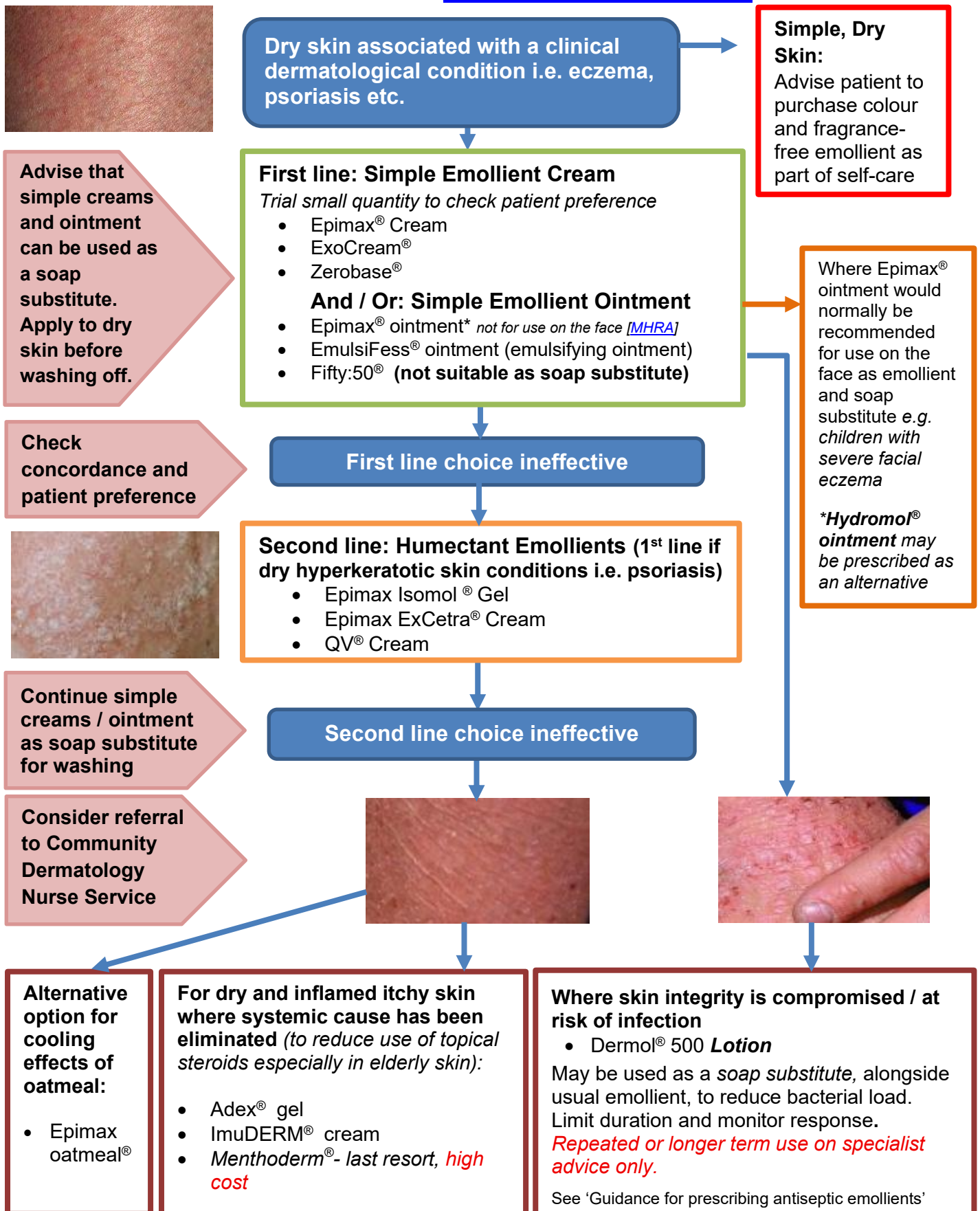


Norfolk and Waveney Primary Care Emollient Pathway

For more information refer to [Norfolk and Waveney Formulary](#)



Images taken from [Dermnetzorg](#)

Quick Guide to Cost Effective Emollient Prescribing

Please note risk of severe and fatal burns with ALL emollients and barrier products including paraffin free and oat based products see [MHRA](#) alert and [KNoW](#) resources

First Line Simple Emollient Creams

First line emollient therapy for patients with a clinical, dermatological condition:

Formulary choice	Additional info
Epimax[®] Cream <i>Light consistency</i>	6% LP, 15% WSP
Exocream[®] <i>Cost effective alternate to E45</i>	1% lanolin, 14.5% WSP, 12.6% LP
Zerobase[®] <i>Thicker consistency</i>	11% LP, 10% WSP

First Line Simple Emollient Ointments

First line emollient therapy for all eczema patients.

Formulary choice	Additional info
Epimax[®] ointment* (YSP 32%, LP 42.5%, emulsifying wax 25.5%) <i>Not for use on the face [MHRA]* see 1st page for details of restricted use of Hydromol[®] Ointment as an alternative</i>	May be preferred for nighttime use because of level of greasiness.
EmulsiFess[®] ointment (emulsifying ointment**)	**generic name no longer listed in Drug Tariff so cost may be high if prescribed generically
Fifty:50[®] (Liquid paraffin 50% / white soft paraffin 50%**)	

Emollient Wash Products Most simple creams and ointments can be used as soap substitutes.

Bath and Shower products are non-formulary.

Second Line Humectant Emollients

Second line for patients in whom simple first line emollients are not effective. First line for patients with psoriasis and other dry hyperkeratotic skin conditions.

Formulary choice	Additional info
Epimax Isomol[®] Gel <i>Cost effective alternative to Doublebase[®]</i>	Isopropyl myristate 15%, LP 15%, 10% glycerol
Epimax ExCetra[®] Cream <i>Cost effective alternative to Cetraben[®]</i>	4.5% Glycerol, 13.2% WSP 10.5% Light LP
QV[®] Cream	Glycerol 10%, light LP 10%, WSP 5%

Consider referral to community dermatology nursing service if second line emollients are needed

Antipruritic Emollients

For use where systemic causes of itch have been eliminated and where treatments for dry skin have not worked or are not appropriate. For elderly patients with dry and inflamed skin to reduce need for topical corticosteroids.

Formulary choice	Additional info
Adex[®] Gel	Isopropyl myristate, LP, glycerol & nicotinamide
Imuderm[®] <i>Cost effective alternative to Balneum[®] products</i>	Urea 5%, glycerol 5%
Menthoderm[®] 0.5%, 1% or 2%	Menthol in aqueous cream. <i>Higher cost</i> – only use if other emollients are not effective.

Alternative for cooling effect of oatmeal

Epimax Oatmeal[®] <i>Cost effective alternative to Aveeno[®]</i>	1% colloidal oatmeal, 3.5% LP, 0.75% WSP
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Antiseptic Emollients

Prescribing restricted – see Guidance for prescribing – [Emollients - Knowledge NoW](#)

Additional info	
Dermol[®] Lotion <i>For use as a soap substitute to reduce bacterial load. Repeated or long term use on specialist advice only</i>	0.1%, benzalkonium chloride / 0.1% chlorhexidine HCL

PLEASE DO NOT ROUTINELY PRESCRIBE (NON –FORMULARY) :

X Hydromol Cream X	X Diprobace Cream X	X E45 Cream/Lotion/Itch Relief cream X
X Dermol Cream X	X Epaderm Ointment / Cream X	X Balneum cream / Balneum plus X

Title	Primary Care Emollient Pathway
Description of policy	<i>To inform healthcare professionals</i>
Scope	
Prepared by	Medicines Optimisation Team
Impact Assessment (Equalities and Environmental)	<p><i>Please indicate impact assessment outcome:</i> <i>Positive impact</i> <i>Adverse impact - low - action plan completed as per guidance.</i> <i>Adverse impact - medium - action plan completed as per guidance.</i> <i>Adverse impact - high - action plan completed as per guidance.</i> <i>No impact</i></p> <p>No policy will be approved without a completed equality impact assessment</p>
Other relevant approved documents	
Evidence base / Legislation	<p>Level of Evidence: <i>A. based on national research-based evidence and is considered best evidence</i> B. mix of national and local consensus <i>C. based on local good practice and consensus in the absence of national research-based information.</i></p>
Dissemination	Is there any reason any part of this document should not be available on the public web site? <input type="checkbox"/> Yes / No <input checked="" type="checkbox"/>
Approved by	<i>Norfolk & Waveney Prescribing Formulary Group Jan 2026</i>
Authorised by	<i>Norfolk & Waveney Medicines Optimisation Programme Board March 2026</i>
Review date and by whom	Medicines Optimisation Team – March 2028
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