.uk/eczema-atopic> [Accessed 22/10/18]

PrescQIPP Bulletin 76 (May 2015) Cost-effective prescribing of emollients. Available at <https://www.prescgipp.info/> [Accessed 22/10/18]

MHRA Drug Safety Update (December 2018): Emollients: new information about risk of severe and fatal burns with paraffin-containing and paraffin-free emollients. Available at: <https://www.gov.uk/drug-safety-update/emollients-new-information-about-risk-of-severe-and-fatal-burns-with-paraffin-containing-and-paraffin-free-emollients> [Accessed 22/10/20]

MHRA Drug Safety Update (August 2020): Emollients and risk of severe and fatal burns: new resources available. Available at: <https://www.gov.uk/drug-safety-update/emollients-and-risk-of-severe-and-fatal-burns-new-resources-available> [Accessed 22/10/20]