NHS
Suffolk and North East Essex

SNEE ICB Skin Care Formulary

Version 07 – March 2025

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Approved for use across SNEE by the Integrated Medicines Optimisation Sub-Committee (IMOC)

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Do Not Prescribe Statement

Community nurses/District nurses

Items not listed in this formulary are non-formulary. If needed for a particular patient, please speak to your Tissue Viability Nurse (TVN) for advice or contact the Medicines Management Appliance Nurses. In all cases an exception reporting form should be completed.

GP practice staff

Whenever possible a formulary item should be prescribed. If a non-formulary item is required, an exception reporting form should be completed.

Prescribing Indicator
First Line
Second Line
Special Consideration

Introduction

Purpose and Scope

This formulary has been developed as a resource to support all healthcare professionals involved in the prescribing of skin care preparations for patients in a primary care setting. This includes patients seen in the GP practice, and those receiving treatment in their own home or a care home (residential or nursing). There maybe exceptions for patients under dermatology or a specialist service.

Barrier preparations: Patients currently receiving treatment for their skin condition from the Community Nursing Team should be supplied with their barrier preparation from **DN stock**. Once the patient has been discharged from the DN service, ongoing barrier preparations should be formulary choices, prescribed by the GP practice.

Stakeholders

This formulary has been prepared by the Suffolk ICB Medicines Management Teams, in consultation with specialists from West Suffolk Foundation Trust and ESNEFT.

Product Inclusion

The product list should be sufficient to cover the majority of patients' needs. In exceptional circumstances other products may be prescribed, where formulary products are found to be inadequate or if a patient is under dermatology.

Emollients – Summary

Minor dry skin conditions

- Please ask patients to purchase an emollient over the counter (OTC).
- OTC = Item is available for patients to purchase over the counter for minor, short term skin conditions (see skin care pathway for guidance).

Long Term skin conditions

- New patients: Prescribe the first line option as listed in this document.
- Existing patients: If on-going prescribing is appropriate (rather than self-care), switch non-formulary emollients to the formulary equivalent as shown in this document.

Reasons for switching to formulary emollients:

1. They are cost-effective choices.
2. They are therapeutically equivalent to the non-formulary products listed.
3. There is no difference between flexi dispensers (soft bottles) and pumps regarding potential contamination issues.
4. They have been approved for use by prescribing workstreams.
5. They are available from major wholesalers.
6. They are clinically appropriate and effective choices as a first line/second line product.

Skin Care Pathway: Is this a SHORT-TERM or MINOR skin condition that will resolve with self-care?

For example

- Minor dry skin
- Fungal skin infection
- Skin irritation e.g. sensitivity
- Skin rash e.g. heat/viral

YES

Suitable for self-care
Prescription **NOT** required

Think pharmacist!
Purchase over the counter (OTC)

Useful self-care links

- ICB Emolient Prescribing Guidance

Accessible on:

- SNEE ICB webpage – Chapter 13 Skin

NO

Prescription **MAY BE** required

Has patient been reviewed by a nurse or GP for treatment of this?

Request review if necessary, then follow **chronic pathway** (below)

CHRONIC PATHWAY: for chronic or vulnerable skin condition that may alter skin integrity

For example

- At risk of pressure/moisture damage
- Incontinence/immobility
- Venous/arterial disease impacting lower limb
- Respiratory disease
- Eczema/psoriasis
- Diabetes malnutrition
- Steroid-induced skin changes

Is this a **NEW** prescription request?

NO

Is the product on **REPEAT** prescription?
(Not all preparations are appropriate to go on repeat)

YES

Please order via the usual process for repeat prescriptions

NO

Check skin care formulary list and choose appropriate product

Skincare Products

Product Inclusion - The product list should be sufficient to cover the majority of patients with long-term skin conditions.

Product Considerations - If appropriate it would be expected to try different formulations of the products for example in the Epimax range to try the cream, oatmeal cream, ointment or gel as well as considering second- and third-line products.

Exceptional Circumstances:

- where formulary products are found to be inadequate through trial and failed
- or where a patient has a recommendation from dermatology

When formulary products are not adequate and non-formulary products are required, please consider evidence of use and cost effectiveness.

We do not expect a Dermatology referral to be made for a change to a non-formulary emollient if its use is justified

Product List

1. Soap Substitute: **When using to wash and moisture 1-2 containers per month may be required**	
EPIMAX® Original Cream	Patients should be advised to wash with their usual emollient as a soap substitute, instead of bath and shower products. This is more effective and provides better moisturisation
Zero AQS® cream	
2. Emollients (leave on preparations): **Please review table below for amount required/area of the body.**	
Please prescribe when required in Primary Care for patients with chronic long-term skin conditions. When use is intermittent, smaller packs are appropriate. When required for minor dry skin conditions, these are available to purchase. Lanolin based products e.g. E45® or Exocream® are **not** routinely recommended for chronic skin conditions due to allergy risk.	

Types of Emollients	
Lotions Usually self-care for mild skin conditions	Thin and spread easily. Not very moisturising.
Sprays	For hard to reach areas, or sore skin that should not be touched.
Creams	Non-greasy and quickly absorbed.
Ointments	Good for very dry skin, do not use on weeping eczema
Soap Substitute	Helps improve moisturisation and won't dry out skin unlike soaps.

Area of the Body	Weekly application (if used twice daily)	Monthly application (if used twice daily)
Hands	25-50g	100-200g
Both Arms	100-200g	400-800g
Both Legs		
Face	15-30g	60-120g
Trunk	400g	1600g
Scalp	50-100g	200g-400g

Creams – Most emollients can be used as a soap substitute – **check manufacturer guidelines**	
EPIMAX® **Original Cream** 500g (First Line)	This is equivalent to Diprobase® Cream. Can be used as a soap substitute. **Low fire risk**
ZeroBase® Emollient Cream 500g (second line) *Contains a higher liquid paraffin content (11%)*	A moisturising and protective emollient cream and wash providing symptomatic relief for red, inflamed or dry skin.
Cetraben® Emollient Cream 500g (restricted use – **3rd Line Option)**	Oil in water emollient preparation and soap substitute –***SLS free *Restricted third line option if required****
Gel	
EPIMAX® **Isomol Gel** 500g (First Line)	This is equivalent to Doublebase® **Low fire risk**
ZeroDouble® 500g (Second Line)	Highly moisturising emollient gel for dry skin conditions
Ointment – All ointments can be used a cleanser – these can be greasy and slippery. N**ot for use on the face**	
EPIMAX® **Ointment** 500g **High fire risk (First Line)**	Tub only *Please see guidelines for use - page 11*
Zeroderm® ointment 500g **High fire risk (Second line)**	Tub only - *Lanolin Free* Second line alternative
EPIMAX® Paraffin-free Ointment 500g (First Line)	Can be used as a cleanser - Contains no paraffin.
Hydromol Ointment 500g (Restricted)	On the advice of a specialist. Sodium Lauryl Sulphate Free
Oatmeal – can be used as soap substitute	
EPIMAX® Oatmeal Cream 500g (First Line)	Light and non-greasy for skin conditions triggered by allergens.
Zeroveen® 500g (Second Line)	non-greasy, moisturising emollient cream containing natural oatmeal - SLS, fragrance and paraben free

3. Emollient bath and shower preparations

SNEE ICB do not support the prescribing of bath and shower preparations for any indication due to the lack of robust evidence of clinical effectiveness (NHS England).

Bath and shower preparations are listed in the NHS England 'Items which should not routinely be prescribed in primary care'.

Soap avoidance and 'leave-on' emollient preparations can still be used for treating eczema and psoriasis. These emollients can also be used as a soap substitute. An example of this is EPIMAX® Original cream.

- Do not initiate the prescribing of bath and/or shower preparations
- Identify patients prescribed bath and/or shower preparations and stop all prescribing.
- Switch patients with a diagnosed dry skin condition to the formulary choice of leave–on emollient

4. Emollients with **Special Consideration / Restricted Use**

Aerosol and Antimicrobial containing emollients – Special Consideration	
Emollin® spray **High fire risk**	Usually only on advice from specialist where: • Sore and inflamed skin so unable to spread cream/lotion • Access to the affected site is difficult
Dermol® 500 Lotion **Antimicrobial Preparation**	Dermol Lotion – Emollients with antimicrobials should only be used where infection is clinically significant in flare ups or

	diagnosed dermatological conditions with active or recurrent infection. Use should be targeted, short term and issued acutely. **Consider stepping down to a non-antimicrobial emollient as condition improves**.
AproDerm® Colloidal Oat cream	When Epimax Oatmeal is not available. ***This product does not contain Varisoft TA100***
Hydromol Cream (contains sodium pyrrolidone carboxylate)	Only to be used as a clinical exception under dermatology as a clinical exception short term.
Emollients with urea	
ImuDERM®	Equivalent to Balnuem® cream
Dermatonics® Once Heel Balm cream	**Please see pathway**
Emollients with Paraffin	

CAUTION: FIRE HAZARD WITH PARAFFIN EMOLLIENTS. KEEP AWAY FROM FIRE/FLAMES
In July 2020, MHRA updated its guidance. It advises people who use an emollient or skin cream to:

- Keep away from open or gas fires or hobs and naked flames, including candles.
- Avoid smoking when using paraffin containing preparations.
- Patients on medical oxygen who require an emollient should not use any paraffin-based products.
- Wash bedding/clothing regularly at 60 degrees, to minimise the build-up of impregnated paraffin which can be a fire hazard. There is still a risk of residue.
- Keep cream off furniture
- Inform healthcare professionals or carers that they are using emollients and document.

Emollient Summary of Potential Sensitisers

Description	Emollient	**Potential Skin Sensitisers**
Creams	EPIMAX® Original Cream 500g (First Line)	**Phenoxyethanol, CetylCetostearyl/Stearyl alcohol.**
	Zero AQS® cream	**CetylCetostearyl/Stearyl alcohol and Chlorocresol**
	ZeroBase® Emollient Cream 500g (second line)	**Cetostearyl Alcohol, Chlorocresol**
	Cetraben® Emollient Cream 500g (restricted use)	**Cetostearyl alcohol**
	Hydromol Cream 500g	**Isopropyl myristate**
Gel	EPIMAX® Isomol Gel 500g (First Line)	**Isopropyl myristate, triethanolamine**
	ZeroDouble® 500g (Second Line)	**Triethanolamine, Phenoxyethanol and Isopropyl myristate**
Ointment	EPIMAX® Ointment 500g **High fire risk** (First Line)	**CetylCetostearyl/Stearyl alcohol**
	Zeroderm® ointment 500g **High fire risk** (Second line)	**Cetostearyl alcohol and polysorbate 60**
	EPIMAX® Paraffin-free Ointment 500g (First Line)	**CetylCetostearyl/Stearyl alcohol, polyoxypropylene stearyl ether**
	Hydromol Ointment 500g	**Myristyl myristate and Sodium pyrrolidone carboxylate**
Oat based Emollients	EPIMAX® Oatmeal Cream 500g (First Line)	**Isopropyl palmitate, benzyl alcohol phenoxyethanol, cetostearyl alcohol**
	Zeroveen® 500g (Second Line)	**Cetyl, Stearyl, benzyl, Myristyl alcohol.**

	AproDerm® Colloidal Oat cream	**Isopropyl myristate**
Antibacterial containing emollients	Dermol® 500 Lotion	**Cetostearyl alcohol and isopropyl myristate**
Urea containing emollients	ImuDERM®	**CetylCetostearyl/Stearyl alcohol, benzalkonium chloride, phenethyl alcohol and cetrimonium bromide**
	Dermatonics® Once Heel Balm cream	**Lanolin, Parfum, Phenoxyethanol,**
Aerosol	Emollin® spray	**No known sensitisers**

Resources

- Emollients | Prescribing information | Eczema - atopic | CKS | NICE
- NHS England » Items which should not routinely be prescribed in primary care: policy guidance
- Emollients and risk of severe and fatal burns: new resources available - GOV.UK (www.gov.uk)
- Safe use of emollient skin creams to treat dry skin conditions - GOV.UK (www.gov.uk)

Emollient use in Care Homes

Guidance on the use of Tubs in Care Homes

Introduction

All health and social care organisations are accountable for ensuring the safe management of emollients. This guidance is intended to encourage good practice in the management of products like creams and ointments, to ensure they are used appropriately. Residents should always have these medicines applied correctly, stored correctly, their application recorded and used within expiry dates.

Tubes or pump dispensers are always the preferred product in care homes, as there is less risk of contamination. However, when there is **no other alternative** and a tub must be used then this guidance **must** be followed. **It is vital to adhere to the following steps to reduce the risk of infection**.

- Wash hands before and after applying cream.
- Ensure clean disposable gloves are worn when administering creams or ointments.
- Check to ensure product is used by the expiry date.
- Always use a clean spatula for removing the cream or ointment. Do not place this back into the tub after use. Each Spatula is one use only and then must be discarded.
- Do not return any unused cream to the tub as this will contaminate the rest of the product.
- Once the seal is broken and the lid is removed for application, please replace immediately after the ointment or cream has been applied. Document the opening date on the tub.
- If further application is required, then wash hands and change gloves.
- Always apply to dry and clean skin.
- Once open discard after **one month** if using spatulas for removal.
- If more than one cream or ointment is applied you should wait 15 minutes between each application.

Storage

Always store in areas which are secure and there is no risk of products being shared from resident to resident. Each tub must be specific to each patient and clearly labelled with their name. Application must be documented in the resident's notes or MARS so it is clear which part of the body needs treatment and how often. Body Maps are best practice where possible to ensure application is recorded. Store at an appropriate temperature which does not exceed manufacturer's guidance. Do not place near windows.

Going back into the pot ("double dipping") and not washing hands in between were identified as some of the issues that led to outbreaks of infection in some areas. If another application is needed, ensure gloves are changed, hands are washed, and a fresh spatula is chosen.

Useful Resources
https://www.cqc.org.uk/guidance-providers/learning-safety-incidents/issue-3-fire-risk-use-emollient-creams

https://www.gov.uk/guidance/safe-use-of-emollient-skin-creams-to-treat-dry-skin-conditions#tell-your-healthcare-professional

https://www.nhs.uk/conditions/emollients/

5. Barrier Preparations: **Prescribe one container per month**

Please see Skin Care Algorithm for indications and correct treatment depending on severity of moisture damaged skin.
Please note **ONLY** EPIMAX® Ointment are appropriate for prescribing in tubs for care homes as there is no suitable alternative product.

Barrier Cream – 1st Line		
Medi Derma-S® Barrier Cream	90g tube	For use on intact or mildly damaged skin
Barrier Ointment and Incontinence Cleanser – Restricted use		
Medi Derma-Pro® Skin Protectant Ointment (equivalent to PROSHIELD)	115g tube	For severe moisture excoriation Trial for up to 2 weeks *When skin integrity restored return to 1st line barrier cream*
Medi Derma-Pro® Foam & Spray Incontinence Cleanser (equivalent to PROSHIELD spray)	250ml bottle	
Medihoney® Barrier Cream	50g Tube	For the treatment of fungal/ infections short term
Barrier Films		
Medi Derma Barrier Film® applicators (for use on peri-wound skin)	1ml applicators (5)	For use on moisture damaged skin around wounds, skin folds and creases.
Medi Derma Barrier Film® Aerosol Spray	50ml spray	
Advanced Barrier Products – Restricted Use		

Cavilon® Advanced Skin Protectant

Cavilon® Advanced skin protectant should **only** be recommended by a Tissue Viability Nurse under clinical observation and should **not** routinely be prescribed in primary care. It is only in very exceptional cases a prescription will be requested and an exception reporting form **must** be completed by the requesting clinician.

This is a specialist product and should only be issued following tissue viability specialist approval. If approval has been given, a **maximum of x4 devices** should be issued. The product is only to be applied **twice in 7 days** for a maximum of 2 weeks, then stopped and reviewed.

Cavilon® Advanced Skin Protectant is designed to help manage severe skin damage and protect at-risk skin. The thin yet durable barrier solution is able to attach to wet, weepy surfaces and create a protective environment that repels irritants and supports skin healing.

Key points

1. Attaches to wet, weepy and damaged skin.
2. Provides a barrier for skin from moisture associated incontinence.
3. Comes in a single use applicator
4. Application only needed **two times per week**.
5. The film will wear off prior to the next application and will not require removal

6. Specific adhesive removers are required to remove the product should the need arise.

Cavilon® Advanced comes in an individual applicator which is applied to the skin in a specific way. Please refer to application leaflet found here:

https://multimedia.3m.com/mws/media/1340305O/3m-cavilon-advanced-skin-protectant-application-guide.pdf

Application

- Skin needs to dry for at least 60 seconds before applying a dressing/further product to any missed areas.

- Product must only be applied **twice a week** and **no more**. Frequent application will result in build-up on the skin.

For any concerns on this product please consult your Medicines Management Appliance Nurse.

- Please refer to Medicare Plus Nurse Specialist (Medicareplus) for any training needs regarding the Medi Derma® range.

- Please review skin integrity every application and re-consider continuation of the product after two weeks.

- This product is very specialist and must be applied appropriately.

Product must be used **only in exceptional circumstances**. No more than two vials a week will be permitted to be prescribed for **very short-term use.**

6. Pressure Prevention Products - use until worn. Gel pads can be washed with warm water and soap.			
Dermis® Plus Gel Pads	10 x 10 x 0.3 cm	1 in a pack	Gel pressure relieving strips
	10 x 10 x 1.2 cm	1 in a pack	
	20 x 20 x 0.3 cm	2 in a pack	
	30 x 5 x 0.3 cm	5 in a pack	Not to be used over broken skin Gel pressure relieving pads for vulnerable intact skin Does not replace appropriate pressure relieving equipment
	50 x 2.5 x 0.3 cm	5 in a pack	
	Heel Standard	2 in a pack	
	Heel Extra Large	2 in a pack	
	Sacrum/Ankle Wrap	1 in a pack	
Kerrapro® Gel Pads	50 x 2.5 x 0.3 cm	Gel pressure relieving strips	
	30 x 5 x 0.3 cm		
	10 x 10 x 1.2M cm	Not to be used over broken skin Gel pressure relieving pads for vulnerable intact skin	
	10 x 10 x 0.3 cm		
	Heel		
	Sacrum/Ankle		
Dyna-Tek® Foam Positioning Products	Foot & Heel protector (pair)	Not for use as seating	
	Devon Utility Pad		

7. Topical Corticosteroids

Topical corticosteroids are steroids that are applied to the skin and are used to treat a variety of skin conditions. They work by reducing inflammation within the skin, making it less red and itchy.

Ointments have the highest oil content and are therefore usually preferred for dry skin conditions. Creams are less greasy than ointments and are sometimes preferred for application to the face and hands, or if the skin condition is weeping.

Different formulations: https://www.nice.org.uk/guidance/ta81

Creams: for moist or weeping lesions/skin

Ointments: for dry or scaly lesions/skin

Gels and liquids: for scalp and nails

The length of treatment will depend on the severity of the skin condition, the strength of topical steroid and the site to which it is applied. The risk of side effects can increase after one to two months of continuous use. If topical steroids are used for longer than this, sometimes a change in treatment or rest period can reduce side effects. Do not suddenly stop treatment, as previous skin conditions can flare up.

Product and potency	Indications	Contra-indications and cautions
Mild Clear directions must be given by the GP or specialist nurse for all steroid products		
Hydrocortisone 0.5% and 1% cream and ointment	• Irritant contact dermatitis • Allergic contact dermatitis • Insect bite reactions • Mild to moderate eczema	Please seek advice from your GP when applying to the face. For use on the body a moderate steroid may be required. Can be bought OTC for patients over the age of 10yrs
Moderate – Please review usage and consider step-down approach		
Betamethasone 0.025% (Cream and ointment)	• Irritant contact dermatitis • Allergic contact dermatitis • Insect bite reactions • Mild to moderate eczema	Prescription only
Clobetasone Butyrate 0.05% (cream and ointment): (Eumovate®)	• Irritant contact dermatitis • Allergic contact dermatitis • Insect bite reactions • Mild to moderate eczema • Can treat swelling or itching	If bought OTC do not use on the face. Can be bought OTC for patients over the age of 12yrs for some conditions only
Potent - Please review usage and consider step-down approach		
Mometasone Furoate 0.1% (cream, ointment and scalp lotion)	Treats inflammatory skin conditions such as severe eczema and dermatitis	Use once daily. Only a small amount is required.
Betamethasone Valerate 0.1% (cream, ointment and scalp application)	Treats the scalp Decreases swelling, inflammation and itching	Use once daily Apply small amount
Topical corticosteroids including antibacterial/antifungal properties		
The advantages of including antibacterial or antifungals with corticosteroids in topical preparations are uncertain. Such combinations may have a place where inflammatory skin conditions are associated with bacterial or fungal infection. In these cases, the antimicrobial drug should be chosen according to the sensitivity of the infecting organism. There are OTC options available in the mild steroid class.		
Product	**Indications**	**Contra-indications and cautions**
Mild Clear directions must be given by the GP or specialist nurse for all steroid products		
Hydrocortisone 1% with	Treats fungal skin infections,	Can be bought OTC

Clotrimazole 1% (Canesten® HC cream)	swelling and inflammation.	Treatment should be for seven days only as per manufactures guidance.
Hydrocortisone Acetate 1% with Fusidic Acid 2% (Fucidin® H cream)	Used to treat bacterial infections Application is dependent on severity and area affected.	Available on prescription only.
Hydrocortisone 1% with Miconazole Nitrate 2% (Daktacort® cream/ointment)	For seborrheic dermatitis Antifungal medication used to treat inflamed, infected skin disorders.	Contains two active ingredients, **miconazole**, to treat fungal infections, and **hydrocortisone**, to reduce inflammation
Moderate Please review usage and consider step-down approach		
Trimovate® (antifungal and antibacterial)	Treats swelling, itching and irritation. It can make some skin conditions worse on the face	Currently only available as an unlicensed medicine Do not apply to the face without guidance.
Potent Please review usage and consider step-down approach		
Betamethasone (as Valerate) 0.1% with Fucidic Acid 2% (Fucibet® cream)	Severe inflammatory skin disorders such as eczemas associated with infection and unresponsive to less potent corticosteroids It treats bacterial infections not fungal	Not licensed for children under six years of age. It can cause allergic reactions Apply once/twice a day thinly and not for longer than necessary Do not use on open areas or wounds unless TVN advice has been sought
Betamethasone Dipropionate 0.064% with Clotrimazole 1% (Lotriderm® cream)	Apply twice a day for no more than four weeks. Used to treat fungal infections	Short term treatment only Do not use under 12 years old

8. Therapeutic Clothing and Silk Garments

SNEE ICB does not support the prescribing of therapeutic clothing for any indications: The prescribing of therapeutic clothing is not supported due to the lack of robust evidence of clinical effectiveness (NHS England) and not recommended on the NHS.

Silk garments are listed in the **NHS England 'Items which should not routinely be prescribed in primary care'**.

Rationale

The CLOTHEs trial funded by the National Institute for Health Research in the UK concluded 'wearing specialist silk garments did not reduce eczema severity, nor did it reduce the amount of creams and ointments used, or the number of skin infections experienced'. The overall trial concluded that using silk garments for the management of eczema is unlikely to be cost-effective for the NHS.

A variety of silk and cotton therapeutic garments are now listed in the drug tariff for the management of a variety of conditions including eczema, psoriasis, thrush and lichen sclerosis. Brands currently include DermaSilk®, DreamSkin® and Skinnies®, however this policy would also include other brands as they become available.

All ICB's have a duty to ensure limited resources are used on non-evidence-based treatments and therefore prescribing of these items cannot currently be supported until further information is available concerning benefit and place in treatment.

Recommendations

- **Do not** initiate silk garments

- Identify patients prescribed silk garments and **stop all prescribing**. Recommend self-care should patients wish to continue.

Patient queries or complaints: Any patient queries or complaints should be directed to PALS:

- PALS on 08003896819 or email pals@snee.nhs.uk

References

- Items which should not routinely be prescribed in primary care: Guidance Available at: https://www.england.nhs.uk/wp-content/uploads/2019/08/items-which-should-not-routinely-be-prescribed-in-primary-care-v2.1.pdf

- Silk clothing 'offers no benefit for children with eczema', Available at: https://www.nursingtimes.net/news/research-and-innovation/silk-clothing-offers-no-benefit-for-children-with-eczema/7017310.article

- Centre of Evidence Based Dermatology, Available at http://www.nottingham.ac.uk/research/groups/cebd/projects/clothes/index.aspx

This document was taken in agreement and in collaboration from SNEE ICB