North East London
Barts Health NHS Trust
Homerton Healthcare NHS Foundation Trust
Barking, Havering and Redbridge University Hospitals NHS Trust

North East London Emollient Prescribing Guidelines for Primary Care

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This document is intended to guide cost effective and preferred emollient choice when **initiating** or **changing emollient** therapy for prescribers in primary care. This guideline and formulary has been reviewed and updated in collaboration with the NEL medicines optimisation team, GP Dermatology Leads across NEL ICB and Consultant Dermatologists from Barts Health NHS Trust, Barking, Havering and Redbridge University Hospitals NHS Trust and Homerton Healthcare NHS Foundation Trust.

Scope of guidelines

This guidance has been developed for the use in the management of patients with a diagnosed dermatological condition (e.g. eczema, atopic eczema, contact dermatitis etc) or if skin integrity is at risk through xerosis or pruritus. Patients without a diagnosed dermatological condition requesting a general skin moisturiser may purchase these over the counter and should be encouraged to do so. The NHS England OTC guidance also recommends that for conditions such as mild dry skin and mild irritant dermatitis, patients should be encouraged to purchase over the counter. For severe eczema, secondary care specialist advice should be sought as formulations outside the scope of this guideline may be required. Severe eczema is where there is widespread areas of dry skin, incessant itching, and redness (with or without excoriation, extensive skin thickening, bleeding, oozing, cracking, and alteration of pigmentation) [1].

This guideline aims to support practices with the cost-effective prescribing of emollients, in 2021/22 the total spend on emollients in primary care across North East London was £2,540,038. [2]

Self-care

- Patients with dry skin not related to a dermatological condition should be encouraged to buy an emollient of their choice from retail outlets.
- Self-care messages should be promoted for adults and children with a dermatological condition:
    - Increase emollient use when there is an exacerbation of the condition.
    - Application of emollient should not be followed by immediate topical steroid use – should allow time interval (12- 20 minutes)
    - Adequate hydration is important for skin health
    - Triggers should be identified and exposure minimised
    - Emollients should be applied correctly. Apply liberally and frequently, even when skin condition has improved. It is important to use appropriate amounts to ensure adequate hydration/application

Considerations before prescribing emollients

1. There is no evidence from controlled trials [3] to support the use of one emollient over another, consider the patient's preference and needs when selecting a product, taking account the severity of the condition, allergies/sensitivities to excipients, site of application, known physiological properties of emollients and lowest acquisition cost.
2. Ensure that the indication is a documented dermatological condition. Prescribing of emollients for non-clinical cosmetic purposes is not recommended and should be reviewed.
3. Initially prescribe a small amount to gauge suitability to patient. Once a suitable emollient is found, prescribe a sufficient amount (see table 6)

4. For repeat prescriptions of emollients, it is usually preferable to select the largest pack size, which often cost less per gram or millilitre.
5. Check sensitivities and previous emollients that have been unsuccessfully tried before prescribing another emollient.
6. It is advisable not to prescribe moisturisers and creams that are **not** listed in the Drug Tariff. These are considered to be cosmetic treatments. Note: There are a small number of exceptions where products are classified as borderline substances.
7. People with eczema should be advised to wash with a regular leave-on emollient that is suitable for use as a soap substitute. A lower acquisition cost option should be chosen. Warn people that they make surfaces slippery.
8. Aqueous cream carries a higher risk of causing skin irritation particularly in children with eczema, possibly due to its sodium lauryl sulphate content [4]. There are several cost-effective leave-on emollients and soap substitutes that can be chosen instead (Refer to table 1 and 2). NB. emulsifying ointment also contains SLS.
9. Document criteria for using emollients containing additional ingredients such as antimicrobials or urea, to avoid routine use of these products. These should be prescribed as acute to prevent inadvertent repeat supply of these emollients.
10. Prescribe pump dispensers to minimize the risk of bacterial contamination, when they are available for the patient's selected emollient. For emollients that come in pots, using a clean spoon or spatula (rather than fingers) to remove the emollient helps to minimize contamination.
11. Consider the risk of severe and fatal burns with paraffin-containing and 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.
12. Review repeat prescriptions of individual products and combinations of products at least once a year to ensure that therapy remains optimal in accordance with NICE guidance

A prescription for treatment of dry skin should not routinely be offered in primary care as the condition is appropriate for self-care. Patients with mild dry skin can be successfully managed using over the counter (OTC) products on a long term-basis

Community pharmacists can support self-care by providing advice, recommending appropriate emollients and referring people to their GP where necessary

Managing the interface between primary and secondary care

The following principles have been supported by consultants from Barts Health NHS Trust, Barking, Havering and Redbridge University Hospitals NHS Trust and Homerton Healthcare NHS Foundation Trust:

- The hospital dermatologist will not routinely prescribe emollients in an out-patient setting, but may make recommendations to GPs to prescribe emollients without specifying the product.
- When a patient is admitted to hospital, their current emollients will be prescribed and used, unless an alternative is clinically indicated and there are compelling clinical reasons to change. This should be stated in discharge summary.

- The hospital dermatologists will endeavour to make recommendations based on these NEL emollient guidelines (unless there are exceptions due to clinical reasons which needs to be discussed with the Trust Pharmacy Team in the first instance and the reasons for non-formulary recommendations should be communicated to the GP).

Prescribing in under 12 years

Based on clinical experience of hospital dermatologists, greasy based emollients are preferable in children – these should be considered after engaging with parents/carers.

Healthcare professionals should use a stepped approach for managing atopic eczema in children. This means tailoring the treatment step to the severity of the atopic eczema. Healthcare professionals should offer children with atopic eczema a choice of unperfumed emollients to use every day for moisturising, washing and bathing. This should be suited to the child's needs and preferences, and may include a combination of products or one product for all purposes.

Emollients should form the basis of atopic eczema management and should always be used, even when the atopic eczema is clear. Management can then be stepped up or down, according to the severity of symptoms.

- It is necessary to ensure adequate quantities for children are prescribed in primary care, as experience from hospital dermatologists indicates that families often do not use enough emollients. Compliance should be checked.
- Emollients should be easily available to use at nursery, pre-school or school. A greasy emollient for use at home and a lighter cream at nursery, pre-school or school can aid compliance and improvement.
- Where emollients (excluding bath emollients) and other topical products are used at the same time of day to treat atopic eczema in children, the different products should ideally be applied one at a time with 12- 20 minutes between applications where practical. The preferences of the child and parents or carers should determine which product should be applied first.
- Healthcare professionals should inform children with atopic eczema and their parents or carers that they should use emollients instead of soaps and detergent-based wash products.
- It is good practice to review repeat prescriptions of individual products and combinations of products with children with atopic eczema and their parents or carers at least once a year to ensure that therapy remains optimal.

Olive oil and other natural oils in neonatal skin

There is no evidence to support use of natural oils; olive oil has the potential to promote the development of and exacerbate existing, atopic dermatitis as it can significantly damages the skin barrier. A preterm infant's skin has a much thinner protective skin barrier than a term baby. The use of olive oil, which is high in oleic acid, has a damaging effect on the skin's protective barrier.

Emollients of choice (Agreed NEL emollient formulary)

Generally, the greasier the product the more effective it is as an emollient, as it is able to trap more moisture in the skin. However, greasier emollients can be less acceptable or tolerable leading to decreased adherence. People may be more willing to use a greasier product at night, with a better tolerated product (such as a cream) used during the day.

Ointments are the greasiest preparations, composed of oils or fats. They contain less water than other emollients and therefore require fewer (or no) preservatives. They can therefore be useful for people with sensitivities. However, they can exacerbate acne and can cause folliculitis when overused. Emollients should be applied in the direction of hair growth to reduce the risk of folliculitis.

Creams and gels are emulsions of oil and water and their less greasy consistency often makes them more cosmetically acceptable.

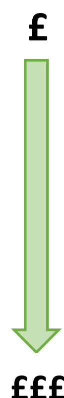
Lotions have a higher water content than creams, which makes them easier to spread but less effective as emollients. They may be preferred for very mildly dry skin, as well as for hairy areas of skin. Lotions can be more expensive than a lower acquisition cost gel, cream or ointment, and should only be selected where there is a clear rational. They should be purchased for self-care for mild dry skin.

Aerosol formulations such as sprays and a mousse are also available. They are generally more costly, but sprays may have a role where application without touching the skin is advantageous.

Sensitivities to excipients can occur and should be checked before prescribing; excipients are listed in the Summary of Product Characteristics (for licensed medicines), plus the BNF indicates the presence of some specific excipients that are associated with sensitisation in topical preparations. Subscribers to MIMS can access 'Emollients, Potential Skin Sensitisers as Ingredients' table, to check the presence of potential allergens in moisturising treatments.

1. Leave on Emollients

HEAVY EMOLLIENTS → **LIGHT EMOLLIENTS**



Greasy	Rich cream/ointment	Opaque gel	Light or creamy
First Line: Cost Effective Choices (All cost <£5/500g. Each column is listed in ascending order of cost (Drug Tariff November 2022)			
• **Epimax® ointment** • **EmulsifEss® emulsifying ointment (prescribe by brand)** • **White Soft Paraffin (WSP)** • **White soft paraffin 50%/Liquid paraffin 50% (50:50 ointment)**	• **Epimax® original cream** • **AproDerm® cream** • **AproDerm® ointment** • **Hydrous ointment (prescribe as Aquaderm hydrous ointment)** • **Zeroderm® ointment**	• **Epimax Isomol® gel** • **AproDerm® gel**	• **Epimax® moisturising cream** • **Zero AQS emollient cream** • **Zerocream® emollient cream (contains parabens)**
Second Line: to be used when first line not suitable / tolerated (More expensive than first line options. All cost approx. >£5/500g. (Drug Tariff November 2022)			
• **Epimax® paraffin free ointment** • **Hydromol® ointment**	• **Cetraben® Ointment** • **Hydromol® cream (restricted to patients diagnosed with eczema or ichthyosis. Second line for patients with scaled skin conditions such as psoriasis)**	• **Zerodouble® emollient gel** • **Doublebase® Emollient gel** • **Adex® gel**	• **Zerobase® Emollient Cream** • **QV® cream (contains parabens)**

Table 1: List of formulary Leave on Emollients

Key

(green)	1st line formulary choice
(yellow)	2nd line formulary choice

2. Soap substitute

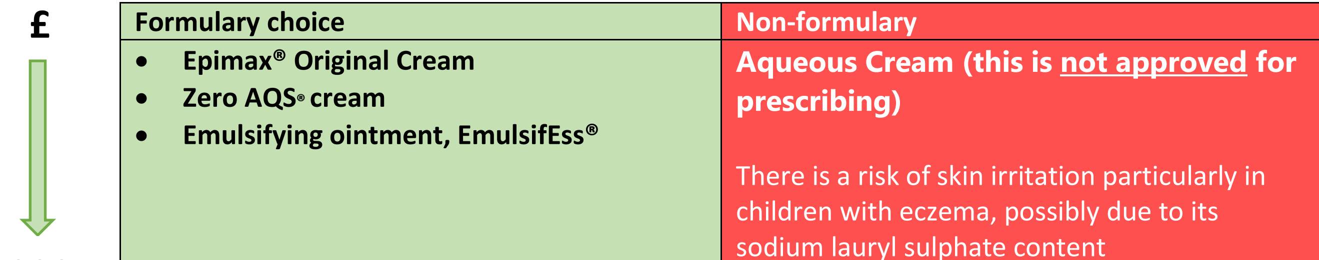
Many standard emollients (creams and ointments) can be used as a soap substitute. Ointments that are completely immiscible with water (such as white soft paraffin alone) are not suitable

Soap, liquid cleansers and perfumed products should be avoided as are very drying. Emollient soap substitutes do not foam but are just as effective at cleaning the skin as soap. Soap substitutes can either be applied before bathing, showering or washing, or while in the water and then rinsed off.

The patient information leaflets (PILs) of these products may not say that they can be used as soap substitutes. This should be discussed with the patient at the point of prescribing and can be emphasised by the community pharmacist.

Individual acceptability (and therefore adherence) is likely to be key in finding an effective product, so it may be preferable to offer a range of lower acquisition cost options. People that prefer to use a proprietary wash product as a soap substitute should be advised to purchase it over-the-counter, unless there are exceptional circumstances. Regardless of the type of product the person uses to wash with, it should not replace the regular use of a leave-on emollient. It is particularly important to apply the leave-on emollient after bathing / showering / washing, once the skin has been gently patted dry with a towel.

Warn patients that extra care is required when emollients are used in the bath or shower as they make surfaces slippery.



Formulary choice	Non-formulary
• **Epimax® Original Cream** • **Zero AQS® cream** • **Emulsifying ointment, EmulsifEss®**	**Aqueous Cream (this is not approved for prescribing)** There is a risk of skin irritation particularly in children with eczema, possibly due to its sodium lauryl sulphate content

Table 2: List of formulary soap substitutes

Please note: Patients may prefer to use the same leave on emollient as a soap substitute or may prefer a different emollient to be used as a soap substitute (e.g. some patients dislike washing with ointments and prefer to use creams as a soap substitute in the bath or shower; but alongside their leave on ointment emollient).

3. Bath emollients

Bath emollient products are non-formulary. Not to be prescribed for mild dry skin conditions in children or adults. As per NHSE guidance recommendations prescribers in primary care should not initiate bath and shower preparations for any new patient. This guidance does not identify any routine exceptions.

BATHE trial showed that there was no evidence of clinical benefit for including emollient bath additives in the standard management of childhood eczema. It is recognised that BATHE trial looked at use in children however in the absence of other good quality evidence it was agreed that it is acceptable to extrapolate this to apply to adults until good quality evidence emerges.

Use emollient products in place of bath emollients (due to the risk of falls associated with bath emollients). Any emollient (except Liquid and white soft paraffin 50:50 ointment) can be added to warm bath water rather than a specific bath emollient product.

Cream emollient as a soap substitute in the bath can also be used. Patients should use a non-slip mat.

Patients can purchase emollient bath oils, shower gels, washes and shampoos if they wish to continue using these products

4. Antimicrobial containing emollients

Use should be restricted to short periods of time when clinically indicated and reviewed regularly as per Antimicrobial Stewardship recommendations.

Avoid adding to repeat prescription and revert to non-antimicrobial containing emollient once condition is controlled.

NICE recommend using topical antiseptics as adjunct therapy to decrease bacterial load in children who have recurrent infected atopic eczema. However, they can be irritant and occasionally cause contact allergic dermatitis.

Formulary choice
Dermol® 500 Lotion Use as leave on emollient or wash for short periods of time only when clinically indicated and review regularly. Revert to non-antimicrobial containing emollient once condition is controlled.

Table 3: List of formulary antimicrobial containing emollients

5. Urea containing emollients

Avoid use for moisturising skin. May soothe itching if not relieved by other emollients but does not prevent skin from drying.

Urea is a keratin softener and hydrating agent used in the treatment of dry, scaling conditions (including ichthyosis), hyperkeratotic skin or aging skin.

Urea containing emollients are well suited to large areas of skin (over long periods) in patients with atopic eczema. It is recommended that such emollients are used as an add-on therapy to the regular emollient regimen, once or twice a day. In clinical practice, not all patients will tolerate urea-containing products. They can cause transient burning and stinging and are also costly.

£ → £££

First Line	Second Line
ImuDERM® emollient - Urea 5% **Balneum® Intensiv cream - Urea 5%**	**Flexitol 10% Urea Cream (if prescribing 500g)** **Aquadrate ® 10% cream**

Table 4: List of formulary urea containing emollients

6. Oat based emollients

Colloidal oatmeal containing emollients are BORDERLINE substances & may only be prescribed in accordance with the advice of the Advisory Committee on Borderline Substances (ACBS) for the

clinical conditions listed. More information can be found on the electronic drug tariff here (Part XV, under List A).

£

Formulary choices – 1st Line
Epimax oatmeal cream
Miclaro oat cream
2nd Line
AproDerm® Colloidal Oat Cream (Paraffin Free)

£££

Table 5: List of formulary oat based emollients

7. Menthol containing emollients

Useful for immediate itch relief to localised sites in patients with pruritic conditions such as nodular prurigo/generalised or local pruritus. Not to be used extensively due to risk of extreme cold sensation.

Formulary choice
Menthoderm® 1% cream

Table 6: Formulary menthol containing emollients

8. Paraffin free emollients

If a paraffin free product is prescribed the patient must still follow the safety advice provided under the section 'Emollients and Fire Risk'.

£

Formulary choice 2nd line
Epimax® Paraffin Free ointment
Aproderm® Colloidal Oat Cream (Paraffin Free)

££

Table 7: Formulary paraffin free emollients

Emollient Sprays

Aerosol formulations such as sprays and a mousse are generally more costly, but sprays may have a role where application without touching the skin is advantageous (e.g. painful/fragile skin) or where there is difficulty with "hands-on" application of creams and ointments only (e.g. disabilities and other physical limitations).

Formulary choice
Emollin® aerosol spray

Table 8: Formulary menthol containing emollients

Unlicensed "specials" products

Most prescribing aims to use licensed medicines whose safety and efficacy is assured. For many common dermatological conditions, the range of licensed medicines is limited. Dermatology prescribing can lead to the use of unlicensed creams and ointments (known as 'Specials'). This is of particular concern in primary care where lack of effective price controls and a mechanism to ensure independent scrutiny of product quality has increased costs and concern about standards. To address these concerns and help to optimise quality of care, adherence to the British Association of Dermatologists (BAD) list of preferred Specials (2018) is encouraged.

Before prescribing an unlicensed special, consider:

- Is a licensed product available
- Is it a special recommended by the BAD (see BAD list)
- If the item is not included on the BAD specials list and recommended by Secondary care, please DO NOT, prescribe. Refer back to the secondary care dermatologist to prescribe.

The use of unlicensed specials should be discussed with the patient and documented in the notes. Do not add unlicensed specials to the repeat prescriptions list. Ensure that the condition is reviewed regularly. Review all patients that are on non-approved formulations and assess whether there is a continued need for prescribing and whether patients should be on these formulations long term.

Management of widespread itch

If an emollient alone does not provide adequate symptom relief, check adherence to therapy, and consider an 8-week trial of Menthoderm® 1% cream (with an active ingredient of menthol 1% in aqueous cream).

If symptoms persist despite regular emollients and self-care advice, consider a short-term trial of a non-sedating oral antihistamine (off-label indication), such as cetirizine 10 mg, loratadine 10 mg, or fexofenadine 180 mg for 2–3 weeks.

If there is troublesome nocturnal itch, consider a short-term trial of a sedating oral antihistamine, such as hydroxyzine 25 mg at night (adults) or chlorphenamine 4 mg at night (off-label indication, adults and children) for 2–3 weeks.

Note: treatment with antihistamines are not routinely recommended in primary care.

Directions for administration (including quantities)

There is wide inter-patient variability in response to treatments. A trial of cost-effective emollients suitable for the patient should be prescribed in small packs initially for the patient to decide which is the most suitable for them.

A larger quantity then can be considered after this point. For emollients, the general rule is 600g per week – for an adult. It is vital that a patient with a diagnosed skin condition uses large quantities to keep their condition under control. **Do not prescribe emollients for patients with dry skin without diagnosed skin condition**, these patients should be encourage to purchase emollients over-the-counter.

This table suggests suitable quantities to be prescribed for an adult for a minimum of twice-daily application for one week. For children approximately half this amount is suitable.

Area of application	Creams and ointments (Flare-up)	Creams and Ointments	Lotions (Flare-up)	Lotions
Face	50-100g	15-30g	250ml	100ml
Both hands	100-200g	25-50g	500ml	200ml
Scalp	100-200g	50-100g	500ml	200ml
Both arms or both legs	300-500g	100-200g	500ml	200ml
Trunk	1000g	400g	1000ml	500ml
Groin and genitalia	50-100g	15-25g	250ml	100ml

Table 9: Table to show suitable quantities to prescribe for emollients

Note: During a flare-up, patients should aim to apply the emollients every 2 hours where possible. All other times, emollients should be applied at least twice a day but is dependent on the extent of dryness and may require more application NB. The more emollients are used, the less likely a steroid will be required

Emollients and fire risk (MHRA/CHM advice (updated December 2018)

There is a fire risk with all paraffin-containing emollients (such as white soft paraffin (WSP) or emulsifying ointment), regardless of paraffin concentration, and it also **cannot be excluded with paraffin-free emollients**. Therefore, it is important to ensure patients and their carers understand the fire risk associated with the build-up of residue on clothing and bedding and can take action to minimise the risk.

- Patients should be counselled on safe application.
- Paraffin-based products such as white soft paraffin or emulsifying ointment can ignite easily by the naked flame. This risk will be greater when these preparations are applied to large areas of the body and when clothing or dressing becomes soaked with ointment

All patients and their families should be warned regarding the following risks:

- The risk of fire should be considered when using large quantities of any paraffin-based emollient (E.g. application of 100g or more at once or over a short period).
- Bedding and clothing should be changed daily and washed at highest temperature recommended by manufacturers regularly to minimise the build-up of impregnated paraffin.
- Patients should be told to keep away from open or gas fires or hobs and naked flames, including candles etc. and not to smoke when using these paraffin containing preparations.
- Medical oxygen is non-flammable but strongly supports combustion (including some materials that do not normally burn in air). It is highly dangerous in the presence of oils, greases, tarry substances and many plastics due to the risk of spontaneous combustion with high-pressure gases. Therefore, patients on medical oxygen who require an emollient should not use any paraffin based product. Patients who use nasal cannulae (prongs) for oxygen administration can apply a water based moisturiser (such as KY jelly) to the lips and nose to prevent drying and cracking. Paraffin based products are not recommended as they can plug air holes and are a fire hazard.
- Patients who require large quantities of emollient (100g or more) should use a water-based product (e.g. cream or lotion) rather than a paraffin based one (e.g. ointment) to reduce the fire risk. Click here to access MHRA/CMH advice
- Prescribers should consider doing a risk assessment with the patient when prescribing emollients and give advice to reduce modifiable risk factors.
- If risk factors cannot be reduced, particularly with high risk patients such as those who have a history of smoking or have memory problems/are confused, prescribers may wish to seek advice from the local fire service. County fire services offer a free home fire safety check and some have useful information on their websites.

On 29 July 2020, MHRA, in partnership with the National Fire Chiefs Council, charities, and organisations from across health and social care, launched a campaign to raise awareness of this important risk.

A tool kit of resources is available for health and social care professionals to support the safe use of emollients. This toolkit also includes patient information leaflets and posters which can be accessed here: Emollients and risk of severe and fatal burns: new resources available - GOV.UK (www.gov.uk)

Emollients in care homes

Emollients should not be prescribed for cosmetic purposes. Care home residents with mild dry skin symptoms should purchase any emollients they wish to use as part of self care in line with NHS England guidance conditions for which over the counter items should not routinely be prescribed in primary care.

Expiry dates after opening/In use expiry

In the absence of definitive guidance on 'in use' expiry periods for these products, the following pragmatic timescales are generally advised, unless the manufacturer states an 'in use' expiry date or local infection control guidance states otherwise:

- Open top containers (tub with lids) * – discard three months after opening.
- Tubes – discard three months after opening.
- Pump dispensers – discard at manufacturers expiry date.

If either the manufacturer's expiry date or the manufacturer's specified in use expiry is shorter, this takes priority over the general guidance above. If the resident still has product left after the 'in use' expiry date, then review the need for continued use or the pack size prescribed.

* To reduce microbial contamination, a clean spoon or spatula should be used (rather than fingers) to remove the required amount.

Patient resources

Eczema

NHS Choices – Atopic eczema https://www.nhs.uk/conditions/atopic-eczema/

The National Eczema Society produces a number of factsheets, including one on emollients. Access via http://www.eczema.org/emollients

The Nottingham Support Group for Carers of Children with Eczema produces a number of information leaflets. Subjects include 'Skin moisturisers in atopic eczema' and 'Bathing and showering'. Access via http://www.nottinghameczema.org.uk/information/index.aspx#Treatments

The British Association of Dermatologists has a Patient Information Leaflet about Atopic eczema. Access via http://www.bad.org.uk/for-the-public/patient-information-leaflets

Psoriasis

NHS Choices – Psoriasis https://www.nhs.uk/conditions/psoriasis/

The Psoriasis and Psoriatic Arthritis Alliance have a number of resources, including one about 'Emollients and psoriasis'. Access via http://www.papaa.org/further-information/emollients-and-psoriasis

The British Association of Dermatologists has a Patient Information Leaflet about Psoriasis – topical treatments. Access via http://www.bad.org.uk/for-the-public/patient-information-leaflets

General

NHS Choices – Emollients https://www.nhs.uk/conditions/Emollients

Joint MHRA and National Fire Chiefs Council emollient fire risk campaign resources - Emollients and risk of severe and fatal burns resources

NHS
North East London

Appendix 1: Emollient formulary summary

Description	Emollient Most Cost Effective Medium Cost Effective Least Cost Effective	Cost (Nov 2022) [5]	Paraffin Content (LP=Liquid Paraffin, YSP=Yellow Soft Paraffin, WSP=White Soft Paraffin, EW=Emulsifying Wax LLP=Light Liquid Paraffin)	Potential Skin Sensitisers [6]
Ointments Greasy	Epimax® ointment, 500g	£3.13	70% (LP 40%, YSP 30%)	CetylCetostearyl/Stearyl alcohol
	AproDerm® ointment, 500g	£3.95	100% (WSP 95%, LP 5%)	NA
	White soft paraffin (WSP), 500g	£4.03	100% (WSP 100%)	NA
	EmulsifEss® Emulsifying ointment, 500g	£4.15	100% (EW 30%, WSP 50%, LP 20%)	CetylCetostearyl/Stearyl alcohol
	(Aquaderm®) Hydrous ointment, 500g	£4.15	Wool alcohols ointment 50%	Phenoxyethanol
	Zeroderm® ointment, 500g	£4.29	70% (WSP 30%, LP 40%)	Cetostearyl alcohol and polysorbate 60
	50:50 ointment 500g	£4.57	100% (WSP 50%, LP 50%)	NA
	Epimax® paraffin free ointment, 500g	£4.99	Paraffin free	CetylCetostearyl/Stearyl alcohol, polyoxypropylene stearyl ether
	Hydromol® ointment, 500g	£5.40	60% (EW 30%, YSP 30%)	CetylCetostearyl/Stearyl alcohol
	Cetraben® ointment, 450g	£5.67	80% (LLP 45%, WSP 35%)	CetylCetostearyl/Stearyl alcohol
Creams Lighter moisturising properties	Epimax® original cream, 500g	£2.67	21% (WSP 15%, LP 6%)	Phenoxyethanol, CetylCetostearyl/Stearyl alcohol.
	Epimax® moisturising cream, 500g	£2.99	27.1% (WSP 14.5%, LLP12.6%)	CetylCetostearyl/Stearyl alcohol, lanolin, hydroxybenzoates (parabens)
	ZeroAQS® Cream, 500g	£3.39	21% (WSP 15%, LP 6%)	CetylCetostearyl/Stearyl alcohol and Chlorocresol
	Zerocream® Emollient Cream, 500g	£4.30	27.1% (LP 12.6%, WSP 14.5%)	CetylCetostearyl/Stearyl alcohol, Lanolin derivatives and Phenoxyethanol
	AproDerm® cream, 500g	£4.95	21%	Cetearyl Alcohol, Phenoxyethanol

			(WSP 15%, LP 6%)	
	Zerobase® Emollient Cream, 500g	£5.58	21% (LP 11%, WSP 10%)	Cetostearyl Alcohol, Chlorocresol
	QV® Cream, 500g	£6.60	15% (LP 10%, WSP 5%)	CetylCetostearyl/Stearyl alcohol, hydroxybenzoate.
	Hydromol® Cream, 500g	£12.57	10% (LP 10%)	CetylCetostearyl/Stearyl alcohol, hydroxybenzoate, Phenoxyethanol
Oat Based Emollients	Epimax oatmeal Cream, 500g	£3.10	4.25% (LP 3.5%, WSP 0.75%)	Isopropyl palmitate, benzyl alcohol phenoxyethanol, cetostearyl alcohol
	Miclaro oat cream, 500mL	£3.99	5% (LP 2%, WSP 2%, microcrystalline wax 1%)	Isopropyl palmitate, Cetyl alcohol, Benzyl alcohol
	AproDerm® Colloidal Oat Cream, (Paraffin Free) 500mL	£5.80	Paraffin Free	CetylCetostearyl/Stearyl alcohol
Gel Lighter moisturising properties	Epimax Isomol gel, 500g	£3.08	15% (LP 15%)	Isopropyl myristate, triethanolamine
	AproDerm gel, 500g	£3.99	15% (LP 15%)	Isopropyl myristate
	Zerodouble gel, 500g	£5.14	15% (LP 15%)	Triethanolamine, Phenoxyethanol and Isopropyl myristate
	DoubleBase emollient gel, 500g	£5.83	15% (LP 15%)	Triethanolamine, Phenoxyethanol and Isopropyl myristate
	Adex gel, 500g	£5.99	15% (LP 15%)	Triethanolamine, phenoxyethanol and isopropyl myristate
Antibacterial containing emollients	Dermol 500 lotion, 500ml	£6.04* *Nov dmb price	2.5% (LP 2.5%)	Cetostearyl alcohol and isopropyl myristate
Urea containing emollients	ImuDERM cream, 500g - Urea 5%	£6.79	Less than 20% (LP <20%)	CetylCetostearyl/Stearyl alcohol, benzalkonium chloride, phenethyl alcohol and cetrimonium bromide
	Balneum® Intensiv cream - Urea 5%, 500g	£9.97	5.35% (LP 5.35%)	Propylene Glycol, Cetearyl Alcohol, Polysorbate 60

	Flexitol 10% Urea Cream, 500g	£12.36	1%-10% (LLP 1%-10%)	Cetostearyl alcohol, phenoxyethanol, benzyl alcohol and perfume
	Aquadrate ® 10% cream, 100g	£4.50	10% urea contained in WSP	Isopropyl myristate
Aerosol	Emollin® Aerosol Spray, 240ml	£6.56	100% (WSP 50%, LLP 50%)	No known sensitisers[18]
Menthol containing emollients	Menthoderm® 1% cream, 100g Menthoderm® 1% cream, 500g	£3.20 £16.34	21% (WSP 15%, LP 6%)	Phenoxyethanol, Cetearyl Alcohol

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